Questionnaire and Proposal for Erection All Risk Insurance

1. Title of contract (if project consists of several sections, specify section (s) to be insured.)	
2. Location of erection site	
3. Name and address of principal	
4. Contractor(s) Name and Address	
5. Subcontractor(s) Name and Address	
6. Manufacturer(s) of main items Name and Address	
7. Firm supervising erection Name and Address	
8. Consulting Engineer Name and Address	
9. Proposer	Please indicate which of the parties Nos 3 to 8 above is the Proposer of the insurance and which parties are to be declared as Insured in the Policy. Proposer No Insured No(s)

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, year of construction of major units. 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 prior to beginning of erection work	
Commencement of erection/construction	
Duration of erection/construction	months
Duration of testing	weeks
If maintenance coverage required — Duration of maintenance	months
If maintenance coverage required — 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

a previous constructions?	☐ YES	☐ NO
b previous constructions by the contractor(s)	☐ YES	☐ NO

If so, please give details of similar projects carried out by contractor(s)

13. Is this an extension of an existing plant ☐ YES ☐ NO

If so, will operation of existing plant continue during erection period. Enclose plans ☐ YES ☐ NO

14. Have the buildings and civil engineering works already been completed ☐ YES ☐ NO

15. Works to be carried out by subcontractors

16. Is there any aggravated risks of

fire?	☐ YES	☐ NO
explosion?	☐ YES	☐ NO

If so, give details

17. Ground water

18. Nearest river, lake, sea, etc. Name distance from site

Levels of such river, lake, sea, etc.

Levels	Low water	Mean water
Mean level of site		

19. Meteorological conditions	Rainy season from		to	
	Max rainfall (mm) (in)	per hour	per day	pre months
	Max wind velocity			
	Storm frequency	☐ low	☐ medium	☐ high

20. Hazards of earthquake, volcanism, tsunami	Is there a history of volcanism, tsunami at site?	☐ YES	☐ NO
	Have earthquakes, etc. been observed in area?	☐ YES	☐ NO
	If so, please state intensity		
	Is the design of the structure to be insured based on regulations for earthquake-resistant structures?	☐ YES	☐ NO
Subsoil conditions	☐ rock ☐ gravel ☐ sand ☐ clay ☐ filled ground		
	Other types		
	Do geological faults exist in the vicinity?	☐ YES	☐ NO
21. Estimate, if possible, the probable maximum loss, expressed as a percentage of the sum insured, in a single occurrence	a due to earthquake	b due to fire	
	c due to other cause (please specify)		
22. Is coverage of construction/erection equipment (scaffolding, huts, tools, etc.) required?	☐ YES ☐ NO		
	Please give brief description and state new replacement value under No 28.3		
23. Is coverage of construction/erection machinery (excavators, cranes, etc.) required?	☐ YES ☐ NO		
	Please attach list of major machines showing individual new replacement values and state total value.		
24. 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? State limit under No 28.5.	☐ YES ☐ NO		
	If so, exact description of these buildings/structures.		
25. Is third party liability to be included?	☐ YES ☐ NO		
If so, give brief description of surrounding and existing buildings and/or structures not belonging to the principal or contractors(s) (enclose maps, if possible). State limits under No 28, Section II			
26. Do you wish to cover to include extra charges (in case of loss) for	express freight, overtime, night work, work on public holidays?	☐ YES	☐ NO
	air freight?	☐ YES	☐ NO
27. Give details of any special extension of cover required			

28. State hereunder the Amounts you wish to insure and the limits of indemnity required.

Section I

Material Damage

Items to be insured	Sums to be insured
1. Erection works, split up as follows:	
1.1 Items to be erected	
1.2 Freight	
1.3 Customs duties and dues	
1.4 Cost of erection	
2 Civil engineering works	
3 Construction/erection equipment	
4 Clearance of debris (limit of indemnity)	
5 Property located on the principal's 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	Limits of indemnity[1]
Earthquake, volcanism, tsunami	
Storm, cyclone, flood, inundation, landslide	

Section II

Third party liability

Items to be insured	Limits of indemnity[2]
Bodily injury - any one person	
Bodily injury - total	
Property damage	
Or alternatively Combined single limit of	

1. Limit of indemnity in respect of each and every loss or damage and/or series of losses or damage arising out of any one event.

2. Limit of indemnity in respect of any one accident or series of accidents arising out of one event.

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:

LIABILITY OF THE SOLARELLE INSURANCE PVT LTD DOES NOT COMMENCE UNTIL THE PROPOSAL IS ACCEPTED AND COVER CONFIRMED IN WRITING

FOR OFFICE USE ONLY

Proposal No. : Initials Date

Policy No. : Rated & Calculated

Checked

Accepted