

PROPOSAL FORM FOR CONTRACTORS' ALL RISKS INSURANCE

Should there be insufficient space in the Proposal Form for details to any answer, please attach further information on signed and dated sheets.

1. Name & Address of Principal

2. Name & Address of Contractor(s)

3. Name & Address of Sub-Contractor(s)

4. Nature of Contract

5. Site of contract



6. Period of Insurance

(i) commencement of off-site storage

(ii) commencement of works

(iii) date of completion

(iv) maintenance period

Type of Cover Required

7. Estimated Total Contract Value

8. Does the above contract involve storage, installation and testing of mechanical or electrical equipment?

Please provide description and state estimated total value of such work.

9. Details of plant, cranes and other machinery to be used in performing contract works (copies of current test certificates to be provided where applicable)

10. Is cover required in respect of the above construction plant, cranes and equipment?

If so, please provide list and the New Replacement Value of each item.



11. If cover is required in respect of construction machinery, tools & temporary buildings, please state value and attach list.

12. Is cover required in respect of off-site storage?
If so, please provide a description of the property to be covered, location of storage and value.

13. Will tandem lifts be undertaken?

14. Will the works involve the use of watercraft?

Please submit details.

15. Will the works involve the use of Welding Equipment, blowlamps, Blowtorches and Flame-Guns?

Please submit details.

16. Will the works involve the use of Explosives?

Please submit details.



17. 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 principal to be insured against loss or damage arising out of or in connection with the contract works?

Please state limit to be insured.

Please submit details.

18. Do you require cover of Debris Removal Costs and Expenses on damaged Property Insured? Please state limit.

19. Is cover required to include extra charges in case of loss for express freight, overtime, night work and work on public holidays? Please state limit.

20. Is cover required in respect of airfreight? Please state limit.

21. Is cover required to include travel and accommodation expenses for personnel travelling to or from Malta in connection with an insured event? Please state limit.



22. Do you require cover in respect of Architects, Surveyors or Consulting Engineers Fees?
Please state limit.

23. Do you require cover on Employees Personal Effects and Tools? Please state limit.

24. Is Public Liability Cover required?

Please advise the amount of Indemnity required.

Please provide a brief description of the surrounding Third Party Property.

25. Is cover required in respect of inland transits of property? If so, please provide details and sums insured.



PLEASE READ THE FOLLOWING BEFORE SIGNING

DATA PROTECTION NOTICE

In terms of the Data Protection Act (Chapter 440 of the Laws of Malta), we will process any personal and/ or sensitive data supplied on/ in this application/ proposal form or subsequently supplied by yourself, whether orally or in writing, for all or any of the following purposes:

1. underwriting and issuing contracts of insurance, collecting premiums and submitting other bills, settling claims or paying other benefits, reinsurance, co-insurance and actuarial activities;
2. the proper performance of your contract of insurance;
3. underwriting of subsequent insurance applications/ proposal forms which you may lodge with the Company;
4. preventing, detecting and/ or prosecuting fraud and any other criminal activity which the Company is bound to report and meeting any other specific legal or contractual obligations;
5. establishing, exercising or defending any legal action;
6. internal management, research and statistics, systems administration and the development and improvement of our products and services;
7. the protection and promotion of our legitimate interests and the proper conduct of our business;
8. informing you by direct marketing about our range of products and services including those of our affiliated companies, associates, agents and sub-agents or other carefully selected organisations and companies.

Relevant data will be disclosed or shared as appropriate with all our employees and with our affiliated companies, associates, agents and sub-agents, your broker if any, the Malta Insurance Association, other insurance companies and other third parties if pertinent to any of the purposes listed above including the purpose listed in paragraph 8.

Should you have availed yourself of the services of one of our agents or sub-agents you confirm that you are aware that such agents and sub-agents will process your personal data pursuant to their legal obligations.

Kindly inform us in writing should you not want to receive any direct marketing in terms of paragraph 8.

Every field on the form is mandatory. Should you fail to fill in any mandatory field, we reserve the right to refuse insurance cover. Should any field be inapplicable to your particular circumstances, please mark that field with the letters "N/A".

You have the right to require that we provide you with access to your personal data as well as the right to rectify, or, in appropriate circumstances, erase any inaccurate, incomplete or immaterial personal data which is being processed. However, you are required to inform us immediately of any alterations relating to your personal data which we are processing.

By signing this form, you confirm that you are giving your explicit consent, in terms of the Data Protection Act, on behalf of yourself and all the other persons specified in this form, for the Company to process your respective personal information as outlined above and you confirm that you have brought this Data Protection notice to the attention of these other persons and obtained their respective consents.

We undertake to implement appropriate measures and safeguards for the purpose of protecting the confidentiality, integrity and availability of all data processed.



DECLARATION

I/ We declare that the information given in this Proposal Form is to the best of my/ our knowledge true, accurate and complete. Further, I/ we agree that if my/ our answers are not in my/ our handwriting and / or have been written by any other person on my/ our behalf, then such person shall for that purpose be regarded as my/ our agent. I/ We further declare that no material fact has been withheld and I/ We understand that failure to disclose a material fact may result in the contract being declared void and that a claim under the Policy may not be paid. **A material fact is one which is likely to influence Citadel Insurance plc in the best assessment and acceptance of this proposal.** The Proposal Form and declaration will be considered the basis of the contract and will form part of the Policy. I /We understand that the cover under the Policy will not be operative until this Proposal Form has been accepted by Citadel Insurance plc, the relative premium has been paid and received by Citadel Insurance plc.

IMPORTANT NOTES

1. You are advised to keep a copy of this Proposal Form for your records.
2. Only the Policy Document provides full details of what is and what is not covered. A specimen policy is available on request.
3. We will provide you with a copy of the completed Proposal Form whenever you require. Furthermore, we will undertake not to raise an issue under your Proposal Form unless we first provide you with a copy of the Proposal Form which you had submitted to us.
4. The Company is bound by the Professional Secrecy Act, 1994 with respect to information furnished by you to Citadel Insurance plc in connection with this insurance proposal. However, the Insurance Business Act, 1998 provides for the exchange of such information with any other insurance company, insurance intermediary and/ or the Police solely for the purpose of preventing, detecting or suppressing insurance fraud.

I/ We have read and agreed to the Data Protection Notice, the Declaration, the Important Notes and any other information relating to my/ our rights. If there are more than one proposer, then all persons must sign.

Commencement date of Insurance: From: _____ To: _____

Name and Surname of Proposer(s): _____

Signature of Proposer(s): _____

Name of Sub-agent/Broker: _____

Dated: _____