Contractor's All Risk Insurance

Proposal form

Completing the Proposal form

1. This proposal must be fully complete including all the required documents
2. It is a duty of prosper to disclose all the material facts, if it would influence the judgement of a prudent insurer.
3. Insurance is based on utmost good faith and in the absence of such good faith, Solarelle may treat your policy as if it never existed if the misrepresentation or your non-compliance with your duty of disclosure was fraudulent.
4. Solarelle assure for the Personal or Sensitive Information/s that we collect are secured from the proposer is secured. Without such Information Solarelle may not be able to process your application, administer your policy or assess your claims.
5. Solarelle may obtain Information from government offices and third parties to assess a claim in the event of loss or damage.

Personal Information

The Principal

Name of the Principal: _____

Address: _____ Postal Code: _____

ID/Passport No: _____ Company registration No: _____

Telephone: _____ Fax: _____ Email: _____

Nature of Business: _____

Name of the Mortgagee: (if assigned to other interested parties) _____

The Contractor

Name of the Contractor (s) _____

Address: _____ Postal Code: _____

ID/Passport No: _____ Company Registration No: _____

Telephone: _____ Fax: _____ Email: _____

Name of the Sub Contractor (s):

_____

_____

Name of the Consulting Engineer (s):

_____

_____

Contact Name: _____

Position: _____

Mobile No: _____

Email: _____

Subject Matter:

Description of Contract:

Location of Contract Site:

Will blasting be done? ☐Yes ☐No
If yes, indicate type envisage and maximum any one charge

Does the construction involve any of the following?

Tunnelling ☐Yes ☐No
Demolition ☐Yes ☐No
Exposure to shipping/aircraft ☐Yes ☐No
Pollution exposure ☐Yes ☐No
Alteration of water table ☐Yes ☐No
Crossing roads ☐Yes ☐No
Underwater operations ☐Yes ☐No
Shoring or underpinning ☐Yes ☐No
If YES, to any of the above please give details:

What height is being worked to?

What depth is being worked to?

Any piling work to be done? ☐Yes ☐No
If YES:

- Type of pile:
- Maximum depth:
- Length:
- Width:

Is the contract site prone to flood? ☐Yes ☐No
If YES, what precautions have been taken?

_____

_____

Distance of the nearest canal, lake or sea: _____

Type of soil of the Location: _____

Ground water level: _____

Cover required:

Value to be insured		**MVR/$**
Permanent Works including the construction material (Please attached the Bill of Quantity)	☐	_____
Temporary Works	☐	_____
Removal of Debris	☐	_____
Architects, Surveyors fees	☐	_____
Constructional Plant & Equipment	☐	_____
Existing Buildings	☐	_____
Construction Plant and equipment	☐	_____
Express freight (excluding Air freight) and/or overtime in the event of a claim	☐	_____

Period of Insurance:

Construction Period From: _____ To _____
Maintenance Period From: _____ To _____

Third Party Liability

Do you require coverage for Third Party Liability? ☐Yes ☐No
If YES, please state Limit of Liability required:

_____

Bodily injury for any one person ☐Yes ☐No
Property damage ☐Yes ☐No
Total limit of indemnity under the Policy:

_____

In connection with surroundings not belonging to the insured, give description, size, condition and estimated value of neighbouring buildings and other constructions:

Please state the minimum distance of neighbouring Third Party property:

Are the Insured's (Contractors, Sub-contractors, Principle) to be considered as Third Parties amongst each other (Cross Liability)?
with regards to Property damage? ☐Yes ☐No
with regards to bodily injury? ☐Yes ☐No

General Information:

Is the site exposed to hazards such as storm, tempest, hurricane and earthquake? ☐Yes ☐No

State the prevailing meteorological conditions:

Describe the neighborhood of the site indicating buildings or property likely to be affected by contract work such as excavation, piling, vibration, ground water lowering etc:

Does the proposer have an existing Third Party Liability policy which also covers the activities for which the present insurance is proposed? ☐Yes ☐No
If YES, declare the Limits:

How long have the contractor been in business?

Does the contractor have experience in this type of contract? ☐Yes ☐No

Give details of similar projects carried out by the contractor previously:

Specify works to be carried out by sub-contractors:

Give details of the claims experience of the contractor:

Has the insurance now proposed or any other insurance proposed by you been Declined, Cancelled or Increased your premiums on renewal by any Insurance Company:
If YES, explain: ☐Yes ☐No

Please enclose with this Proposal a recent Bill Of Quantity, Photographs of the site, Site Plan, copy of Contract and Sub contract agreement, copy of mortgage agreement, Architectural drawing, Project time schedule and any additional information which you feel may be useful to the Company in assessing the risk

Politically Exposed Person (PEP) Declaration

Are you, or any beneficial owner, director, authorised signatory, or person acting on behalf of the proposer, a Politically Exposed Person (PEP), or a close associate or immediate family member of a PEP?

☐ Yes ☐ No

If "Yes", please provide full details: _____

Declaration

I/We hereby declare and warrant that the statements and particulars given in this Proposal Form are true, complete, and accurate to the best of my/our knowledge and belief, and that no material facts have been withheld or misrepresented.

I/We understand and agree that this Proposal Form, together with any supplementary information provided, shall form the basis of and be incorporated into the contract of insurance between myself/ourselves and the Insurer.

I/We further undertake to notify the Insurer immediately of any material alteration to the information provided before the commencement of the insurance or during the currency of the policy.

I/We acknowledge that any non-disclosure, misrepresentation, or fraudulent statement may render the policy voidable and may result in denial of claims.

I/We consent to the Insurer collecting, obtaining, verifying, and sharing relevant information and documents from or with reinsurers, loss adjusters, brokers, regulatory authorities, other insurers, or any other relevant parties for underwriting, risk assessment, claims handling, fraud prevention, recovery proceedings, and policy administration purposes.

(No insurance cover is provided until the above proposal is accepted and details of cover are confirmed in writing by Solarelle Insurance Private Limited)

Name of proposer: _____

Date: _____ Signature of proposer Company Stamp:

Office use only

Intermediary Premium / Rate: Special Condition: Broker / Agent / Sales Code: