



A. Name and address of Contractor

1. Proposers First Name _____ 2. Middle Name _____ 3. Last Name _____

4. Company Name (if applicable) _____

5. Address (Home, Street, Parish, Country) _____

(_____) (_____) (_____) _____

6. Telephone (work) _____ 7. Telephone (home) _____ 8. Telephone (Cellular) _____

B. Type of insurance you need

9. Annual Cover? or During Execution of a specific Contract? If annual cover is NOT required, please complete sections 10-12 below:

10. Contract Title _____ 11. Location of site _____

12. Period of Construction from DD / MM / YYYY to DD / MM / YYYY
(a) Date of commencement (b) Date of completion

C. Other insurance(s)

13. Have the plant and machinery to be insured been formerly covered (totally or partially) by other companies? YES NO If YES then complete sections 14 - 15 below:

14. By which company? _____

15. Which items? - state item No(s). as shown in Plant and Machinery Schedule overleaf (Section I)

D. Plant and Machinery Ownership

16. If plant and machinery are not the property of the Proposer or are hired (partly or in total), please state name and address of owner of plant and machinery

E. Special Risks

17. Are plant and machinery highly exposed to special risks?

Fire, explosion: YES NO Storm, cyclone: YES NO Other (specify): _____

Flood, inundation: YES NO Blasting: YES NO

Landslide: YES NO

F. Extra Charges

18. Are extra charges for overtime, night work or work on public holidays to be included in case of repair? YES NO

19. Limit of indemnity for such extra charges:

G. Inland Transit Cover

20. Is cover for inland transit to be included? YES NO If YES, please complete section 21 - 22 below:

21. Please indicate type of transport in each case _____

22. Maximum value to be carried by one single means of transport _____

H. Underground Usage

23. Are plant and machinery working underground to be included? YES NO

If YES, please give details of experience gained in underground constructions (number of projects executed):

I. Schedule of insured items

Item No	Quantity	Description of Items (Type, manufacturer, capacity, serial No.)	Year of manufacture	Replacement Value
			Total:	

J. Declaration

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

Date / /

Signature _____

