



"A Symbol of Trust, Security and Progress"

Tausi Assurance Company Limited

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ERECTION ALL RISKS INSURANCE QUESTIONNAIRE AND PROPOSAL FORM.

The issuing of this form is not to be taken as an admission of liability by the Insurers.

NB: All questions must be answered in full. Dashes are not acceptable. Please use **BLOCK LETTERS** and tick where appropriate.

PARTICULARS OF PROPOSER

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. Principal		
Name(s) and Address(es)		
4. Main contractor(s)		
Name(s) and Address(es)		
5. Subcontractor(s)		
Name(s) and Address(es)		
6. Manufacturer(s) of main Items		
Name(s) and Address(es)		
7. Firm supervising erection		
Name(s) and Address(es)		
8. Consulting Engineer		
Name(s) and Address(es)		
9. Proposer	Please indicate which of the parties No. 3 to 8 above is the Proposer of the Insurance and which parties are to be declared as Insured in the policy.	
	Proposer No.	
	Insured No(s)	

10. Exact description of the property to be erected

(If second-hand items are to be erected, please state.)

In case of machines: Manufacture's name, number, type, size, capacity, weight pressure, temperature, revolutions, year of construction of major units.

In case of complete factories: general drawing of plant, nature of civil engineering work (If any).

11.Period of Insurance:

Commencement of Insurance

Duration of pre-storage

Months prior to beginning of Erection work

Commencement of erection/construction

Months

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?

☐ YES

☐ NO

b) Previous construction by the contractor(s)

☐ YES

☐ NO

If so, please give details of similar projects carried out by contractor(s)

13. Is this an extension of an existing plant

☐ YES

☐ NO

If so, will operation of existing plant continue during erection period?

☐ YES

☐ NO

Enclose plans.

14. Have the buildings and civil engineering works already been completed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
15. Work to be carried out by subcontractor(s)?	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>	
16. Is there any aggravated risk of		
Fire?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Explosion?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	If so, give details	
17. Ground water level		
18. Nearest river, lake, sea, etc		
Name		
Distance from site		
Levels of such river, lake, sea, etc Lower water		
Mean water		
Highest level recorded		
Mean Level of site		
19. Meteorological conditions:		
Rainy seasons	From:	To:
Max rainfall (mm):	Per Hour	Per day
MAX Wind Velocity: Storm frequency	Low	Medium
		High
20. Hazards of earthquake, volcanism, tsunami:		
Is there a history of volcanism or tsunami at the site?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have earthquakes, 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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Subsoil conditions	Rock <input type="checkbox"/>	Gravel <input type="checkbox"/>
	Clay <input type="checkbox"/>	Filled site <input type="checkbox"/>
		Sand <input type="checkbox"/>
		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 (scarf-folding, huts, tools, etc)	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Please give brief description and state new replacement value under question No. 28.3
23. Is coverage of construction/erection machinery (ex-cavators, cranes, etc) required?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Please attach list of major machines showing individual new replacement values and state total value
24. Are existing building 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 contractor works?	State Limit under No. 28.5
25. Is third party to be included?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	If so, give brief description of surrounding and existing buildings and/or structures not belonging to the principal or contractor(s)
	State limits under question No. 28, section II
26. Do you wish cover to include extra charges (In case of loss) for: Express freight, overtime, night work, and 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 limits of indemnity required (see policy wordings, memo 1, and section II):	

Section I Material damage		Currency
	Items to be Insured	Sum to be Insured(State below separately)
	1. Erection works, split up as follows 1.1 Items to be erected 1.2 Freight 1.3 Customs duties and dues 1.4 Cost of erection	
	2. Civil engineering works	
	3. Construction/erection equipment	
	4. Clearance of debris (Limit of indemnity)	
	5. 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)	
	Total sum insured under Section 1.	
	Please indicate limits of indemnity required for the following perils:	
	Risk	Limit of Indemnity
Earthquake, volcanism, tsunami		
Storm, cyclone, flood, inundation, landslide		

Section II Third party liability		
	Insured Items	Limit of Indemnity
	1. Bodily Injury 1.1 Any other person 1.2 Total	
	2. Property	
	Or alternatively Combined single limit of 1. Limit of indemnity in respect of each and every loss or damage and/or series or damage arising out of any one event. 2. Limit of indemnity in respect of any one accident arising out of one event.	

I/We hereby declare that the statements made by me/us in this Questionnaire and Proposal form are, to the best of my/our knowledge and belief, complete and true, and I/We hereby agree that this Questionnaire and Proposal form, forms the basis and is part of any policy issued in connection with the above risk(s). It is agreed that the Insurers are liable in accordance with the terms of policy only and that the insured will not lodge any other claims of whatever nature.

The insurers undertake to deal with this information in strict confidence.

The liability of the company does not commence until the proposal has been accepted and the first premium paid.

Executed at this _____ day of _____ 20____

For and on behalf of:

Name:

Signature and Official Stamp

Name and Designation of Contact Person:

Telephone of Contact Person:

AGENT/BROKER NAME / STAMP

SIGNATURE

DATE _____