



CONTRACTORS ALL RISK PROPOSAL FORM

PLEASE READ CAREFULLY AND ANSWER ALL QUESTIONS FULLY

Agent/Broker:

1. Name & Postal Address of Proposer
3. Address of premises if different from postal address

2. Telephone/Fax Number	
Home	
Business	
Fax	
E-Mail	
Occupation	

4. Please state name and address of the following:

- a. The Principle
- b. Sub-Contractor (s)
- c. Name of Consulting Engineer

5. How long have you been in business?

6. Have you ever traded in another name? If YES, give details

YES NO

7. Location of Contract Site:

8. Description of contract:

9. Will blasting be done? If yes, indicate type envisage and maximum any one charge

YES NO

10. Does the construction involve any of the following:

- Tunneling
- Demolition
- Exposure to shipping/aircraft
- Pollution exposure
- Alteration of water table
- Crossing roads
- Underwater operations
- Shoring or underpinning
- If yes, to any of the above please give details

YES NO
 YES NO
 YES NO
 YES NO
 YES NO
 YES NO
 YES NO
 YES NO
 YES NO

11. What height is being worked to

12. What depth is being worked to

13. Is the contract site prone to flood? If so what precautions have been taken

YES NO

14. Is the site exposed to hazards such as storm, tempest, hurricane earthquake?

YES NO

15. Name of and distance of the nearest river, lake of sea?

16. Does the contractor have experience in this type of contract

YES NO

17. Give details of similar projects carried out by the contractor previously

18. Specify works to be carried out by sub-contractors:

19. Construction Period:

From:

To:

20. Maintenance Period: From: To:

21. SUMS TO BE INSURED:

Permanent Works	
Temporary Works	
Removal of Debris	
Architects, Surveyors fees	
Constructional Plant & Equipment	
Existing Buildings	

22. Do you require coverage for Third Party Liability? YES NO
 If yes please state Limit of Liability required

23. In connection with surroundings not belonging to the insured, give description, size, condition and estimated value of neighboring buildings and other constructions.

24. Please state the minimum distance of neighboring Third Party property

25. Are the Insured's (contractors, sub-contractors, Principle) to be considered as Third Parties amongst each other (Cross Liability);
 with regards to Property damage? YES NO
 with regards to bodily injury? YES NO

26. Does the proposer have an existing a Third Party Liability policy which also covers the activities for which the present insurance is proposed;

a)	for bodily injury?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b)	for property damage?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c)	for combined (single limit)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

27. Give details of the claims experience of the contractor

28. Has any Insurer declined to renew or cancelled any policy due to a breach in terms and conditions contained therein? If YES, please provide details; YES NO

29. Have you or any of your Directors or Partners ever been charged with a criminal offence other than a motoring offence? If YES, please provide details; YES NO

30. Has any Partner, Principal or Director been involved in any other business entities or been engaged in similar activities to the proposed Insured in the last five years? If YES, please provide details; YES NO

31. Please detail any dealings your company has had in the last five years with the Health & Safety Executive, the Environmental Health Officer or any other enforcement agency and if you have been the subject to any enforcement measures, prohibition notices or criminal proceedings.

32. Date from which insurance is required

TO BE COMPLETED IN ALL CASES

Failure to disclose material facts could result in your policy being invalidated. Material facts are those facts, which might influence the acceptance or assessment of your proposal. If you are in any doubt as to whether a fact is material you should disclose it.

I/WE hereby declare that to the best of my/our knowledge all the statements given on this Proposal Form are true and complete and that I/we have disclosed all material facts that ought to be communicated to EC Global Insurance Company Limited.

I/WE undertake to exercise all ordinary and reasonable precautions for the safety of the insured property.

I/WE hereby agree that this Proposal and this Declaration shall be the basis of the contract of the insurance between EC Global Insurance Company Limited and Myself/Ourselves.

Name Position
 Signature Date.....

COVERAGE WILL NOT COMMENCE UNTIL E. C. GLOBAL ACCEPTS THIS PROPOSAL.

OFFICE USE ONLY	
POLICY NO.:	
COVERGE PERIOD:	
PREMIUM:	