



If Proposer is a Company

Total Workforce:

Turnover/(Year): RM

/ ( year )

Sole Proprietorship

Partnership

Limited Company

Contact Person & Designation:

Private Use:

Yes

No

Collective Agreement/SOCSO/Workmen Compensation Agreement:

Yes

No

\*Required fields

**QUESTIONNAIRE TO BE ANSWERED FOR ALL PROPOSALS**

**(Please answer all questions as fully as possible using extra paper, if necessary, to complete answers)**

1. State the names of

(a) Main Contractor

(b) Principal/Employer

2. State the names of other parties, including sub-contractors, whose interest is to be insured, stating the nature of the interest

3. State the names of the

(a) Architects

(b) Consulting Engineers

4. Give a description of the contract including nature of construction and dimensions

5. State:

i. (a) Construction Period:

(b) Maintenance Period:

(c) Anticipated Commencement Date:

ii. (a) Total Contract Value (excluding value items under 5 (ii) (b)):

(b) Total Value of materials provided free by the Principal:

6. Will the works be handed over at once or in stages?

If the latter, please give estimated value of completed works and dates of handover

(Note: The policy excludes use or occupancy by the Principal/Employer unless specially agreed)

7. State the exact location of the contract site:

The provision of a large scale map of the area in which the contract is to be undertaken, showing contours, would be of considerable assistance

**Please tick if attached**

8. Supply such copies of the plans for the Contract as will show the lay-out of each part of the works
9. Supply a Contractors works schedule (progress chart) showing periods of construction for the various different items of the work
10. Supply a note of the values of the various item of the contract, corresponding to the items shown on the works schedule
11. Supply a copy of the Conditions of Contract, or, if not possible, copy of sections relating to insurance care of works, third party liabilities, excepted risks, maintenance and defects, extensions of time, and any other clauses of particular interest to Insurers

**(Note: Unless the Contract Conditions or copies of sections relating to insurance are supplied, the Policy will exclude absolutely all contractual liability)**

12. Give details of climatic conditions, water courses in the area (if any), and any floods which are known to have occurred

13. What experience have the Contractors had

(a) in the construction industry?

(b) of this type of contract?

If this enquiry relates to an annual blanket insurance, please provide the following information in relation to the last 3 years insurance

(i) Total premiums paid (less returns)

(ii) Claims monies paid or still outstanding

(iii) Names of previous insurers

14. If sub-contractors are to be employed, what percentage of the work is to be sub-contracted?

What is the nature of the sub-contracted work and its value?

In respect of each sub-contractor what experience has he had on the type of work he will be performing?

15. Report on conditions on the site

What is the nature of the soil and subsoil?

What is the level of ground water?

Has the area ever been reclaimed?  Yes  No

If it has, when did this take place?

16. Give full details of any excavations including depths and lengths of trenches

17. If there will be any blasting operations state:

(a) Class of explosive and maximum charge any one detonation:

(b) Total quantity of explosives:

(c) Storage conditions:

(d) Under whose control carried out:

(e) Firing method:

18. Is any piling to be undertaken? If so, state the classes of pile with relevant details.

Class	Numbers	Length	Diameter
Bored			
Driven/Hammered			
Other (state which)			

Will any soil stabilisation be necessary? If so, furnish details

19. Give a detailed note of any special or unusual constructional operations?

20. What Third Party limit of indemnity any one accident is required?

21. (a) What Third Party property is there in the vicinity of the contract site?

(i) Buildings, roads, railway, rivers and the like: (Please advise volume of traffic on roads, railway, rivers)

(ii) Underground, surface or overhead services:

(b) What are the distances of such Third Party property from the contractor's operations. For each property state:

Description	Distance from operations	Usage	Condition	Value

22. Does the public have access to the site?  Yes  No

Who besides the contractors', and/or sub contractors' employees, will visit the site?

23. Is there any possibility of a third party "catastrophe" resulting from fire, explosion, flood, water damage, subsidence or collapse?

24. Are there any other points not previously mentioned with which underwriters should be acquainted?  Yes  No

For example, will there be any demolition, dewatering or underpinning or are any problems anticipated due to the depth or nature of the foundations?

25.If temporary buildings (and contents) are to be insured, give total value divided between:

- (a) Stone/concrete/brick structures
- (b) Metal/asbestos structures
- (c) Wooden structures and caravans
- (d) Tents and the like

26. If constructional plant, tools and equipment are to be insured attach a schedule of such property with a description of each item and its new replacement value. Please indicate here if such a schedule is attached;

27. Are any transits to be covered?  Yes  No  
If so, between which places?

How transported (e.g. road or rail)?

State total value of all transits:

State maximum value any one transits:

28. Does the Contract include the installation of machinery, other than standard units for heating, air conditioning, lighting, supply of water and the like, and will any testing be carried out?  Yes  No  
If it does, please complete the following Supplementary Questionnaire.

**SUPPLEMENTARY QUESTIONNAIRE FOR ERECTION ALL RISKS INSURANCE**

29. Describe the installation or machinery to be insured with more specific details of all the major items.

Supply a site layout plan showing position of all major items, together with values of each section and values of the larger individual items. Please indicate if attached.

30. What are the weights of the largest items and the heights to which lifted?

Description	Weight

Will it be necessary to carry out dual lifts?  Yes  No  
If so, supply details.

What is the number of lifts where the weight of the unit(s) handled exceeds one ton?

What are the average and maximum heights of lifts?

Average:

Maximum:

31. Who are the manufacturers?

32. Who will carry out the construction, installation or erection?

Who will be supervising the work?

33. Will the work necessitate any large scale manufacture or fabrication on site?  Yes  No

Supply details:

34. What are the provisions of the Contract, and the Insured's requirements, relative to testing and commissioning - nature and duration, etc?

35. Who will test and commission and who will supervise?

36. What period of testing is included in the installation period?

37. What guarantees are given by Manufacturers of machinery, etc. (not included as Insured) as to their products, design, workmanship and the material used?

38. Give details and the position of all safety devices and automatic controls.

39. Give details of the prescribed commissioning procedure.

40. Give full details of the proposer's or contractor's experience in this type and size of installation together with accident record.

41. If any of the plant or machinery is of an experimental nature, incorporating new design features or a prototype, or if any machinery is not new, please supply full details.

#### APPENDIX TO QUESTIONNAIRE - APPLICABLE TO CONTRACTORS AND ERECTION ALL RISKS PROPOSALS

In normal circumstances the Insurers will accept responsibility for the rebuilding of Works in their original position but might decline to accept liability for the clearance of the wreckage unless such clearance is required in order to rebuild the Works.

If you wish to insure "clearance of debris" as a separate item please state the sum to be insured on such item.

Clearance of debris: Sum Insured

Architects', surveyors' and consulting engineers' and other professional fees necessarily incurred for the reinstatement of damage to the property insured, the subject of indemnity by our policy, are included in the Sum Insured set against each item of the Property Insured unless separate Sums Insured are expressed for such costs and expenses.

Do you wish to insure or does the contract require you to insure separately architects' surveyors' and consulting engineers' and other professional fees necessarily incurred in connection with the reinstatement of a loss? If the answer is in the affirmative please state the sum to be insured on such item

Professional fees: Sum Insured

#### B. DECLARATION BY PROPOSER

I/We hereby declare that the above answers and statements are true, and that I/we have withheld no information whatever regarding this application.

I/We understand that it is my/our duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form and I/we hereby declare that I/we have fully and accurately answered the questions above.

Signature of Proposer:

Date: dd/mm/yy

**No Liability is undertaken by the Company until this Proposal has been accepted by the Company and the premium paid, except as provided by any official Covering Note issued by the Company.**