



**CONTRACTORS ALL RISKS INSURANCE
QUESTIONNAIRE & PROPOSAL**

1. PARTIES TO THE CONTRACT

Principal Name: _____

Address: _____

Telephone Numbers: (H) _____ (W) _____
(Mobile) _____

Main-Contractor Name: _____

Address: _____

Mortgagee: _____

Will Sub-Contractors be used? Y / N

If yes, will they be covered on your policy? Y / N *Please complete separate proposal for each Sub to be covered.*

If no, do you require that they carry their own insurance? Specify:

2 CONTRACT SITE

Exact location including Street Address:

Block _____ Parcel _____

Distance from water: _____

Type of Project: Residential/Commercial

Detailed description of project/contract:

Type of Construction: Concrete / Wood / Other

Specify: _____

Type of Construction (roof): Shingle / Tile / Standing Seam / Other

Specify: _____

3 DATES & PERIODS

Commencement of project/contract: _____

Construction period in months: _____

Maintenance period in months: _____

4 AMOUNTS TO BE INSURED

4.1 Contract works including

- o Permanent works including labour and materials _____
- o Temporary works _____
- o Specify and indicate value of materials supplied by the Principal and not included in the Contract works. _____
- o Clearance of Debris _____
- o Fees for architects, surveyors and consulting engineers _____

Please provide Schedule of Works for any project in excess of CI\$1,000,000.

Total Sum Insured for Works:

4.2 Construction equipment and installations such as

- o Materials used for auxiliary structures such as scaffolding, stages for bridges, supports, sheet piles, sewage installations, tools etc. _____
- o Camp, site offices, stores, stockrooms etc. _____

4.3 Construction machinery such as

- o Bulldozers, dumpers, graders, dredgers, rollers, Cranes, piledrivers, mobile drilling units etc. _____

4.4 Stationary plant such as

- o Concrete and asphalt mixing plants, vibrators, conveyor systems, compressors, pumps, welding units, power generating units etc. _____

If Equipment Cover is required, please enclose list showing such items with their replacement value.

Total Sum Insured Machinery and Equipment:

5 EXISTING BUILDINGS

Are existing buildings and/or structures on or adjacent to the site, owned By or held in care, custody or control of the Principal or any Contractor To be insured against loss or damage arising out of or in connection With the contract works?

If yes, indicate limit of indemnity _____
Value _____ Type of construction _____ Condition _____

6 THIRD PARTY LIABILITY

Is Third Party Liability to be included? Y / N

If yes, specify the limit of indemnity required: _____

7 GENERAL INFORMATION

6.1 Contractor Experience

- o Number of years in business _____
- o Specify experience for this type of contract _____

- o Give details of similar types of projects _____

6.2 Risk Control Practices

- o Give details of steps taken to secure property on Hurricane or Storm Warning _____

- o Specify site preparation and maintenance to prevent Third Party Property Damage and Injury _____

6.3 Worker's Compensation

- Do you currently carry Worker's Compensation Y / N
- Specify steps taken to provide a safer working environment i.e. hard hats, steel toe shoes etc.

SECTION EIGHT (8) FOR ANNUAL REPORTING POLICIES ONLY

8 CONTRACT WORKS

- Estimated number of contracts for the year

- Estimated value of all contracts for the year

- Estimated number of contacts at any one time

- Estimated maximum contract works exposure at any one time

- Estimated maximum exposure per contract site _____

We hereby declare that the statements made by us in this questionnaire are complete and true to the best of our knowledge and belief and we hereby agree that this questionnaire shall form the basis and be part of the Policy or Policies issued in connection with the above risk or risks.

Signature of Proposer

Date