



LONPAC INSURANCE BHD (307414-T)

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QUESTIONNAIRE & PROPOSAL FOR ERECTION ALL RISKS INSURANCE

1	1-15
1	35-49
1	50-53

NO.

1. Title of contract (if project consists of several sections, specify section(s) to be insured)			
2. Location of Erection Site			
Country			
2 16-19			
City, town, village			
2 20-24			
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.	
1 16-31		Proposer No.: Insured No(s):	
4. Principal			
Name			
Address			
5. Main Contractor(s)			
Name(s)			
Address(es)		Telephone No:	Business Reg. No:
		Business Reg. No. / NRIC verified by: Signature & Name of Agent/Staff	
6. Subcontractor(s)			
Name(s)			
Address(es)			
7. Manufacturers of main items			
Name(s)			
Address(es)			
8. Firm supervising erection			
Name(s)			
Address(es)			
9. Consulting Engineer			
Name(s)			
Address(es)			
10. Name of Employer			
11. Nature of Business			
12. 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)			
2 25-28			
2 30-35			

0 00-00 as reference for coding purposes only

13. Period of insurance		Commencement of insurance				
1	54-65					
2	36-37	Duration of pre-storaged months				
2	38-39	Commencement of erection work				
2	40-41	Duration of erection/construction months				
		Duration of testing weeks				
If Maintenance coverage required		Duration of maintenance months				
		Type of coverage required				
Termination of insurance						
14. Have plans designs and materials of the kind used in this project been used and/or tested in <div>2</div> <div>29</div> *Please give details of similar proejects carried out by Contractor(s)		a) previous constructions		<input type="checkbox"/> yes	<input type="checkbox"/> no	
		b) previous constructions by the Contractor(s)		<input type="checkbox"/> yes	<input type="checkbox"/> no	
15. Is this an extension of an existing plant?				<input type="checkbox"/> yes	<input type="checkbox"/> no	
* Will operation of existing plant continue during erection period? (Enclose plans where available)				<input type="checkbox"/> yes	<input type="checkbox"/> no	
16. Have the buildings and civil engineering works already been completed?				<input type="checkbox"/> yes	<input type="checkbox"/> no	
17. Work to be carried out by Subcontractors						
Please also give answers to Nos. 16 to 21 s far as information obtainable:						
18. Is there any aggravated risk of:		fire		<input type="checkbox"/> yes*	<input type="checkbox"/> no	
		explosion		<input type="checkbox"/> yes*	<input type="checkbox"/> no	
		* If so, give details				
19. Ground water level						
20. Nearest river, lake, sea etc. levels of such river, lake, sea etc.		name		distance from site		
		low water	mean water	highest level recorded		
		mean level of site				
21. Meteorological conditions:		rainy seasons from		to		
		max. rainfall (mm)		per hour	per day	per month
		max. wind velocity		storm frequency <input type="checkbox"/> low <input type="checkbox"/> medium <input type="checkbox"/> high		

22. Hazards of earthquake
volcanism tsunami

Is there a history of volcanism, tsunami
at the site

☐ yes

☐ no

have earthquakes etc. been observed in this area?

☐ yes

☐ no

*if so, please state intensity

magnitude

Is the design of the structures to be insured based on regulations
regarding earthquake resistant structures?

☐ yes

☐ no

Subsoil conditions:

☐ rock

☐ gravel

☐ sand

☐ clay

☐ filled site

other types:

Do geological faults exist in the vicinity?

☐ yes

☐ no

23. 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)

☐ 2 ☐ 42-46

24. Is coverage of Construction/
Erection equipment (scaf-
folding, huts, tools, etc.)
required?

☐ yes

☐ no

*Please give brief description
and state value under
No. 28,3.

25. 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 under
No. 28,4.

26. 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. 28,6.

☐ yes

☐ no

* Exact description of these buildings/structures:

27. 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)
State limits under No. 28,
Section II

28. Do you wish 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

29. Give details of any
special extension of cover
required

☐ 2 ☐ 52-53
☐ 2 ☐ 72

30. Please state hereunder the amounts you wish to insure or where applicable the limits of indemnity required (cf. Policy Wording, Section I, Memo 1 and Section II)

Currency:

1 32-34

Section I –
Materials Damage

Items to be insured	Sums to be insured (state below separately)
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. Construction/Erection Machinery	
5. Clearance of Debris (limit of indemnity)	
6. 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:	

3 16-22
3 23-36
3 37-42

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

3 43-56

Insured items	Limits of indemnity ²
Bodily Injury – any one person	
Bodily Injury – total	
Property Damage	
Or alternatively: Combined Single Limit of	

¹ Limits 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 Limits of indemnity in respect of any one accident or 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 any quotation made in the light of such alteration.

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

completed at this day of 20

Signature:

Full Name of Signatory

NRIC No: