

NOTICE TO THE APPLICANT:

YOU ARE TO DISCLOSE IN THIS PROPOSAL FORM FULLY AND FAITHFULLY ALL FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE YOU MAY RECEIVE NOTHING FROM THE POLICY (AS DEFINED BELOW).

Completing the Proposal Form

- Please answer all questions in full leaving no blank spaces.
- If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned.
- It is agreed that the whenever used in this proposal form, the term Applicant shall mean the Principal Organisation and all its Subsidiaries.
- The headings in this proposal are solely for convenience.
- All information provided by the Applicant will be maintained in strictest Confidence by RAKINSURANCE

PLEASE READ THE ENTIRE POLICY AND THE PROPOSAL FORM CAREFULLY.

1. GENERAL INFORMATION	
a)	Name of Applicant
b)	Applicant's Address:
c)	Applicant's web address
d)	Nature of Applicant's Activities:
2. CONTRACT DETAILS	
a)	Name of Principal
a)	Address of Principal
b)	Title of contract: (if project consists of several sections specify section(s) to be insured)
c)	Location of Erection (City/Area/ Plot No.)
d)	Name of Contractor
d)	Address of Contractor
e)	Name(s) of Subcontractor(s)
e)	Address(es) of Subcontractors
f)	Name(s) of Manufacturers of main items
f)	Address(es) of Manufacturers of main items
g)	Name of Consulting Engineer
g)	Address of Consulting Engineer
h)	Name of Organisation the policy will be effected in?

i)	Name of Company supervising erection	
	Address of Company supervising erection	
j)	Please provide an 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, capacity, weight, pressure, temperature, revolutions, year of construction of major units. In case of complete factories; general drawing of plant, nature of civil engineering work (if any).	
k)	i. Have plans, designs and materials of the kind used in this project been used and/or tested in previous erections?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	ii. Have plans, designs and materials of the kind used in this project been used and/or tested in previous constructions by the contractor(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, Please give details of similar erections	
l)	Please indicate the period of cover required for the contract as below please use the date format (dd/mm/yyyy)	
	Commencement of Insurance	
	Duration of pre-storage prior to erection	xx Months
	Commencement of erection work	
	Duration of erection/construction	xx Months
	Duration of testing	xx Weeks
	Duration of maintenance	xx Months
	Type of coverage required for maintenance period	
Date of termination of insurance		
m)	Is this the extension of an existing plant	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, will the existing plant continue operation during the erection	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, Please provide plans	
n)	Have the building and civil engineering work already been completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
o)	Please provide details of any work to be undertaken by subcontractors	

p)	Does an aggravated risk of Fire and Explosion exist?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If Yes, please provide details		
	Is there evidence of Volcanism or Tsunami at the site?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Have Earthquakes Been Observed in this Area? If yes, please state intensity (Mercalli) Is the design of the structure to be insured based on regulations regarding earthquake-resistant structures?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
q)	Please provide a summary of the subsoil conditions <input type="checkbox"/> Rock <input type="checkbox"/> Gravel <input type="checkbox"/> Sand <input type="checkbox"/> Clay <input type="checkbox"/> Filled Ground		
	Other subsoil conditions		
	Do geological faults exist in the area	<input type="checkbox"/> Yes <input type="checkbox"/> No	
r)	Ground -water level	xx metres	
	Nearest Sea, River, Lake etc.	Name	
		Distance from site	
		Low Water Level (m)	xx metres
		Mean Water Level (m)	xx metres
		Highest recorded level (m)	xx metres
	Rainy Season	Period From (Month)	
		Period To (Month)	
		Max. Rainfall (per hour)	xx mm
		Max. Rainfall (per day)	xx mm
Max. Rainfall (per month)		xx mm	
Storm Hazard		<input type="checkbox"/> Minor <input type="checkbox"/> Medium <input type="checkbox"/> High	
s)	Estimate the probable loss incurred as a percentage of the sum insured due to:	Earthquake	
		Fire	
		Other clause (please specify)	
t)	Is cover for constructional erection equipment required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Is cover for constructional erection machinery required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, please include details in Section 3		
u)	Are extra charges for overtime, night work, work on public holidays to be included If Yes, Please provide limit of indemnity	<input type="checkbox"/> Yes <input type="checkbox"/> No	
v)	Is third party liability to be included?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Has the contractor concluded a separate Insurance Policy for TPL If Yes, Please provide limit of indemnity	<input type="checkbox"/> Yes <input type="checkbox"/> No	

w)	Please provide details of existing buildings or surrounding property possibly affected by the contract works (excavating, underpinning, piling, vibrating, groundwater lowering, etc.)	
x)	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
	If Yes, please provide a Limit of Indemnity	
	If Yes, please provide an exact description of these buildings/ structures	

3. COVER REQUIREMENTS

Please state hereunder the amounts you wish to insure and the indemnity required (see policy wording for more information)

Section I Material Risks	Items to be Insured	Sum to be Insured
		Erection works, split up as follows:
	Items to be erected	
	Freight	
	Customs duties and dues	
	Cost of erection	
	Civil engineering works	
	Construction/erection equipment	
	Clearance of debris	
	Limit of Indemnity	
	Property located on the principal's premises or on the site, belonging to the principal or held in care and/or custody	
	Limit of Indemnity	
	Total sum to be insured under Section I:	
	Add %10	
	Total Contract Value	
	Special risks to be insured	Limits of indemnity⁽¹⁾
	Earthquake, volcanism, tsunami	First loss basis
	Storm, cyclone, flood, inundation, landslide	

Section II Third party liability	Items to be Insured	Limits of indemnity ⁽²⁾	
	Bodily injury		
	Any one person		
	Total		
	Property damage		
	Total limit to be applied under Section II		
¹ Limit of indemnity in respect of each and every loss or damage and/ or series of losses arising out of any one event ² Limit of indemnity in respect of any one accident or series of accidents arising out of any one event.			
4. FALSE INFORMATION			
Any person who, knowingly and with intent to defraud any insurance company or other person, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.			
5. DECLARATION AND SIGNATURE			
The undersigned authorised officers of the Applicant declare that to the best of their knowledge and belief the statements set forth herein and all attachments and schedules hereto are true and complete and immediate notice will be given should any of the above information alter between the date of this proposal and the proposed date of inception of the insurance. Although the signing of the proposal does not bind the undersigned, on behalf of the Applicant and its directors and officers, to effect insurance, the undersigned agree that this proposal and all attachments and schedules hereto and the said statements herein shall be the basis of and will be incorporated in the policy should one be issued.			
Signed and Stamped	Authorised Representative	Date	

For RAKINSURANCE Use Only:

Name of Consultant/Introducer/Broker:

Consultant Code:

RAK Location:

Date sent: