



Civil/Erection Risks Insurance Questionnaire

DETAILS			
Name of Insured			
Name of Contractor			
Name of Principal			
Cover Required	One off risk <input type="checkbox"/>	or an Annual policy <input type="checkbox"/>	
Construction period	months	Maintenance period	months

MATERIAL DAMAGE (Note: To have cover for insured items you must show a value for the item)			
Insured Items	Sum Insured	Insured Items	Sum Insured
Contract value	\$	Existing structures (excl contents)	\$
Material or items supplied by the principal	\$	Hoists, cranes and mobile construction plants	\$
Contract value increase	15% Max \$	Plant, equipment and tools	\$
Expediting expenses	10% Max \$	Materials in storage	\$
Removal of debris	10% Max \$	Transit	\$
Professional fees	15% Max \$	Mitigation expenses	\$
Fire extinguishment	5% Max \$	Other (description required)	\$
Testing and commissioning	\$	Number of weeks	
Limit any one contract	\$		

LEGAL LIABILITY			
Limit of Liability	\$		
Contractor's Work and Loss Experience			
Contract Details			
1. Full description of contract	Estimate date of commencement	/	/
2. For the contract described above please supply technical details below			
3. Location of contract site			

4. Previous similar projects undertaken? YES NO

If 'Yes', please give details of similar projects carried out by contractor.

5. Excavation, trenching, pipe laying, blasting? YES NO

If 'Yes', please give details and maximum depth.

6. Details/type of subsoil

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7. Is contract site exposed to any major hazards? YES NO

If 'Yes', please give details

8. Is dewatering required? YES NO

9. Does contract include any landscaping? YES NO

Value \$

10. Transit cover total value \$

Maximum per load \$

Geographic scope of transit Km

Method of transport

11. Testing and commissioning? YES NO

If 'Yes', please advise value and number of week

Value \$

No. of weeks weeks

12. If construction plant and machinery cover is required, please supply list and values

Total value \$

13. Please give details of any proposed two crane lifts including the capacity of each crane and the method of co-ordination

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14. Please give details of lifting capacity and weight of the largest item to be lifted

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15. Please attach copies of:

- Breakdown of construction values
- General layout plans
- Works progress chart

16. Annual declaration Policy, if required, please give details

	Actual Last Year	Estimated This Year
Annual turnover	\$	\$
Maximum limit, any one contract (includes all insured items covered)	\$	\$
Maximum term, any one contract	months	months

Geographical scope of operations

Signed

X

Date

/ /

Applicant/Intermediary