



FALCON INSURANCE CO. SAOC

Questionnaire and Proposal for **CONTRACTOR'S ALL RISKS INSURANCE**

1- Title of Contract	
(if Project consists of several sections, specify section(s) to be Insured.	
2- Location of Site	
Country/Province/District	
City/town/village	
3- Name & Address of Principal	
4- Name(s) & address(es) of Contractor(s)*	
5- Name(s) & Address(es) of Sub-Contractor(s)*	
6- Name & Address of Consulting Engineers	
7- Description of Contract work + (Please give detailed technical information)	Dimensions (length, height, depth, spans, number of floors)
	Foundation(method, level of deepest excavation)
	Construction methods
	Construction Materials

* If necessary on a separate sheet.

+ for harbors, piers, docks, tunnels, galleries, dams, roads, airports, railway facilities, sewerage and water supply systems, bridges and structures in earthquake zones also see special questionnaires.

8- is the Contractor experienced in this type of work or construction method ?	<input type="checkbox"/> yes	<input type="checkbox"/> No
9- Period of Insurance	Commencement of work	
	Duration of Construction	Months
	Date of Completion	
	Maintenance period	Months
10- Work to be carried out by Sub-contractors		
11- Special Risks	Fire, Explosion	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Flood, inundation	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Landslide, storm, cyclone	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Blasting	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other	
	Volcanism, tsunami	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have Earthquake been observed in this area.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If so, please state intensity magnitude	
	Is the design of the structures to be insured based on regulations regarding earthquake -resistant structures ?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Is the design standard higher than that stipulated in the relevant regulations ?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12- Subsoil conditions	<input type="checkbox"/> rock <input type="checkbox"/> gravel <input type="checkbox"/> sand <input type="checkbox"/> clay <input type="checkbox"/> filled ground.	
	Other	
	Do geological faults exist in the vicinity ? <input type="checkbox"/> yes <input type="checkbox"/> No	
13- Ground-water level		
14- Nearest river, lake, sea etc.	Name	
	Distance	
	Levels	Low water mean water
		highest level recorded
15- Meteorological conditions	Rainy Season from to	
	Max. rainfall (mm) per month	per hour per day
	Storm hazard	<input type="checkbox"/> minor <input type="checkbox"/> medium <input type="checkbox"/> high
16- Any extra charges for overtime, night work, work on public holidays to be included.	<input type="checkbox"/> yes	<input type="checkbox"/> No
	Limit of Indemnity	

17- Is Third Party Liability to be included Has the Contractor concluded a separate policy to TPL	<input type="checkbox"/> yes <input type="checkbox"/> No <input type="checkbox"/> yes <input type="checkbox"/> No	Limit of Indemnity
18- Details of existing buildings or surrounding property possibly affected by the contract work, such as by excavating, underpinning, piling, vibration, ground-water lowering, etc.	----- ----- ----- -----	
19- Are existing buildings and/or structures on or adjacent to the site, owned by or held in care, custody or control of the Contractor (s) or the Principal, to be insured against loss or damage arising out of or in connection with the contract works ?	<input type="checkbox"/> yes <input type="checkbox"/> No Limit of Indemnity	----- Exact description of these buildings/structures ----- ----- ----- ----- -----
20- Please state hereunder the amounts you wish to insure and the limits of indemnity required (cf. Policy wording, Section-1, Memo 1, and Section-II)		
SECTION- I MATERIAL DAMAGE	Items to be Insured	Currency: Sums to be Insured :
	1- Contract Work (permanent & Temporary work, including all materials to be incorporated herein)	
	1.1. Contract Price	
	1.2 Materials or items supplied by the Principal(s)	
	2. Construction Plant and Equipment	
	3. Construction Machinery (please attach list showing replacement values of new items)	
	4. Clearance of debris (Insured only up to the amount indicated)	
	Total Sum to be Insured under Section-I	

	Special Risks to be insured	Limits of Indemnity ③
	Earthquake, volcanism, tsunami	
	Storm, Cyclone, flood, inundation, landslide	
SECTION II THIRD PARTY LIABILITY	Items to be Insured	Limits of Indemnity④
	1- Bodily Injury	
	1.1. Any One Person	
	1.2 Total	
	2- Property Damage	
	Total limit to be applied under Section II	

- ③ Limit of Indemnity in respect of each and every loss or damage and or series of losses or damages arising out of any one event.
 ④ Limit of Indemnity in respect of any one accident or series of accidents arising out of any one event.

We hereby declare that the statements made by us in this Questionnaire and Proposal are complete and true to the best of our knowledge and belief, and we hereby agree that this Questionnaire and Proposal shall form the basis and be part of any policy issued in connection with the above risk or risks, It is agreed that the Insurers shall be liable in accordance with the terms of the policy only and that the Insured will not lodge any other claims of whatever nature.

The Insurers undertake to deal with this information in strict confidence.

Executed at-----this----- day of-----20

Stamp

Signature :