



# REPUBLIC INSURANCE COMPANY

রিপাবলিক ইন্স্যুরেন্স কোম্পানী লিমিটেড

Head office: HR Bhaban (6<sup>th</sup> & 9<sup>th</sup> floor) 26/1, Kakrail Dhaka-1000  
Pabx;+88-02-58313334-8 Fax : 88-02-48318060, E-mail :www.riclbd.com

Proposal No.

Policy No.

## Questionnaire and Proposal for Erection All Risks Insurance

1.	Title of contract ( if project consists of several sections, specify section (s) to be insured)	
2.	Location of Erection Site	
	Country	
	City/town/village	
3.	Proposer	Please indicate which of the Nos. 4 to 9 below is the "Proposer" of the Insurance, and which parties are to be declared as "Insured" in this Policy. Proposer No : _____ Insured No .(s) _____
4.	Principal	
	Name Address	
5.	Main Contractor (s)	
	Names (s) Address (es)	
6.	Sub-contractor (s)	
	Names (s) Address (es)	
7.	Manufacturers of main items	
	Names (s) Adress (es)	
8.	Firm supervising erection	
	Name (s) Address (es)	
9.	Consulting Engineer	
	Name Address	
10.	Exact description of the property to be erected (if second hand items are to be erected, please state) In case of machines : manufacturer's name, number, type, size , capacity weight, pressure, temperature, revolutions : in case of complete factories: general drawing of plant, nature of civil engineering work (if any)	



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11.	Period of Insurance	Commencement of insurance
		Duration of pre-storage months
		Commencement of erection work
		Duration of erection/construction months
		Duration of testing weeks
	If Maintenance coverage required	Duration of maintenance months
		Type of coverage required
		Termination of insurance
12.	Have plans, designs and materials of the kind used in this project been used and/or tested in	a) Previous constructions <input type="checkbox"/> yes <input type="checkbox"/> no
		b) Previous constructions by the Contractor(s) <input type="checkbox"/> yes <input type="checkbox"/> no
	* Please give details of similar projects carried out by Contractor (s)	
13.	Is this an extension of an existing plant ?	<input type="checkbox"/> Yes <input type="checkbox"/> no
	Will operation of existing plant continue during erection period ? (Enclose plans where available)	<input type="checkbox"/> Yes <input type="checkbox"/> no
		<input type="checkbox"/> Yes <input type="checkbox"/> no
14.	Have the building and civil engineering works already been completed ?	<input type="checkbox"/> Yes <input type="checkbox"/> no
15.	Work to be carried out by Sub-contractors	
16	Is there any aggravated risk of :	Please also give answers to Nos. 16 to 21 as far as information obtainable :
		Fire <input type="checkbox"/> yes <input type="checkbox"/> no
	If so, give details	Explosion <input type="checkbox"/> yes <input type="checkbox"/> no
17	Ground water level	
18	Nearest river, lake, sea etc. levels of such river, Lake, sea etc.	Name distance from site
		Low water mean water highest level recorded
		Mean level of site
19	Meteorological condition :	Rainy seasons from to
		Max rainfall (mm) per hour per day per month



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		Max. wind velocity	storm frequency	<input type="checkbox"/> low	<input type="checkbox"/> medium	<input type="checkbox"/> high
20.	Hazards of earthquake, volcanism, tsunami	Is there a history of volcanism , tsunami At the site ? <input type="checkbox"/> yes <input type="checkbox"/> no				
		Have earthquake etc. been observed in this area ? <input type="checkbox"/> yes <input type="checkbox"/> no				
		If so, please state intensity magnitude				
		Is the design of the structures to be insured based on regulations regarding earthquake resistant structures ? yes no				
	Subsoil conditions	<input type="checkbox"/> Rock <input type="checkbox"/> gravel <input type="checkbox"/> sand <input type="checkbox"/> clay <input type="checkbox"/> filed site				
		Other types :				
		Do geological faults exist in the vicinity ? <input type="checkbox"/> yes <input type="checkbox"/> no				
21	Estimate, if possible, the probable maximum loss, expressed as a percentage of the sum insured, in a single occurrence	a) due to earthquake		b) due to fire		
		c) due to other cause (please specify)				
22	Is coverage of construction/erection equipment (scaffolding, huts, tools, etc.) required ? Please give brief description and state value under no.28.3	<input type="checkbox"/> Yes <input type="checkbox"/> no				
23	Is coverage of construction/erection machinery (excavators, cranes etc) required ? * please attach list of major machines showing individual new replacement values and state total value under. No.28.4	<input type="checkbox"/> Yes <input type="checkbox"/> no				
24	Are existing building and/or structures no 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 loss or damage arising out of or in connection with the contract works ? State limit under No.28.6					
25	Is Third party Liability to be included ? Give brief description of surrounding and existing buildings and/or structures not belonging to the Principal of Contractor ( enclose maps, if possible) State limits under No.28 , Section ii	Yes <input type="checkbox"/> No				



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26	Do you wish cover to include extra charges (in case of loss) for :	Express freight, overtime, night work, work on public Holidays ? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Air freight <input type="checkbox"/> Yes <input type="checkbox"/> No
27	Give details of any special extension of cover required	

28. Please state hereunder the amounts you wish to insure or where applicable the limited of indemnity required ( of Policy Wordings, Section, 1, Memo 1 and ii )

Sectional Material Damage	Description of the Insured Item	Sum Insured	
		Foreign Currency	Local Currency
	1. Erection works, split up as follows :	1.1	Tk.
	1.1 Items to be erected	Tk.	
	1.2 Freight	1.2	Tk.
	1.3 Custom Duties & dues	Tk.	
	1.5 Cost of Marine Insurance	1.3 Nil	Tk.
	2. Civil Engineering Works	1.4	Tk.
	3. Construction/Erection Equipment	1.5 Nil	Tk.
	4. Construction / Erection Machinery	2. Nil	Tk.
	5. Clearance of Debris (limits of indemnity)	3. Nil	Tk.
		4. Nil	Tk.
		5. Nil	Tk.
	6. Property located on the Principal's Premises or on the site, belonging to the Principal or held in care, custody or control (limit of Indemnity- see Memo 4 of Policy )	6. Nil	Tk.
	Total Sum to be Insured under Section I	Total	Tk.
Please indicate Limits of Indemnity required for the following perils :			
	Risk	Limits of indemnity 1	
	Earthquake, Volcanism, tsunami		
	Storm, Cyclone, flood, inundation, landslide		
Section 11 – Third party Liability	Insured items	Limits of indemnity 2	
	Bodily Injury-any one person		
	Bodily injury-total		
	Property Damage		
	Or alternatively : Combined single limit of		



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	<ol style="list-style-type: none"><li>1. Limit of indemnity in respect of each and every loss or damage and/or series of losses or damages arising out of any one event.</li><li>2. Limit of indemnity in respect of any one accident or series of accidents arising out of one event.</li></ol>
<p>We hereby declare that the statements made by us in the Questionnaire and Proposal are complete and true to the best of our knowledge and belief, and we hereby agree that this Questionnaire and Proposal shall form the basis and be part of any Policy or Policies issued in connection with the above risk or risks. It is agreed that the Insurers shall be liable in accordance with the terms of the Policy only and that the Insured will not lodge any other claims of whatever nature. The Insured undertakes to inform the Insurers of any material alteration whereby the risk is increased and the Insurers reserve the right to modify any quotation made in the light of such alternation. The Insurers undertake to deal with this information in strict confidence.</p>	
Completed at	this                      day of

