



NITOL INSURANCE COMPANY LIMITED

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Questionnaire and Proposal For Contractor's All Risks Insurance

Proposal No. _____

Policy No. _____

1. Title of contract (If project consists of several sections, specify sections to be insured).	
2. Location of site Country/Province/District/ City/Town/Village/	
3. Name and address of Principal.	
4. Name(s) and address (es) of Contractor (s).	
5. Name (s) and address (es) of sub-contractor (s).	
6. Name and address of Consulting Engineer.	
7. Description of contract works (Please give detailed technical information).	Dimension (length, height, depth, spans, number of floors)
	Foundation (method, level of deepest excavation)
	Construction methods
	Construction materials

1. If necessary on a separate sheet.
2. For harbours, piers, docks, tunnels, galleries, dams, roads, airports, railway facilities, sewerage and water supply systems, bridges and structures in earthquake zones also see special questionnaires.

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 completion
	Maintenance period Months
10. Work to be Carried out by Sub-Contractors.	
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 <input type="checkbox"/> Yes <input type="checkbox"/> No
	Others.
	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 Magnitude
	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. Subsoil conditions.	<input type="checkbox"/> rock <input type="checkbox"/> gravel <input type="checkbox"/> sand <input type="checkbox"/> clay <input type="checkbox"/> filled site
	Other
	Do geological faults exist in the vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No
13. Ground-water level.	
14. Nearest river, lake, sea, etc.	Name
	Distance
	Levels <input type="checkbox"/> low water <input type="checkbox"/> mean water
	Highest level recorded
15. Meteorological conditions.	Rainy season from <input type="checkbox"/> to <input type="checkbox"/>
	Max. rainfall (mm) <input type="checkbox"/> per hour <input type="checkbox"/> per day <input type="checkbox"/> per month
	storm hazard <input type="checkbox"/> minor <input type="checkbox"/> medium <input type="checkbox"/> high
16. Are extra charges for overtime, night work, work on public holidays to be included?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Limit of indemnity

17. Is Third Party Liability to be included?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the Contractor concluded a separate policy for TPL	Limit of Indemnity	
18. Details of existing buildings or surrounding property possibly affected by the contract work, such as by excavating, underpinning, piling, vibration, groundwater lowering etc.		
19. 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?	<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 of Policy Wording, Section I, Memo I, and Section II) Section 1 Material Damage		
	Currency:	
	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 1		

