

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.
- It is agreed that whenever used in this proposal form the definition of the terms 'Claims', 'Policy Period' 'Legal Representation Expenses', 'Defence Costs', 'Director' or 'Officer' are in accordance with the policy.
- 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:	
e)	Name of Organisation the policy will be effected in?	
2. CONTRACT DETAILS		
a)	Name of Principal	
	Address of Principal	
b)	Title of contract: (if project consists of several sections specify section(s) to be insured)	
c)	Location of Site (City/Area/ Plot No.)	
d)	Name of Contractor	
	Address of Contractor	
e)	Name(s) of Subcontractor(s)	
	Address(es) of Subcontractors	
f)	Name of Consulting Engineer	
	Address of Consulting Engineer	

2. CONTRACT DETAILS Contd.			
g)	Description of Contract Work	Dimensions (length, height, depth, spans, number of floors)	
		Foundation (method, level of deepest excavation)	
		Construction methods	
		Construction materials	
h)	Is the contractor experienced in this type of work or construction methods? If Yes, Number of Years	<input type="checkbox"/> Yes <input type="checkbox"/> No	
i)	Please indicate the period of cover required for the contract as below		
	Commencement of Work (dd/mmm/yyyy)		
	Duration of Construction (xx Months)		
	Date of Completion (dd/mmm/yyyy)		
j)	Please provide details of the work to be carried out by Subcontractors. (Please use a separate piece of paper if required.)		
k)	Please provide details of any special risks to be covered as below		
	Fire , Explosion	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Flood, Inundation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Landslide, Storm, Cyclone	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Blasting	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Other Risks		
	Volcanism, Tsunami	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Have Earthquakes Been Observed in this Area?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, please state intensity (Mercalli)	Magnitude Richter	
	Is the design of the structure to be insured based on regulations regarding earthquake-resistant structures?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the design standard higher than that stipulated in the relevant regulations	<input type="checkbox"/> Yes <input type="checkbox"/> No		

l)	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	
m)	Ground -water level	xx metres	
n)	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
o)	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
p)	Are extra charges for overtime, night work, work on public holidays to be included	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If Yes, Please provide limit of indemnity		
q)	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	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If Yes, Please provide limit of indemnity		
r)	Please provide details of existing buildings or surrounding property possibly affected by the contract works (excavating, underpinning, piling, vibrating, groundwater lowering, etc.)		
s)	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	Items to be Insured	Sum to be Insured	
	Contract work (permanent and temporary works, including all materials to be incorporated herein)		
	Contract price		
	Materials or items supplied by principal		
	Construction plant and equipment		
	Construction machinery (please provide a list showing replacement values of new items)		
	Clearance of debris (up to the amount indicated only)		
	Surrounding property		
	Total sum to be insured under Section I:		
	Special risks to be insured	Limits of indemnity ⁽¹⁾	
	Earthquake, volcanism, tsunami		
	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			
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: