



SHARJAH INSURANCE COMPANY

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ERECTION ALL RISKS INSURANCE QUESTIONNAIRE & PROPOSAL FORM

1.	<i>Title of Contract</i> (If project consists of several sections, specify section(s) to be insured)	_____ _____
2.	<i>Location of Erection Site</i> Country City, Town, Village	_____ _____ _____
3.	<i>Proposer</i>	_____ _____
4.	<i>Principal</i> Name Address	_____ _____
5.	<i>Main Contractor(s)</i> Name(s) Address(es)	_____ _____
6.	<i>Subcontractor(s)</i> Name(s) Address(es)	_____ _____
7.	<i>Manufacturers of main items</i> Name(s) Address(es)	_____ _____
8.	<i>Firm supervising erection</i> Name(s) Address(es)	_____ _____
9.	<i>Consulting Engineer</i> Name(s) Address(es)	_____ _____
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)*

11. PERIOD OF INSURANCE

Commencement of insurance months _____

Duration of pre-storage _____

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 Yes No

b) previous constructions by the Contractor(s) Yes* No

Please give details of particular projects carried out by Contractor(s)

13 Is this an extension of an existing plant? Yes* No

*Will operation of existing plant continue during erection period? Yes No
(Enclose plans where available)

14. Have the buildings and civil engineering works have been completed? Yes No

15. Work to be carried out by Subcontractors

Please give answers to Items 16 to 21 as far as information obtainable

16. Is there any aggravated risk of:

fire Yes* No

explosion Yes* No

*If so, give details _____

17. Ground Water Level

18. Nearest river, lake, sea, etc. / levels of such river, lake, sea, etc.

Name	Distance from site
low water	mean wate highest level recorded
mean level of site	

19. Meteorological Conditions:

rainy seasons from	to		
max. rainfall (mm)	per hour	per day	per month
max. wind velocity	storm <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 th Yes No

Have earthquakes etc. been observed in this Yes* No

*If so, please state intensity magnitude

Is the design of the structures to be insured based on the regulations

regarding eathquake resistant structure Yes No

Subsoil Condtions:

rock gravel fill site | sand gravel
other types: _____

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?

Yes* No

(* Please give brief description and state value under No. 28, Item 3.)

23. Is coverage of Construction/Erection machinery (excavators, cranes, etc.) required?

Yes* No

(*Please attach list of major machines showing individual new replacement values and state total value under No. 28, Item 4.)

24. 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? State limits under No. 28, Item 6.

Yes* No

*Exact description of this buildings/structures:

25. Is Third Party Liability to be included? Yes* No

**Give brief description of surrounding and existing buildings and/or structures not belonging to the Principal or Contractors (enclose maps, if possible)*

 State limits under No. 28, Section II.

26. Do you wish cover to include extra charges (in case of loss) for:
 express freight, overtime, night work,
 work on public holidays? Yes No
 air freight? Yes No

27 Give details of any extension of cover required

28. Please state hereunder the amounts you wish to insure or where applicable the limits of Indemnity required (cf. Policy Wording, Section 1, Memo1 and Section II

Section I Material Damage	Items to be Insured	Sum to be insured <i>(state below separately)</i>
	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. Construction/Erection Machinery	
	5. Clearance of Debris <i>(limit of indemnity)</i>	
	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)	
	Total Sum to be Insured under Section I	

Please indicate limits of indemnity required for the following perils:

RISK	Limits of indemnity *
Earthquake, volcanism and tsunami	
Storm, cyclone, flood , unundation, landslide	

Section II Third Party Liability	INSURED ITEMS	Limits of indemnity **
	Bodily Injury - any one person	
	Bodily Injury - total	
	Property Damage	
	Or alternatively: Combined Single Limit of	

* Limit of indemnity in respect of each and every loss or damage and/or

