



Middlesea Insurance p.l.c.

Middle Sea House, Floriana VLT 16, Malta. Tel: 21 246262 - Fax: 21 248195

PROPOSAL FOR CONTRACTORS' ALL RISK INSURANCE

IMPORTANT NOTE

Insurers, their Agents and Insurance Associations share information with each other to prevent fraudulent claims and for underwriting purposes. In the event of a claim, some or all of the information you supply in this form and in the claim form together with other information relating to the claim may be provided to other Insurers, their Agents and Insurance Associations.
All questions must be answered fully. Ticks and dashes are not sufficient.

1 Title of contract (if project consists of several sections, specify section(s) to be insured)

2 Location of Site

3 Name and address of Principal

4 Name(s) and address(es) of Contractor(s)

5 Name(s) and address(es) of Subcontractor(s)

6 Name and address of Consulting Engineer / Architect

7 Description of contract work (please give detailed technical information)

a Dimensions (length, height, depth, spans, number of floors)

b Foundation (method, level of deepest excavation)

c Construction methods and materials

8 Is the contractor experienced in this type of work or construction methods?

9 Period of Insurance

a Commencement of work

b Duration of construction

c Date of completion

d Maintenance period

10 Work to be carried out by Subcontractors

11 Special Risks

a Fire, Explosion YES NO

b Flood, inundation YES NO

c Landslide, storm or cyclone YES NO

d Blasting YES NO

e Other

12 Subsoil conditions

a rock

e filled ground

b gravel

f other

c sand

d clay

Do geological faults exist in the vicinity? If so give details

13 What is the distance of sea from contract site?

14 Is Third Party Liability to be included?

15 Details of existing buildings or surrounding property possibly affected by the contractor work, such as by excavating, underpinning, vibration, ground water lowering etc.

16 Are existing buildings and/or structures on or adjacent to the site, owned by or held in the 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? If so give exact description of these buildings/structures and the sum insured

17 Please state hereunder the amounts you wish to insure and the limits of indemnity required:

SECTION 1 - CONTRACT WORKS

ITEMS TO BE INSURED	SUMS TO BE INSURED
1 Contract Work (permanent and temporary work including all materials to be incorporated therein)	
2 Contractors Plant	
3 Debris Removal	

SECTION 2 - LIABILITY TO THIRD PARTIES

1 Limits of Indemnity	
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DECLARATION

I/we hereby declare that the above information and statements are, to the best of my/our knowledge and belief, correct and complete. I/we agree that this proposal shall be the basis of the contract between me/us and the MIDDLESEA INSURANCE PLC and I/we agree to accept the Company's standard form of Policy for class of Insurance.

If the answers to all or any of the above questions have been written by others at my/our dictation or instruction I/we confirm that I/we have read those answers and that they are correct.

Signature

Date:

Name in block letters

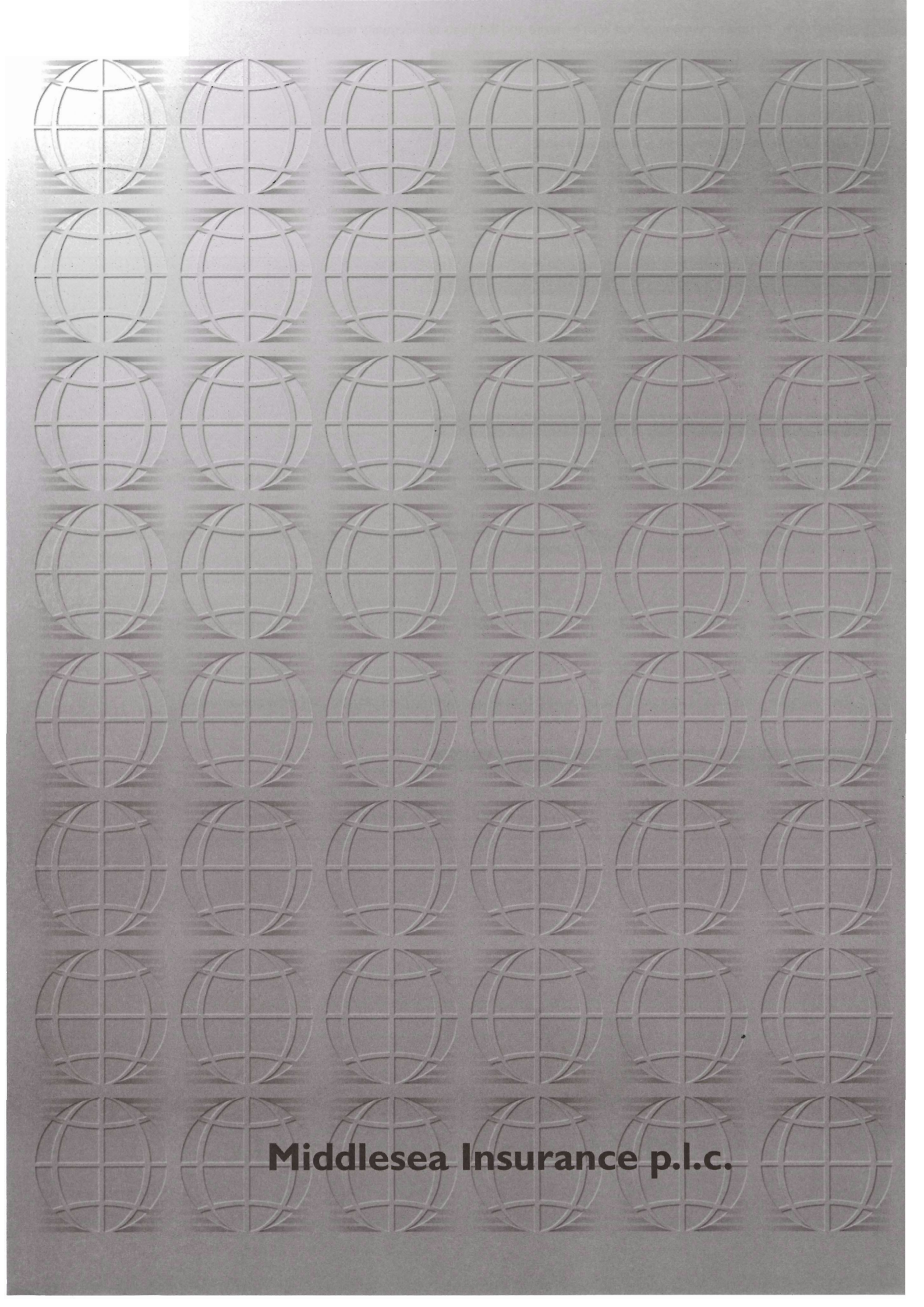
The Insurance will not be in force until the proposal has been accepted by the Company and the premium paid.

DECLARATION

Any other facts known to you which are to affect acceptance or assessment of the risks proposed for insurance must be disclosed. Should you have any doubt about what you should disclose, do not hesitate to call us or your advise. This is for your own protection, as failure to disclose may mean that your policy will not provide you with the cover you require, or may perhaps invalidate the policy altogether.



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