



**CONTRACTORS ALL RISKS INSURANCE  
QUESTIONNAIRE & PROPOSAL**

**1. PARTIES TO THE CONTRACT**

Principal Name: \_\_\_\_\_

**MAILING** 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**

7.1 Contractor Experience

- o Number of years in business \_\_\_\_\_
- o Specify experience for this type of contract  
\_\_\_\_\_  
\_\_\_\_\_
- o Give details of similar types of projects  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7.2 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  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 7.3 Worker's Compensation

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

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### SECTION EIGHT (8) FOR ANNUAL REPORTING POLICIES ONLY

#### 8 CONTRACT WORKS

- o Estimated number of contracts for the year  
\_\_\_\_\_
- o Estimated value of all contracts for the year  
\_\_\_\_\_
- o Estimated number of contacts at any one time  
\_\_\_\_\_
- o Estimated maximum contract works exposure at any one time  
\_\_\_\_\_
- o 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