



Form. No. :
F-UW-02 Contractors' All Risks Proposal
Form

Rev. No. 00

Rev. Date
10th July 2015

Questionnaire and Proposal for Contractors' All Risks Insurance No

1. Title of Contract
(If project consists of
Several sections, specify
Section(s) to be insured.)

2. Site

Country/Province/District

City/Town/Village

3. Name and address
of Principal

4. (a) Name(s) and address(es)
of contractor(s)

(b) Physical Address:

(c) PIN Number:

¹ If necessary on a separate sheet

²For harbors, piers, docks, tunnels, galleries, dams, roads, airports, railway facilities, sewerage and water supply systems and bridges, see additional questionnaires



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5. (a) Name(s) and address(es) of sub-contractor(s) _____
(b) Physical Address: _____
(c) PIN Number: _____

6. Name and address of consulting engineer _____
7. Description of contract Work² Dimensions (length, height, depth, Spans, number o floors)
(Please give detailed Technical information) _____

Type of foundation and level
Of deepest excavation

Construction Method

Construction Materials

8. Is the Contractor experienced in this type of work or construction method? yes no

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9. Period of Insurance

Commencement of work

Duration of construction months

Date of Completion

Maintenance Period months

10. What work will be done
by subcontractors?

11. Special risks

Fire, explosion? yes no

Flood, inundation? Yes no

Landslide, storm, cyclone? Yes no

Blasting work? Yes no

Other risks

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15. Meteorological conditions

Rainy season from

to

Max rainfall (mm)

per hour

per day

per month

(In)

Storm hazard

minor

medium

high

16. Are extra charges for overtime,
Night work, work on public
Holidays to be included?

yes

no

Limit of indemnity

17. Is third party liability
to be included?

Yes

no

Has the contractor concluded
a separate policy for TPL?

Yes

no

Limit of Indemnity

18. Details of existing buildings
Or surrounding property
Possibly affected by the contract
Work (excavating, underpinning,

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Piling, vibrating,
Ground water lowering, etc)

19. 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 as a direct or
Indirect consequence of the
Contract work

yes no

Limit of Indemnity

20. Please state the source of funds for payment of premium for this policy:

1 If necessary on a separate sheet

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