



Proposal Form for Erection All Risks Insurance Policy

(Information furnished will be treated in strict confidence)

1. Title of contract

(If project consists of several sections,
specify section(s) to be insured)

2. Location of erection site

Country

Zip Code

3. Principal

Name and address

4. Main Contractor(s)

Name(s) and address(s)

5. Subcontractor(s)

Name(s) and address(s)

6. Manufacturer(s) of main/
critical items

Name(s) and address(s)

7. Firm supervising erection

Name and address

8. Consulting engineer

Name and address

9. Financing Agency

Name and address

10. Proposer

Please indicate which of the parties Nos 3 to 9 above is the proposer of the insurance and which parties are to be declared as insured in the Policy.

Proposer No

Insured No(s)

11. Exact description of the property

to be erected (if second hand
items are to be erected please

state). In case of machines:

manufacturers 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).

12. Period of Insurance

Expected date of arrival of first consignment at project site

Expected date of commencement of erection work

Duration of erection/construction

Duration of testing

Period of Insurance 20 month from present including testing period.

If maintenance coverage

Duration of maintenance 365 days after the Task Over

Requires

Type of coverage required

Limited

Extended

13. Have plans, designs and

a) previous constructions?

materials of the kind used in

this project been

Yes

No

b) Previous constructions by the contractor(s)

Yes

No

and/or tested in _____

If so, please give details of

similar projects carried out by _____

14. What is the type of the project?

Greenfield

Brownfield

15. Is this an extension of a existing plant?

Yes

No

16. If so, will operation of existing plant continue during erection period? Enclose plans.\

Yes

No

17. Have the building and civil engineering works already been completed?

Yes

No

18. Work to be carried out _____

by sub contractors _____

19. Storage arrangements

a) Brief description of
the arrangements made for
storage of equipments

Open

Closed

b) Will there be a watchman
on duty round the clock?

Yes

No

20. Is there any aggravated

risk of:

No

Fire

Yes

Explosion

No

Yes

If yes, give details _____

21. Ground water level

Level below grade

m

Ft

22. Nearest river, lake,
sea etc

Name

Distance from site

Levels of such river, lake,
sea etc.

Low water

Mean Water

Highest level recorded

Date

Mean level of site _____

23. Metrological conditions

Rainy season from

April

to

Sept

Max rainfall(mm)

per hour

per day

per month

frequency

low

medium

high

Max wind velocity storm

24. Hazards of earthquake,
site yes No

Is there a history of volcanism, tsunami at the

volcanism, tsunami

area

yes

No

Have earthquake etc been observed in this

Magnitude

If so, please state intensity

Yes

No

Is the design of the structures to be insured

based on regulations regarding earthquake

resistant structures?

Subsoil conditions
 gravel sand clay filled site

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	rock
<input type="checkbox"/>					other types

Do geological faults exist in the vicinity?

25. Is the coverage of temporary works (construction/erection of equipment scaffolding, huts, tools etc) required

 Yes No

Please give brief description and state new replacement value under No.25

26. Is third party liability to be Included?

 Yes No

If so, give brief description

of surrounding and existing buildings and/or structures not belonging to the Principal or contractor(s) (enclose maps if possible) state limits.

27. Please state hereunder the amounts you wish to insure or where applicable the limits of indemnity required.

Section I-

Currency: INR

Material damage

Item to be insured	Sum to be Insured

	(state separately)
I. Erection works, split up as follows:	
I.1 Items to be erected	
I.2 Freight	
I.3 Customs duties and dues	
I.4 Cost of erection	
2. Civil engineering works	
Completely erected value	0.00

Section II-

Third Party liability

Any one accident

Any one period

Cross liability

28. Give details of any special
No
extension of cover required.
(please state the limit)

Escalation Yes

If yes, then state limit

No

Clearance of debris Yes

If yes, then state limit

No

Additional customs duty Yes

If yes, then state limit

No

Earthquake Yes

No

Terrorism Yes

No

Contractor's plant and Yes

machinery (please provide list of machinery with new replacement value, make, model, and serial number)

No
policy Sum insured or not) Temporary access roads forms Yes
(The Sum insured and whether it

No
policy Sum insured or not) Temporary Structures forms Yes
(The Sum insured and whether it

No
Blasting Yes
1. The Sum Insured and whether it
forms part of policy sum
insured or not

2. The details of the route survey ad a clear picture of the third party structures/exposures.

3. What safety measures:

a. Are required by local law and regulation (for example, their equivalent of the Explosives act)

b. Are required contractually- the contact copy will help as will be complete work order

I/We the undersigned hereby declare that the above statement and particulars are true and complete and I/We declare and agree that this declaration and the answers given above shall be held to be promissory and shall be the basis of the contract between me/us and the Company.

Executed at

Signature

Date:

Name & designation

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