



<p>9 Period of insurance</p> <p>(a) Duration of pre-storage prior to beginning of erection work :</p> <p>(b) Commencement of erection work :</p> <p>(c) Duration of erection/construction :</p> <p>(d) During of testing :</p>	<p>From .....to .....</p> <p>(a) ..... months</p> <p>(b) From .....</p> <p>(c) ..... months</p> <p>(d) ..... weeks</p>
<p>10. Maintenance period (if to be included):</p>	<p>.....months from ..... to .....</p>
<p>11. (a) Give exact description of the property to be erected. 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)</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(b) State whether items to be erected new or second-hand      (b) <input type="checkbox"/> New <input type="checkbox"/> Second-hand</p>	
<p>12. (a) Have plans, designs and materials of the kind used in this project used and/or tested in</p> <p>(i) previous constructions ?      (i) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(ii) previous constructions by the contractor(s)      (ii) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(b) If Yes, please give details of similar projects carried out by contractors:</p> <p>.....</p> <p>.....</p> <p>.....</p>	
<p>13 (a) Is this an extension of an existing building ?</p> <p>(b) If Yes, will operation of existing plant to continue during erection period ? Enclose plans.</p>	<p>(a) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(b) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>14. Have the buildings and civil engineering works already been completed?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>15. What work will be carried out by subcontractors?</p>	
<p>16. Give details (as far as applicable) regarding :</p> <p>(a) Earthquake hazard</p> <p>(b) Subsoil conditions, eg. rock, gravel, sand, clay, filled, ground, etc.</p> <p>(c) Do geological faults exist in the vicinity?</p> <p>(d) Ground water level</p> <p>(e) Name of and distance to nearest river, lake, sea, etc.</p> <p>(f) Levels of such river, lake or sea, etc</p> <p>(i) low water</p> <p>(ii) Mean water</p> <p>(iii) Highest level ever recorded</p> <p>(iv) Mean level of site</p> <p>(g) Meteorological conditions (rainy season, storm, rainfall per hour, per day, per month)</p>	<p>(a)</p> <p>(b)</p> <p>(c) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(d)</p> <p>(e)</p> <p>(f)</p> <p>(i)</p> <p>(ii)</p> <p>(iii)</p> <p>(iv)</p> <p>(g)</p>

<p>17. (a) Is there any aggravated risk of          (i) Fire?          (ii) Explosion?</p> <p>(b) If Yes, please give details :</p>	<p>(a) (i) <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>(ii) <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>(b)</p>
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18. 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) .....

19. Give brief description of surrounding and existing buildings and/or structures, not belonging to the Principal or contractor(s), possibly affected by the erection work.

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20. Items to be Insured	Sums to be Insured	For Company's Use Only
(a) Erection works, split up as follows : (i) Items to be erected (ii) Freight (iii) Customs duties and dues (iv) Cost of erection (b) Civil engineering works (c) Construction/erection equipment (eg. scaffoldings, huts, tools, etc) (d) Clearance of Debris : (Limit of indemnity) (e) 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). Give exact description of the property to be insured.	(i) RM (ii) RM (iii) RM (iv) RM (b) RM (c) RM (d) RM (e) RM	
Total Sums to be Insured :	RM	
21. Please indicate limits of indemnity required for the following perils	Limit of indemnity	
(a) Earthquake, volcanism, tsunami.	(a) RM	
(b) Storm, cyclone, flood, inundation, landslide.	(b) RM	

<p>22. Is Third Party Liability to be included ? If Yes, what limits of indemnity are required :</p> <p>(a) Limit of indemnity in respect of any one accident or series of accidents arising out of one event</p> <p>(i) For bodily injury :</p> <p>(ii) For property damage :</p> <p>(b) Total limit of indemnity :</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>(a) RM</p> <p>(i) RM</p> <p>(ii) RM</p> <p>(b) RM</p>
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<p>23. Do you wish cover to include extra charges (in case of loss) for</p> <p>(a) express freight, overtime, night work, work on public holidays?</p> <p>(b) air freight?</p>	<p>(a) <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>(b) <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
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24. Give details of any special extension of cover required.

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**DECLARATION :** We hereby declare that the statements made by us in this Questionnaire and Proposal are, to the best of our knowledge and belief, complete and true, and we hereby agree that this Questionnaire and Proposal forms the basis and is part of any policy issued in connection with the above risk. It is agreed that the insurers are liable in accordance with the terms of the Policy only and that the insured will not lodge any other claims of whatever nature.

Date : .....

Signature of Proposer .....