



SHARJAH INSURANCE COMPANY

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CONTRACTORS' ALL RISK INSURANCE QUESTIONNAIRE & PROPOSAL FORM

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	Name(s) and Address(es) of Contractor(s)*	_____ _____ _____
5	Name(s) and Address(es) of Sub-contractor(s)*	_____ _____ _____
6	Name and Address of Consulting Engineer	_____ _____ _____
7	Description of Contract Work** (Please give detailed technical information.*)	<i>Dimensions (length, height, depth, spans, number of floors)</i> _____ _____ _____
* If necessary on a separate sheet. ** For harbours, piers, docks, tunnels, galleries, dams, roads, airports, railway facilities, sewerage & water supply systems & bridges, see additional questionnaires.		

Type of foundation and level of deepest excavation

We hereby declare that the statements made *Construction Method*

Construction Materials

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

9 Period of Insurance *Commencement of Work*

Duration of Work months

Date of Completion

Maintenance Period months

10 What work will be done by subcontractors?

11. Special Risk

<i>Fire explosion</i>	<input type="checkbox"/>	yes	<input type="checkbox"/>	no
<i>Flood, inundation?</i>	<input type="checkbox"/>	yes	<input type="checkbox"/>	no
<i>Landslide, storm, cyclone?</i>	<input type="checkbox"/>	yes	<input type="checkbox"/>	no
<i>Blasting Work?</i>	<input type="checkbox"/>	yes	<input type="checkbox"/>	no
<i>Others</i>	<input type="checkbox"/>		<input type="checkbox"/>	

Volcanism, Tsunami yes no
Have earthquakes been observed in this area? yes no

If so, please state intensity (Mercalli) - Magnitude Richter

Is the design of the structure to be insured based on regulations for earthquake-resistant structures? yes no
Is the design higher than that stipulated in the relevant regulations? yes no

12 Details of Subsoil rock gravel sand clay
 filled ground

other subsoil conditions

Do geological faults exist in the vicinity? yes no

State hereunder the amounts you wish to insure limits of indemnity required
(see policy wording, Section I, Memo 1 and Section II)

		<i>Currency</i>	
		<i>Items to be Insured</i>	<i>Sums to be Insured</i>
Section I <i>We hereby c Material Damage</i>	1. Contract Work (Permanent and temporary work including all materials to be incorporated herein)		
	1.1	Contract Price	
	1.2	Materials or Items supplied by the Principal(s)	
	2. Construction Plant and Equipment		
	3. Construction Machinery (please attach list)		
	4. Clearance of Debris		
	Total Sum Insured Under Section 1		
			<i>Special Risk to be Insured</i>
		Earthquake, volcanism, tsunami, Storm, cyclone, flood, inundation, landslide	
Section II <i>Third Party Liability</i>	<i>Items to be Insured</i>		<i>Limit of Indemnity **</i>
	1. Bodily Injury		
	1.1	Any one person	
	1.2	Total	
	2. Property Damage		
	Total Limit Under Section II		
* Limit of indemnity in respect of each and every loss or damage and/or series of losses arising out of any one event.			
** Limit of indemnity in respect of any one accident or series of accidents arising out of any one event.			

We hereby declare that the statements made by us in this Questionnaire and Proposal are, to the best of our knowledge and belief, complete and true, and we hereby agree that this Questionnaire and Proposal forms the basis and is part of any Policy issued in connection with the above risk.

It is agreed that the Insurers are liable in accordance with the terms of the 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.

Executed at _____

Date _____

Signature _____