



Jerusalem Insurance Company Ltd.

Questionnaire and Proposal for Contractors' All Risks Insurance No. _____

1. Title of contract
(if project consists of
several sections, specify
section(s) to be insured)

2. Location of site

Country/province/district

City/town/village

3. Name and address
of Principal

4. Name(s) and address(es)
of Contractor(s)¹

5. Name(s) and address(es)
of Subcontractor(s)¹

6. Name and address
of Consulting Engineer

7. Description of contract
work²
(please give detailed
technical information¹)

Dimensions (length, height, depth,
spans, number of floors)

Foundation (method, level
of deepest excavation)

Construction methods

Construction materials

¹ If necessary on a separate sheet

8. Is the Contractor experienced in this type of work or construction methods?	<input type="checkbox"/> yes	<input type="checkbox"/> no		
9. Period of Insurance	Commencement of work			
	Duration of construction	months		
	Date of completion			
	Maintenance period	months		
10. Work to be carried out by Subcontractors	<hr/> <hr/> <hr/>			
11. Special risks	Fire, explosion	<input type="checkbox"/> yes	<input type="checkbox"/> no	
	Flood, inundation	<input type="checkbox"/> yes	<input type="checkbox"/> no	
	Landslide, storm, cyclone	<input type="checkbox"/> yes	<input type="checkbox"/> no	
	Blasting	<input type="checkbox"/> yes	<input type="checkbox"/> no	
	Other	<hr/>		
	Volcanism, tsunami	<input type="checkbox"/> yes	<input type="checkbox"/> no	
	Have earthquakes been observed in this area?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
	If so, please state intensity	magnitude		
	Is the design of the structures to be insured based on regulations regarding earthquake-resistant structures?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
	Is the design standard higher than that stipulated in the relevant regulations?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
12. Subsoil conditions	<input type="checkbox"/> rock <input type="checkbox"/> gravel <input type="checkbox"/> sand <input type="checkbox"/> clay <input type="checkbox"/> filled ground			
	Other	<hr/>		
	Do geological faults exist in the vicinity?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
13. Ground-water level				
14. Nearest river, lake, sea, etc.	Name	<hr/>		
	Distance	<hr/>		
	Levels	low water	mean water	
		highest level recorded		
15. Meteorological conditions	Rainy season from	to		
	Max. rainfall (mm)	per hour	per day	per month
	Storm hazard	<input type="checkbox"/> minor	<input type="checkbox"/> medium	<input type="checkbox"/> high
16. Are extra charges for overtime, nightwork, work on public holidays to be included?	<input type="checkbox"/> yes <input type="checkbox"/> no			
	Limit of indemnity	<hr/>		

17. Is Third Party Liability to be included? yes no

Has the Contractor concluded a separate policy for TPL? yes no

Limit of indemnity _____

18. Details of existing buildings or surrounding property possibly affected by the contract work, such as by excavating, underpinning, piling, vibration, ground-water lowering, etc.

19. 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? yes no limit of indemnity _____

Exact description of these buildings/structures

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

Currency: _____

Section I Material Damage	Items to be insured	Sums to be insured
	1. Contract work (permanent and temporary work, including all materials to be incorporated herein)	
	1.1 Contract price	
	1.2 Materials or items supplied by the Principal(s)	
	2. Construction plant and equipment	
	3. Construction machinery (please attach list showing replacement values of new items)	
	4. Clearance of debris (insured only up to the amount indicated)	
	Total sum to be insured under Section I:	

