

Alliance Insurance Corporation Limited



Registered & Head office: 7th Floor Exim Tower, Ghana Avenue, Dar Es Salaam, Tanzania. Tel No.: +255222139100

Covering Risks. Improving Lives

QUESTIONNAIRE AND PROPOSAL FOR ERECTION ALL RISKS INSURANCE No.

Scope of cover: A brief scope of cover is described at the end of this proposal. However a specimen copy of the relevant policy from and other terms applicable are available on request. We advise you to retain a copy of all the correspondence other than this proposal form with you. A copy of this proposal will be available on request once the insurance is concluded.
Please answer the following questions carefully

Broker / Agent:	Policy Number: <i>(for office use only)</i>	Agency No:
1. Title of contract (if project consists of several sections, specify section(s) to be insured).		
2. Location of Erection Site Country City, town, village		
3. Proposer	Please indicate which of the Nos.4 to 9 below is the "Proposer" of the insurance, and which parties are to be declared as "Insured" in the policy. Proposer No.: Insured No(s) :	
4. Principal Name Address		
5. Main Contractor(s) Name(s) Address(es)		
6. Subcontractor(s) Name(s) Address(es)		
7. Manufacturer of main items Name(s) Address(es)		
8. Firm supervising erections Name(s) Address(es)		
9. Consulting Engineer Name Address		
10. Exact description of the property to be erected (if second hand items are to be erected, please state) In case of machines: manufacturer's name, number, type, size, capacity, weight, pressure, temperature, revolutions; in case of complete factories: general drawing of plant, nature of civil engineering work (if any)		
11. Period of insurance	Commencement of insurance _____	
	Duration of pre-storage months _____	
	Commencement of erection _____	
	Duration of erection/ construction months _____	
	Duration of testing weeks weeks _____	
If Maintenance coverage required	Duration of maintenance months _____	
	Type of coverage required _____	
	Termination of insurance _____	
12. Have plans, designs and materials of the kind used in this project been used and/ or tested in *Please give details of similar projects carried out by Contractor(s).	(a) previous constructions -----Yes -----No	
	(b) previous constructions by the Contractor's -----Yes -----No	
13. Is this an extension of an existing plant?	-----Yes -----No	

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<p>• Will operation of existing plant continue during erection period? (enclose plans where available)</p>	<p>-----Yes -----No</p>
<p>14. Have the buildings and civil engineering works already been completed?</p>	<p>-----Yes -----No</p>
<p>15. Work to be carried out by Subcontractors</p>	<p>_____</p>
<p>16. Is there any aggravated risk Of:- *If so, give details</p>	<p>Please also give answers to Nos. 16 to 21 as far as information obtained: Fire -----Yes -----No Explosion -----Yes -----No</p>
<p>17. Ground water level</p>	<p>_____</p>
<p>18. Nearest river, lake, sea, etc. levels of such river, lake, sea, etc</p>	<p>Name distance from site low water mean water highest level recorded _____</p>
<p>19. Meteorological conditions:</p>	<p>Rainy season from _____ to _____ max.rainfall (mm) per hour per day per month _____</p>
<p>20. Hazards of earthquake volcanism tsunami Subsoil conditions:</p>	<p>Is there a history of volcanism, tsunami, at the site -----Yes -----No Have earthquake etc. been observed in this area? -----Yes -----No *If so please state intensity _____ Magnitude _____ Is the design of the structure to be insured based on regulations regarding earthquake resistant structures? -----Yes -----No -----rock -----gravel -----sand -----clay -----filled site other types: _____ Do geological faults exist in the vicinity? -----Yes -----No</p>
<p>21. Estimate, if possible, the probable maximum loss, expressed as a percentage of the sum insured, in a single occurrence.</p>	<p>a) due to earth quake b) due to fire c) due to other cause (please specify)</p>
<p>22. Is coverage of construction/ erection equipment (scaffolding, huts, tools, etc.) required? * Please give brief description and state value under no. 28, 3.</p>	<p>-----Yes -----No _____ _____ _____</p>
<p>23. Is coverage of Construction/Erection machinery (ex-cavators, cranes, etc.) required *please attached list of major machines showing individual new replacement values and state total value under No. 28,4</p>	<p>-----Yes -----No _____ _____ _____</p>
<p>24. Are the 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 principal, to be insured against loss or damage arising out of or in connection with the contract works? State limit under No. 28,6</p>	<p>-----Yes -----No *Exact description of these buildings/ structures: _____ _____ _____</p>
<p>25. Is Third Party Liability to be included? *Give brief description of surrounding and existing buildings and/or structures not belonging to the Principal or Contractors (enclose maps if possible)</p>	<p>-----Yes -----No _____ _____ _____</p>

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State limits under No.28, Section II	
26. Do you wish cover to include extra charges (in case of loss) for:	Express freight, overtime, night work, work on public holidays? -----Yes -----No
	Airfreight -----Yes -----No
27. Give details of any special extension of cover required	_____ _____

28. Please state here under the amounts you wish to insure or where applicable the limits of indemnity required (cf. Policy Wording, Section I, Memo I and Section II) Currency:

Section I Material Damage	Items to be insured 1. Erection works, split up as follows: 2. Civil Engineering Works 3. Construction/ Erection Equipment 4. Construction/ Erection Machinery 5. Clearance of Debris (limit of indemnity) 6. Property located on the Principals premises or on the site, belonging to the Principal or held in care custody or control (Limit of indemnity –see Memo 4 of Policy) Total Sum to be insured under Section I Please indicate limits of indemnity required for the following perils: Risk <u>Earthquake, volcanism, tsunami</u> <u>Storm, cyclone, flood, inundation, landslide</u>	Sums to be insured (state below separately) Limits of Indemnity _____ _____
Section II- Third Party Liability	Insured Items <u>Bodily injury – any one person</u> <u>Bodily injury – total</u> <u>Property Damage</u> <u>Or alternatively – Combined Single Limit of</u>	Limits of Indemnity _____ _____

1. 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.
2. Limit of Indemnity in respect of any one accident of series of accidents arising out of one event.

We hereby declare that the statements made by us in the Questionnaire and Proposal are complete and true to the best of our knowledge and belief, and we hereby agree that this questionnaire and Proposal shall form the basis and be part of any Policy or Policies issued in connection with the above risk or risks. It is agreed that the insurers shall be liable in accordance with the terms of the Policy only and that the Insured will not lodge any other claims of whatever nature.

The insured undertakes to inform the insurers of any material alteration whereby the risk is increased, and the Insurers reserve the right to modify and quotation made in light of such alteration.

The insurers undertake to deal with this information in strict confidence.

Completed at ----- this ----- day of ----- 19 -----

Signature