

CONTRACTORS ALL RISKS INSURANCE PROPOSAL FORM

(DO NOT LEAVE ANY ANSWERS BLANK – FILL IN “NIL” OR “N/A”)

1. Title of contract
(if project consists of
several sections, specify
section(s) to be insured) _____

2. Location of Erection Site

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): _____

4. Principal

Name _____
Address _____

5. Main Contractor(s)

Name(s) _____
Address(es) _____

6. Subcontractor(s)

Name(s) _____
Address(es) _____

7. Manufacturers
of main items _____

Name(s) _____
Address(es) _____

8. Firm supervising
erection _____

Name(s) _____
Address(es) _____

9. Consulting Engineer

Name _____
Address _____

10. Exact description of the
property to be erected (if
second hand items are to
be erected, please state)
In case of machines;
manufacturer’s name, _____
number, type, size, capa- _____
city, weight, pressure, _____
temperature, revolutions; _____
in case of complete _____
factories: general drawing _____
of plant, nature of civil _____
engineering work (if any) _____

11. Period of Insurance

Commencement of insurance

Duration of pre-storage _____ months

Commencement of erection work

Duration of erection/construction _____ months

Duration of testing _____ weeks

If Maintenance coverage required

Duration of maintenance _____ months

Type of coverage required

Termination of insurance

12. Have plans, designs and materials of the kind used in this project been used and/or tested in

a) previous constructions yes no

b) previous constructions by the Contractor(s) yes* no

*Please give details of similar projects carried out by Contractor(s)

13. Is this an extension of an existing plant?

yes* no

*Will operation of existing plant continue during erection period? (Enclose plans where available)

yes no

14. Have the buildings and civil engineering works already been completed?

yes no

15. Work to be carried out by Subcontractors

16. Is there any aggravated

Please also give answers to Nos. 16 to 21 as far as information obtainable:

fire yes* no

explosion yes* no

*If so, give details

17. Ground water level

18. Nearest river, lake, sea etc.

name _____ distance from site _____

levels of such river, lake, sea etc.

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. Hazards of earthquake volcanism hurricane
 Is there a history of volcanism, hurricane yes no
 at the site

 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

 Subsoil conditions: rock gravel sand clay filled site

 other types: _____

 Do geological faults exist in the vicinity? yes no

21. Estimate, if possible, the probable maximum loss, expressed as a percentage of the sum insure, 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? yes* no

 * Please give brief description and state value under No. 25, 3

23. Is Third Party Liability to be included? yes* no

 * Give brief description of surrounding and existing buildings and/or structures not belonging to the Principal or Contractors (enclose maps, if possible)

 State limits under No. 25, Section II

24. Give details of any special extension of cover required

25. Please state hereunder the amounts you wish to insure or where applicable the limits of indemnity required (cf. Policy Wording, Section I, Memo 1 and Section II) _____ currency: _____

Section I – Material Damage

Items to be insured	Sums to be insured (state below separately)
1. Erection Works, split up as follows: 1.1 Items to be erected	
1.2 Freight	
1.3 Customs Duties and Dues	

1.4 Cost of erection	
2. Civil Engineering Works	
3. Construction/Erection Equipment	
4. Construction/Erection Machinery	
5. Clearance of Debris (limit of indemnity)	
6. Property located on the Principal's premises or on the site, belonging to the Principal or held in care custody or control (Limit of indemnity)	
Total Sum to be insured under Section I:	

Section II –
Third Party Liability

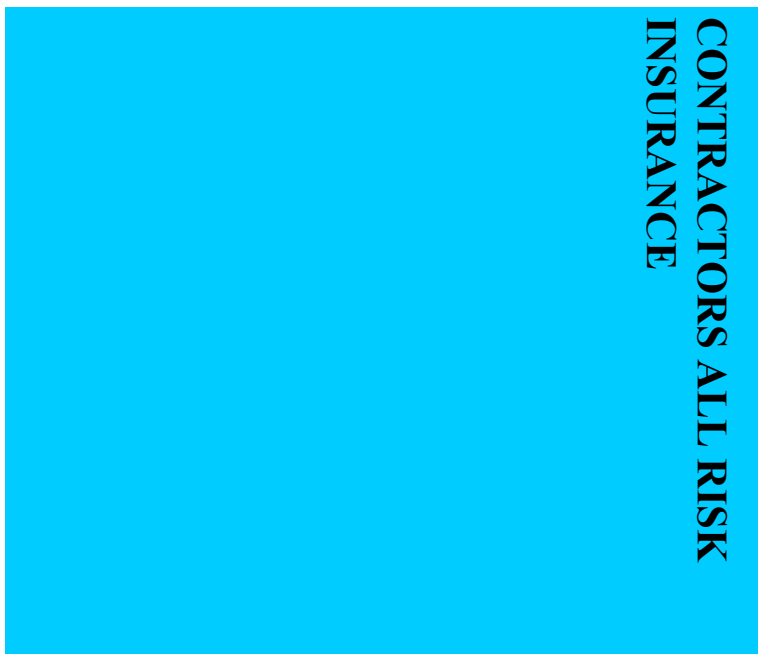
Insured items	Limits of indemnity ¹
Bodily Injury – any one person	
Bodily Injury – total	
Property Damage	
Or alternatively: Combined Single Limit of	

¹ Limit of indemnity in respect of any one accident or series of accidents arising out of one event.

I/we declare that to the best of my/our knowledge and belief, the information provided in connection with this proposal, whether in my/our own hand or not, is true and I/we have not withheld any material facts. I/we understand that non-disclosure or misrepresentation of a material fact will enable insurers to void the insurance. A material fact is one likely to influence acceptance or assessment of this proposal by underwriters. If you are in any doubt as to what constitutes a material fact, you should consult your insurance broker. I/we understand that signing this proposal does not bind the Proposer to complete the insurance, but agree that should a contract of insurance be concluded, this proposal and the statements made therein shall form the basis of the contract.

Date Signature of Proposer

FOR OFFICE USE ONLY	
Policy No.	Premium.
Customer No.	Remarks:
Excess	
Agency	



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