



Madam Pesa
MADAMPESA INSURANCE AGENCY

**questionnaire and Proposal for
Contractors' All Risks Insurance No.**

1. Title of contract (If project consists of several sections, specify section(s) to be insured.)	<hr/> <hr/> <hr/> <hr/>
2. Site	<hr/> <hr/> <hr/> <hr/>
Country/Province/District	<hr/> <hr/>
City/Town/Village	<hr/> <hr/>
3. Name and address of Principal	<hr/> <hr/> <hr/>
4. Name(s) and address (es) of Contractor(s) ¹	<hr/> <hr/> <hr/>
5. Name(s) and address (es) of Subcontractors(s) ¹	<hr/> <hr/> <hr/>
6. Name and address of Consulting Engineer	<hr/> <hr/> <hr/>
7. Description of contract work ² (Please give detailed Technical Information ¹)	Dimensions (length, height, depth, spans, number of floors) <hr/> <hr/>

1. if necessary on separate sheet
2. For harbours, piers, docks, tunnels, gilleries, dams, roads, airports, railway facilities, sewerage and water supply systems and bridge, see additional questionnaires.

	Type of foundation and level of deepest excavation		
	Construction methods		
	Construction materials		
8.	Is the Contractor experienced in this type of work or Construction methods?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.	Period of Insurance	Commencement of work	
		Duration of construction	months
		Date of completion	
		Maintenance period	months
10.	Work to be carried out by Subcontractors?		
11.	Special risks	Fire, explosion?	<input type="checkbox"/> yes <input type="checkbox"/> no
		Flood, inundation?	<input type="checkbox"/> yes <input type="checkbox"/> no
		Landslide, storm, cyclone?	<input type="checkbox"/> yes <input type="checkbox"/> no
		Blasting work?	<input type="checkbox"/> yes <input type="checkbox"/> no
		Other risks	
		Volcanism, tsunami?	<input type="checkbox"/> yes <input type="checkbox"/> no
		Have earthquakes been observed in this area?	<input type="checkbox"/> yes <input type="checkbox"/> no
		If so, please state intensity (Mercalli)	magnitude (Richter)
		Is the design of the structures to be insured based on regulations regarding earthquake-resistant structures?	<input type="checkbox"/> yes <input type="checkbox"/> no
		Is the design standard higher than that stipulated in the relevant regulations?	<input type="checkbox"/> yes <input type="checkbox"/> no
12.	Details of Subsoil	<input type="checkbox"/> rock	<input type="checkbox"/> gravel <input type="checkbox"/> sand <input type="checkbox"/> clay <input type="checkbox"/> filled ground
		Other subsoil conditions	
		Do geological faults exist in the vicinity?	<input type="checkbox"/> yes <input type="checkbox"/> no

13. Ground water	Level below grade m/ ft
14. Nearest river, lake, sea, etc.	Name
	Distance
	Levels Low water Mean water
	Highest level recorded
15. Meteorological conditions	Rainy season from _____ to _____
	Max, rainfall (mm / in) per hour per day per month
	Storm hazard <input type="checkbox"/> minor <input type="checkbox"/> medium <input type="checkbox"/> high
16. Are extra charges for overtime, nightwork, work on public holidays to be included?	<input type="checkbox"/> yes <input type="checkbox"/> no
	Limit of indemnity
17. Is Third Liability to be included ?	<input type="checkbox"/> yes <input type="checkbox"/> no
Has the Contractor concluded a separate policy for TPL?	<input type="checkbox"/> yes <input type="checkbox"/> no
	Limit of indemnity
18. Details of existing buildings or surrounding property possibly affected by the contract work (such as by excavating, underpinning, piling, vibration, ground-water lowering etc.)	_____ _____ _____ _____ _____
19. Are existing buildings and/or adjacent to the site, owned by or held in care, custody or control of the contractors(s) or the principal, to be insured against loss or damage arising as a direct or indirect consequence of the contract works?	<input type="checkbox"/> yes <input type="checkbox"/> no Limit of Indemnity
	Exact description of these buildings/structures
	_____ _____ _____ _____ _____ _____ _____ _____

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

		Currency
Section I Material damage	Items to be insured	Sums to be insured
	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 showing replacement values of new items)	
	4. Clearance of debris (Insured only up to the amount indicated)	
	Total sum to be insured under Section I	
Special risks to be insured	Limits of indemnity³	
Earthquake, volcanism, tsunami		
Storm, cyclone, flood, inundation, landslide		
Section II Third party Liability	Items to be insured	Limits of indemnity⁴
	1. Bodily injury	
	1.1 Any one person	
	1.2 Total	
	2. Property damage	
	Total limit to be applied under Section II:	

³ 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.

⁴ 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 be part of any policy 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 insurers undertake to deal with this information in strict confidence.

Executed at

Date

Signature