

## Falcon Insurance Company (SAOC)

P.O. Box 2279, Ruwi, P.C. 112, Sultanate of Oman.

Tel: 24566470 Fax: 24566476

E.mail: ficins@omantel.net.om.

### Questionnaire and Proposal for Erection All Risks Insurance

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1. Title of Contract \_\_\_\_\_  
(If Project consists of several  
sections, specify section(s) \_\_\_\_\_  
to be Insured)

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2. Location of Erection Site \_\_\_\_\_  
Country \_\_\_\_\_  
City, Town, Village \_\_\_\_\_

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3. Proposer Please indicate which of the Nos. 4 to 9 below is the "Proposer" of  
the insurance and which parties are to be declared as "Insured" in  
the Policy.

Proposer No. Insured No.(s)

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4. Principal Name \_\_\_\_\_  
Address \_\_\_\_\_

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5. Main Contractor(s) \_\_\_\_\_  
Names \_\_\_\_\_  
Address \_\_\_\_\_

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6. Subcontractor(s) \_\_\_\_\_  
Name(s) \_\_\_\_\_  
Address \_\_\_\_\_

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7. Manufacturers of Main items \_\_\_\_\_  
Name(s) \_\_\_\_\_  
Address \_\_\_\_\_

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8. Firm Supervising  
Erection Name(s) \_\_\_\_\_  
Address(es) \_\_\_\_\_

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|  |  |    |                           |     |    |  |     |    |
|--|--|----|---------------------------|-----|----|--|-----|----|
| <p>9. Consulting Engineer Name</p> <p>Address</p>  | <hr/> <hr/>  |    |                           |     |    |  |     |    |
| <p>10. Exact description of the property to be erected (if second hand items are to be erected, please state)<br/>In case of machines:<br/>Manufacturer's name,<br/>Number, type, size,<br/>capacity, weight,<br/>pressure, temperature,<br/>Revolutions:<br/>In case of complete factories: general drawing of plant, nature of civil engineering work (if any)</p> | <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>  |    |                           |     |    |  |     |    |
| <p>11. Period of Insurance</p>   | <p>Commencement of Insurance</p> <hr/> <p>Duration of Pre-storage Months</p> <hr/> <p>Commencement of Erection Work</p> <hr/> <p>Duration of Erection/Construction Months</p> <hr/> <p>Duration of Testing Weeks</p> |    |                           |     |    |  |     |    |
| <p>If Maintenance coverage required</p>  | <p>Duration of Maintenance Months</p> <hr/>  |    |                           |     |    |  |     |    |
|  | <p>Type of coverage required</p> <hr/>   |    |                           |     |    |  |     |    |
|  | <p>Termination of Insurance</p> <hr/>  |    |                           |     |    |  |     |    |
| <p>12. Have plans, designs and materials of the kind used in this project been used and/or tested in</p> <p>Please give details of similar Projects carried out by Contractor(s)</p>   | <table border="0"> <tr> <td>a) Previous constructions</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>b) Previous constructions by the Contractor(s)</td> <td>Yes</td> <td>No</td> </tr> </table> <hr/>                 |    | a) Previous constructions | Yes | No | b) Previous constructions by the Contractor(s) | Yes | No |
| a) Previous constructions  | Yes  | No |                           |     |    |  |     |    |
| b) Previous constructions by the Contractor(s)   | Yes  | No |                           |     |    |  |     |    |
| <p>13. Is this an extension of an existing plant ?<br/>*Will Operation of existing Plant continue during erection period?<br/>(Enclose plans where available)</p>  | <table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> </tr> <tr> <td></td> <td>Yes</td> <td>No</td> </tr> </table> <hr/>  |    |                           | Yes | No |  | Yes | No |
|  | Yes  | No |                           |     |    |  |     |    |
|  | Yes  | No |                           |     |    |  |     |    |
| <p>14. Have the buildings and civil engineering works already been completed</p>   | <table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> </tr> </table> <hr/>  |    |                           | Yes | No |  |     |    |
|  | Yes  | No |                           |     |    |  |     |    |
| <p>15. Work to be carried out by Sub Contractors</p>   | <hr/> <hr/>  |    |                           |     |    |  |     |    |
| <p>Please also give answers to Nos. 16 to 21 as far as information obtainable:</p>   |  |    |                           |     |    |  |     |    |

|  |   |                    |                        |
|--|---|--------------------|------------------------|
| 16. Is there any aggravated risk of:<br><br>If so details  | Fire  | Yes                | No                     |
|  | Explosion   | Yes                | No                     |
| 17. Ground Water Level   |   |                    |                        |
| 18. Nearest river, lake , sea etc.<br><br>levels of such river, lake, sea etc.   | Name  | Distance from site |                        |
|  | Low water   | mean water         | highest level recorded |
|  | Mean level of site  |                    |                        |
| 19. Meteorological conditions:   | Rainy seasons from  | To                 |                        |
|  | Max. rainfall (mm)  | Per hour           | per day per month      |
|  | Max. wind velocity  | storm frequency    | Low Medium High        |
| 20. Hazardous of earthquake, volcanism tsunami<br><br><br>Sub-soil conditions  | Is there a history of volcanism, tsunami at the site  | Yes                | No                     |
|  | Have earthquakes etc. been observed in this area  | Yes                | No                     |
|  | If so please state intensity  | magnitude          |                        |
|  | Is the design of the structures to be insured based on regulations regarding earthquake resistant structures? | Yes                | No                     |
|  | Rock  | Gravel             | Sand Clay Filled site  |
|  | Other types:  |                    |                        |
| 21. Estimate, if possible, the probable maximum loss, expressed as a percentage of the Sum Insured, in a single occurrence.  | a) due to earthquake  | b) due to fire     |                        |
|  | c) due to other cause (Please specify)  |                    |                        |
| 22. Is coverage of Construction/ Erection equipment (scaffolding, huts, tools etc required ?<br><br>*Please give brief description and state value under No.28.3   | Yes   | No                 |                        |
|  |   |                    |                        |
| 23. Is coverage of Construction/ Erection Machinery (Excavators cranes etc.) required ?<br>Please attach list of major machines Showing individual new replacement Values and state total value under No.28.4  | Yes   | No                 |                        |
|  |   |                    |                        |
| 24. 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?<br>State limit under No.28.6 | Yes   | No                 |                        |
|  | *Exact description of these buildings/structures:   |                    |                        |
|  |   |                    |                        |



|  |   |  |
|--|---|--|
| 25. Is Third Party Liability to be included?<br>Give brief description of surrounding and existing buildings and/or structures not belonging to the Principal or Contractors (enclose maps, if possible)<br>State limits under No.28, Section II | Yes   | No   |
|  |   |  |
| 26. Do you wish to cover to include extra charges (in case of loss) for:   | Express freight, overtime night work,<br>Work on public holidays?   | Yes      No                                    |
|  | Airfreight  | Yes      No                                    |
| 27. Give details of any special extension of cover required.   |   |  |
| 28. Please state hereunder the amounts you wish to insure or where applicable the limits of Indemnity required (cl. Policy Wording, Section-I, Memo-1 and Section II   | Currency: _____   |  |
| Section-I - Material Damage  | Items to be Insured   | Sums to be Insured<br>(state below separately) |
|  | 1. Erection Works, split up as follow:<br>1.1. Items to be erected  | _____  |
|  | 1.2 Freight   | _____  |
|  | 1.3 Custom duties & dues  | _____  |
|  | 1.4 Costs of Erection   | _____  |
|  | 2. Civil Engineering works  | _____  |
|  | 3. Construction/Erection Equip.   | _____  |
|  | 4. Construction/Erection Machinery  | _____  |
|  | 5. Clearance of Debris<br>(limit of indemnity)  | _____  |
|  | 6. Property located on the Principals Premises or on the site, Belonging to the Principal or held In care custody or control (limit Of indemnity –see Memo 4 of Policy) | _____  |
|  | Total Sum to be Insured under Section I   | _____  |
| Please indicate limits of indemnity required for the following perils:   |   |  |
|  | Risk  | Limits of Indemnity(1)                         |
|  | Earthquake, Volcanism, tsunami<br>Storm, Cyclone, flood, inundation,<br>Landslide   | _____  |



| Section – II<br>Third Party Liability  | Insured Items                              | Limits of Indemnity (2) |
|--|--|-------------------------|
|  | Bodily Injury- any one person              |                         |
|  | Bodily Injury-total                        |                         |
|  | Property Damage                            |                         |
|  | Or alternatively: Combined Single Limit of |                         |
| (1) 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.   |  |                         |
| (2) Limit of Indemnity in respect of any one accident or series of accidents arising out of one event.   |  |                         |
| <p>We hereby declare that the statements made by us in 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 or Policies 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 whatever nature.</p> <p>The Insured undertakes to inform the Insurers of any material alteration whereby the risk is increased, and the Insurers reserve the right to modify any quotation made in the light of such alteration.</p> <p>The Insurers undertake to deal with this information in strict confidence.</p> <p>Completed at    this    day of</p> <p>Signature.</p> |  |                         |