

## PROPOSAL FOR CONTRACTORS' ALL RISKS INSURANCE

**EACH OF THESE QUESTIONS MUST BE ANSWERED COMPLETELY**

1. (a) Proposer: \_\_\_\_\_  
 (b) Postal Address: \_\_\_\_\_  
 (c) Trade or Business: \_\_\_\_\_  
 (d) Tel. No: (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
 (e) Email: \_\_\_\_\_ (f) Form of I.D. \_\_\_\_\_

2. Is the Proposer the **Contractor** or the **Principal**? \_\_\_\_\_  
 (a) If the Proposer is the Contractor, state the name of the Principal for whom work is to be carried out \_\_\_\_\_  
 (b) If the Proposer is the Principal, state the name of the Contractor \_\_\_\_\_

3. If the Proposer is a sub-contractor for the work, give the name and address of the main contractor.  
 \_\_\_\_\_

4. Has any insurer ever:
- |  |  |
|--|--|
| (a) declined your proposal?                    | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| (b) increased your premium?                    | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| (c) imposed special conditions on your policy? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| (d) refused to continue or renew your policy?  | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| (e) cancelled your policy?                     | YES <input type="checkbox"/> NO <input type="checkbox"/> |

If 'YES' to any of these, please give details \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Do you have any other insurances in force with us? YES  NO

If "YES", please give details \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION 1 – MATERIAL DAMAGE**

6. (a) Describe the general nature of the work to be undertaken

---



---

(b) Location of the Contract Site

---



---

(c) Period of Contract (i) Construction Period \_\_\_\_\_ months from \_\_\_\_\_  
 (ii) Maintenance Period \_\_\_\_\_ months thereafter

7. If the Contract is on a form approved by a professional organization, e.g., The Institution of Civil Engineers, state name of organization and edition of form. If not, attach a copy of the Contract conditions, and write “see attached”

---



---

8. If Construction Period is more than 12 months give brief details of works programme. If a plan of the work is available, please submit a copy with this Proposal.

---



---

9. Give details, including dates, of any similar work undertaken by you

Date	For Whom Undertaken	Nature Of Work	Amount

**SUM TO BE INSURED**

- 10.(a) Contract Price (“The Contract Works”) ..... \$ \_\_\_\_\_
- (b) Clearance of Debris ..... \$ \_\_\_\_\_
- (c) Existing Property ..... \$ \_\_\_\_\_
- (d) Value of Contractors' Plant, Machinery and Equipment to be used on site.. \$ \_\_\_\_\_
- (e) Temporary Works ..... \$ \_\_\_\_\_
- (f) Professional Fees ..... \$ \_\_\_\_\_
- TOTAL SUM INSURED** ..... \_\_\_\_\_

11.(a) Nature of subsoil at situation of the Contract \_\_\_\_\_

(b) Is the Contract Works sited on:

- (i) Reclaimed land? YES  NO
- (ii) Recently levelled land? YES  NO
- (iii) A hillside or steep incline? YES  NO

(c) Distance from sea \_\_\_\_\_

(d) Height above sea level \_\_\_\_\_

(e) Give details of any rivers, streams, canals or other water in the area and state distance therefrom.

\_\_\_\_\_  
\_\_\_\_\_

(f) Has the area been subject to flooding in the past? YES  NO

If "YES", please give details \_\_\_\_\_

\_\_\_\_\_

(g) State whether region is subject to weather conditions such as monsoons, typhoons, hurricanes and the like and the months when they are expected \_\_\_\_\_

(h) Are there any mines or disused workings in the vicinity? YES  NO

---

12. (a) State depth of excavations

- (i) Average depth \_\_\_\_\_
- (ii) Maximum depth \_\_\_\_\_

(b) At present, are there any underground main services on or about the situation of the contract? YES  NO

If "YES", please give details \_\_\_\_\_

\_\_\_\_\_

(c) Will any blasting be carried out at or near the situation of the contract? YES  NO

If "YES", please give details \_\_\_\_\_

\_\_\_\_\_

(d) Describe any special features of the work to be undertaken at the situation of the contract.

\_\_\_\_\_  
\_\_\_\_\_

(e) Will any Piling be carried out at or near the situation of the Contract? YES  NO

If "YES", please give details \_\_\_\_\_

\_\_\_\_\_

13. Give details of any Mortgage or other such interest \_\_\_\_\_

14. Give particulars of all loss or damage sustained on contracts on which you have been working during the past three years.

DATE	CAUSE OF LOSS OR DAMAGE	AMOUNT

**SECTION 2 – THIRD PARTY LIABILITY**

15. (a) Amount of indemnity required for any one accident \$ \_\_\_\_\_

(b) Amount of indemnity required for any one Policy \$ \_\_\_\_\_

16. (a) Is the Principal’s liability to be included in the cover? YES  NO

(b) Is the Subcontractor’s liability to be included in the cover? YES  NO

17. Give particulars of all claims made on you during the past three years for bodily injury to or damage to property of Third Parties.

DATE	CAUSE OF LOSS OR DAMAGE	AMOUNT

**DECLARATION**

I/We wish to effect Insurance with Guardian General Insurance Limited on the Terms, Conditions and Exclusions of the Policy to be issued by the Company. I/We warrant that the statements and particulars given by me/us in this Proposal are to the best of my/our knowledge and belief true and complete and no material fact has been misrepresented mis-stated suppressed or withheld and that the premises is/are in good condition and repair. I/We agree that this Proposal and Declaration shall form the basis of the contract between me/us and Guardian General Insurance Limited and shall be deemed as incorporated in the Policy issued.

Dated \_\_\_\_\_  
mm/dd/yy

Signature \_\_\_\_\_  
If Company, please affix Company stamp

**THIS INSURANCE WILL NOT BE IN FORCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED BY THE COMPANY.**