

Proposal Form Erection All Risks Insurance

This proposal is to be completed by the Proposer or an Authorized Representative of the proposer. As the answers will form the basis of any insured issued, they should be complete and accurate. Attention is also drawn to Proposer's obligations by law, to disclose all material facts which would affect the issuance of the proposed insurance. If there is insufficient space to complete the proposal, please attach additional sheets.

Details of Proposer			
Name			
Mailing Address	PO Box:	City:	Emirates:
Contact Number	Mobile:	Tel:	Fax:
Business of the Insured			

Contract Details	
<i>Please clearly indicate in the list below, the "Proposer" of the insurance, and those to be declared as "Insured" in the Policy.</i>	
Title of Contract	
Principal	Name:
<input type="checkbox"/> Proposer <input type="checkbox"/> Insured	Address:
Main Contractor (s)	Name:
<input type="checkbox"/> Proposer <input type="checkbox"/> Insured	Address:
Sub Contractor (s)	Name:
<input type="checkbox"/> Proposer <input type="checkbox"/> Insured	Address:
Manufacturers of main items	Name:
<input type="checkbox"/> Proposer <input type="checkbox"/> Insured	Address:
Firm supervising erection	Name:
<input type="checkbox"/> Proposer <input type="checkbox"/> Insured	Address:
Consulting Engineer	Name:
<input type="checkbox"/> Proposer <input type="checkbox"/> Insured	Address:

Site Details		
Location/s to be insured	Plot No.:	Area:
	Town:	City/Emirates:
Geo Coordinates	Longitude:	Latitude:

Erection Details

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; year of construction of major units. In case of complete factories: general drawing of plant, nature of civil engineering work (if any)

Period of Insurance

Commencement of Insurance

Duration of pre-storage Months

Commencement of erection work

Duration of erection / construction Months

Duration if testing Weeks

If maintenance coverage is required

Duration of Maintenance Months

Type of coverage required

Termination of Insurance

Have plans, designs and materials of the kind used in this project been used and / or tested in –

Previous Constructions Yes* No

Previous Constructions by the contractor Yes* No

**Please give details of similar projects carried out by the Contractor(s)*

Is this an extension of an existing plant?

Yes No

If yes, will operation of the existing plant continue during the erection period? (Enclose plans where available).

Yes No

Have the building and civil engineering works already been completed?

Yes No

Please list the work to be carried out by subcontractors

Site Information			
Is there any aggravated risk of	Fire	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
	Explosion	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
If so, give details			
Ground Water level			
Nearest river, lake, sea, etc. levels of such river, lake, sea, etc.	Name		Distance from site
	Low water	Mean water	Highest level recorded
	Mean level of site		
Meteorological Information	Monsoon from		To
	Max. rainfall (mm)		Per hour
	Max. wind velocity		Per day
		Storm frequency	<input type="checkbox"/> LOW <input type="checkbox"/> MED <input type="checkbox"/> HIGH
History of Natural Disasters	Has the site experienced any natural disasters like volcanoes or tsunamis, for example?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have any earthquakes been observed in the area?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please state the intensity		and magnitude
	Is the design of the structure to be insured based on regulations regarding earthquake resistant structures?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do geological faults exist in the vicinity?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Subsoil conditions	<input type="checkbox"/> Rock <input type="checkbox"/> Gravel <input type="checkbox"/> Sand <input type="checkbox"/> Clay <input type="checkbox"/> Filled site		
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)		

Insurance Covers

Is coverage of Construction / Erection equipment (scaffolding, huts, tools, etc.) required?

Yes. Please give brief description and state value under Sum Insured Section I, point 3

No

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

Yes (Please attach list of major machines showing individual new replacement values and state total value under Material Damage Sum Insured Section I, point 4.)

No

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?

Yes* (Please state the limit under Material Damage Sum Insured Section I, point 6)

No

Is Third Party Liability to be included?

Yes (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 Limits of Indemnity, Section II TPL)

No

Do you wish to 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

Give details of any special extension of cover required:

Sum Insured & Limits of Indemnity - Section 1 Material Damage

Please state hereunder the amounts you wish to insure or where applicable, the limits of indemnity that are required

Items to be insured	Sum Insured <i>(Please state the amount for each item separately).</i>
	Currency: <input type="text"/>
1. Erection works, split up as follows:	<input type="text"/>
1.1. Item to be erected	<input type="text"/>
1.2. Freight	<input type="text"/>
1.3. Customer Duties and Dues	<input type="text"/>
1.4. Cost of Erection	<input type="text"/>
2. Civil Engineering Works	<input type="text"/>
3. Construction Erection Equipment/Machinery	<input type="text"/>
4. Temporary Facilities	<input type="text"/>
5. Clearance of Debris (Limit of Indemnity)	<input type="text"/>
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)	<input type="text"/>
Total sum to be insured under Section 1	<input type="text"/>

Please indicate limits of indemnity required for the following perils:

Risk	Limits of Indemnity ¹
1. Earthquake, Volcanism, Tsunami	<input type="text"/>
2. Storm, Cyclone, Flood, Inundation, Landslide	<input type="text"/>

¹ Limit of Indemnity in respect of each and every loss or damage and / or series or losses or damage arising out of any one event.

Limits of Indemnity - Section 2 Third Party Liability

Items to be insured	Limits of Indemnity ²
	Currency <input type="text"/>
1. Bodily Injury – any one person	<input type="text"/>
2. Bodily Injury – total	<input type="text"/>
3. Property Damage	<input type="text"/>
Or alternatively, Combined Single Limit	<input type="text"/>

² Limit of Indemnity in respect of any one accident or series of accidents arising out of one event.

Declaration

I/we declare the above particulars to be true and correct and shall form the basis of contract between Oman Insurance Company P.S.C (hereafter called company) and me/us.

The Insured undertakes to inform the insurer of any material alteration whereby the risk is increased, and the insurers reserve the right to modify any quotation made in the light of such alteration.

I/we agree that any information collected or held by the company (whether contained in application or obtained otherwise) may be used or disclosed by the company to its associate individuals/companies or any independent third parties (within or outside UAE) for any matters related to this application, any policy issued and to provide advice information concerning products and services, which the company believes may be of interests to the proposer and to communicate with the proposer for any purposes.

Proposers Signature	<input type="text"/>	Company Stamp	<input type="text"/>
Date	<input type="text"/>		<input type="text"/>