

QUESTIONNAIRE AND PROPOSAL FOR CONTRACTORS' ALL RISKS INSURANCE

1.	Title of contract(if project consists of several sections, specify section(s) 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) ¹	
5.	Name(s) and address(es) of Subcontractor(s) ¹	
6.	Name(s) and address(es) of Consulting Engineer	
7.	Description of contract work ² (Please give detailed technical information) ¹ Dimensions (length, height, depth, spans, number of floors) Foundation (method, level of deepest excavation) Construction method Construction materials	
8.	Is the Contractor experienced in this type of work or construction method?	yes no
1	If necessary on a separate sheet.	
2	For harbors, piers, docks, tunnels, galleries, dams, roads, airports, railway facilities, sewerage and water supply systems, bridges and structures in earthquake zones also see special questionnaires.	

9.	Period of Insurance	
	Commencement of work	
	Duration of construction months	
	Date of completion	
	Maintenance period months	
10.	Work to be carried out by Subcontractors	
11.	Special risks Fire, explosion Flood, inundation Landslide, storm, cyclone Blasting Other Volcanism, tsunami Have earthquakes been observed in this area? If so, please state intensity magnitude Is the design of the structure to be insured based on regulations regarding earthquake - resistant structures? Is the design standard higher than that stipulated in the relevant regulations?	yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/>
12.	Subsoil conditions Do geological faults exist in the vicinity?	rock <input type="checkbox"/> gravel <input type="checkbox"/> sand <input type="checkbox"/> clay <input type="checkbox"/> filled ground <input type="checkbox"/> other _____ yes <input type="checkbox"/> no <input type="checkbox"/>
13.	Ground-water level	
14.	Nearest river, lake, sea, etc. Name Distance levels low water mean water highest level recorded	
15.	Meteorological conditions Rainy season Max.rainfall (mm) Storm hazard	from: to: per hour: per day: per month: minor <input type="checkbox"/> medium <input type="checkbox"/> high <input type="checkbox"/>

16.	Are extra charges for overtime, nightwork, work on public holidays to be included?	yes <input type="checkbox"/> no <input type="checkbox"/>
	Limit of indemnity	
17.	Is third party liability to be included	yes <input type="checkbox"/> no <input type="checkbox"/>
	Has the contractor concluded a separate policy for TPL?	yes <input type="checkbox"/> no <input type="checkbox"/>
	Limit of indemnity	
18.	Details of existing buildings or surrounding property possibly affected by the contract work, such as by excavating, underpinning, piling, vibrating, 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?	yes <input type="checkbox"/> no <input type="checkbox"/>
	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	
	<div> <div>Section I Material Damage</div> <div> <div>Items to be insured</div> <div> <div>1. Contract work (permanent and temporary work, including all materials to be incorporated herein)</div> <div>1.1 Contract price</div> <div>1.2 Materials or items supplied by the Principal(s)</div> <div>2. Construction plant and equipment</div> <div>3. Construction machinery (please attach list showing replacement values of new items)</div> <div>4. Clearance of debris (insured only up to the amount indicated)</div> <div>Total sum to be insured under Section I:</div> </div> </div> <div>Sums to be insured</div> </div>	

	Special risks to be insured		Limit of indemnity ³
	Earthquake, volcanism, tsunامي		
	Storm, cyclone, flood, inundation, landslide		
Section II Third party liability	Items to be insured		Limit of indemnity ⁴
	1.	Bodily injury	
	1.1	Any one person	
	1.2	Total	
	2.	Property damage	
	Total limit to be applied under Section II:		
	³	Limit of indemnity in respect of each and every loss or damage and/or series of losses or damages arising out of any one event.	
	⁴	Limit of indemnity in respect of any one accident or series of accidents arising out of any one event.	

Declaration

- I / We wish to insure with People's Insurance PLC (Company) in the usual form for this class of insurance.
- I / We agree that immediate notice will be given to the Company of any alteration in the circumstances described herein.
- I/We declare that to the best of my / our knowledge and belief the information given is true in every respect and if such statements are in the writing of another person, he/she acted as my / our agent for such purpose.
- I/We agree that this proposal and declaration shall be the basis of the contract between me/us and the Company.
- I / We understand and agree that the proposal will be effective only if the Company has accepted it.
- I/We understand and agree that the Policy is subject to the Premium Warranty Clause.
- I/We hereby agree to be bound by the Privacy Policy of People's Insurance PLC, accessible at <https://peoplesinsurance.lk/privacy-policy/> . If you need a hardcopy of the Privacy Policy of People's Insurance PLC, please call 0112-206306 or email pilassist@peoplesinsurance.lk
- I/We agree to promptly notify the Company of any alterations or changes to the information provided herein.

Date :.....

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Proposer's Signature

Business Channel