



ERECTION ALL RISKS PROPOSAL FORM

Supplemental Questionnaire for Pipe-laying Projects

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

All information provided by the Applicant will be maintained in strictest Confidence by RAK Insurance

PLEASE READ THE ENTIRE POLICY AND THE PROPOSAL FORM CAREFULLY.

A. GENERAL INFORMATION																							
1. Title of contract																							
B. SITE INFORMATION																							
1. Please provide details of the site	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 70%;">Onshore</td><td style="width: 30%; text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr> <tr><td>Offshore</td><td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr> <tr><td>Flat</td><td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr> <tr><td>Hilly</td><td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr> <tr><td>Mountainous</td><td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr> <tr><td>Built-up</td><td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr> <tr><td>Semi built-up</td><td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr> <tr><td>Open</td><td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr> <tr><td>Road in the vicinity</td><td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr> <tr><td>Railway in the vicinity</td><td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr> <tr><td>Runway in the vicinity</td><td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr> </table>	Onshore	<input type="checkbox"/> Yes <input type="checkbox"/> No	Offshore	<input type="checkbox"/> Yes <input type="checkbox"/> No	Flat	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hilly	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mountainous	<input type="checkbox"/> Yes <input type="checkbox"/> No	Built-up	<input type="checkbox"/> Yes <input type="checkbox"/> No	Semi built-up	<input type="checkbox"/> Yes <input type="checkbox"/> No	Open	<input type="checkbox"/> Yes <input type="checkbox"/> No	Road in the vicinity	<input type="checkbox"/> Yes <input type="checkbox"/> No	Railway in the vicinity	<input type="checkbox"/> Yes <input type="checkbox"/> No	Runway in the vicinity	<input type="checkbox"/> Yes <input type="checkbox"/> No
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2.	<p>If project is offshore, please answer the below.</p> <p>Depth of Water</p> <p>Please provide details of vessels being used, who owns them and contractual obligations</p> <p>Please provide details of pipe and/or cable crossings</p> <p>Please provide details of the shoreside tie-ins</p>																						
3.	<p>If project is in a built-up or semi built-up area, please indicate closest distance to buildings and type of buildings.</p>																						
Please provide a topographical plan of the site and location which indicates way of line																							
4.	<p>What are the soil conditions?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 70%;">Sand</td><td style="width: 30%; text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr> <tr><td>Gravel</td><td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr> <tr><td>Rocky</td><td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr> <tr><td>Swampy</td><td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr> <tr><td>Other</td><td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr> </table>	Sand	<input type="checkbox"/> Yes <input type="checkbox"/> No	Gravel	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rocky	<input type="checkbox"/> Yes <input type="checkbox"/> No	Swampy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	<input type="checkbox"/> Yes <input type="checkbox"/> No												
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5.	<p>Is the site exposed to any of the natural hazards indicated?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 70%;">Rockfall</td><td style="width: 30%; text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr> <tr><td>Landslide</td><td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr> <tr><td>Earthquake</td><td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr> <tr><td>Hurricane</td><td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr> <tr><td>Inundation</td><td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr> <tr><td>Avalanche</td><td style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr> </table> <p>If Yes, Please provide details</p>	Rockfall	<input type="checkbox"/> Yes <input type="checkbox"/> No	Landslide	<input type="checkbox"/> Yes <input type="checkbox"/> No	Earthquake	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hurricane	<input type="checkbox"/> Yes <input type="checkbox"/> No	Inundation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Avalanche	<input type="checkbox"/> Yes <input type="checkbox"/> No										
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B. SITE INFORMATION (contd.)			
6.	Does the site location have a rainy season	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If Yes, Please provide details of when it commences and ends		
7.	Please provide the minimum below grade level of ground water		
	Is de-watering required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C. VALUE INFORMATION			
1.	Please provide a breakdown of values as below taking into consideration the indemnity and cover required as stated in 5GI 0220 Section I		
	Item	Value	
	Pipes		
	Pump stations		
	Auxiliaries (metering stations, telecommunications systems etc.)		
	Tank farms		
	Other works (computer systems)		
	Earth and excavation work as part of pipe laying		
	Total value of Erection		
D. PIPELINE INFORMATION			
1.	Please indicate the type of line:	Oil	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Gas	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Water/Sewage	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Solids	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Other (please specify)	
2.	Please provide details of the pipe dimensions		
E. TECHNICAL INFORMATION			
1.	Please provide details of the pipe	Length of pipeline	
		Pipe Diameter	
		Wall Thickness	
		Material	
		API Specification	
		API admitted	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Manufacturer	
		Working pressure	
2.	Please provide details of storage yards		
	What type of storage is used?		
	How many storage yards are there?		
	Please indicate on the map the location of storage yards		
	What is the maximum value of each single storage yard		
	What is the method of transportation used?		
3.	What type of jointing is used?	Manually welded	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Fully automatic welded	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Mechanical connections	<input type="checkbox"/> Yes <input type="checkbox"/> No

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E. TECHNICAL INFORMATION (contd.)				
4.	Is insulation carried out:	In Workshops	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		On site	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.	Please provide information on the pipe laying			
	What is the distance below grade			
	For excavation are explosives necessary?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Please provide details of the laying method			
6.	Please provide information on the pipe testing			
	What is the length of tested pipe sections?			
	What is the test medium?			
	Hydrostatic test pressure			
	High yield test pressure			
7.	What fire fighting facilities are provided for tank farms, storage yards and booster stations? (please provide full details)			
F. PIPE CROSSINGS				
1.	When crossing rivers and/or canals are pipe crossings undertaken by:			
	Siphon?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Horizontal directional drilling? (please indicate bore length)	<input type="checkbox"/> Yes <input type="checkbox"/> No	metres	
	Pipe bridge	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Number of crossings			
2.	When crossing roads and/or railways are pipe crossings undertaken by:			
	Thrust bore?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Protection tube	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Pipe bridge	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Number of crossings			
3.	When crossing service lines are pipe crossings undertaken by:			
	Thrust bore?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Protection tube	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Pipe bridge	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Tunnel	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Number of crossings			
G. PUMPING STATIONS				
1.	How many pumping stations are included?			
2.	How many pumps are included?			
3.	What is the capacity of the biggest pump?			
4.	How are the pumps driven	Electrical		
		Other (please specify)		
H. TANK FARMS				
1.	How many tank farms are included?			
2.	How many tanks are included?			
3.	What are the dimensions of the largest tank?			



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I. CONSTRUCTION DETAILS			
1.	Please provide a construction schedule and attach to this questionnaire		
2.	Is the contractor experienced in this type of work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If Yes, please provide references		
3.	To what extent might the project be destroyed by any one loss event?		
4.	What is the maximum length of open trench?		
5.	What is the maximum time of open trench?		
6.	What work will be undertaken by subcontractors?		
7.	Which contractors will work independently at the insured's site or in the immediate vicinity?		
	What work will they undertake?		
8.	Please provide details of the main plant and equipment to be used in the project		
	Plant/Equipment	Replacement Value (Currency)	
J. DECLARATION AND SIGNATURE			
<p>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.</p>			
Signed and Stamped	Authorised Representative	Date	

For RAK Insurance Use Only:

Name of Consultant/Introducer/Broker:

Consultant Code:

RAK Location:

Date sent: