

	THE CONTRACT SITE	
7	a) Location of Contract site:	
	b) Nearest port and/or railway station and distance. Note - A complete lay out of the site may be enclosed	
8	a) Are any Special Risks of one or more of the following involved?	
	i) Earthquake-Fire & Shock	
	ii) Landslide/Rockslide/ Subsidence	
	iii) Flood/Inundation	
	iv) Storm/Tempest/Hurricane/Typhoon/ Cyclone	
	v) Collapse	
	vi) Water Damage for 'Wet' risk i.e. Contract involving construction in rivers, canals, lakes or sea.	
	b) Distance from nearest river, lake, reservoir or sea - the names and particulars to be given:	
	c) Elevation of construction site above normal river, lake, reservoir or sea level:	
	d) Is there any record of the construction site ever having been affected by any of the major perils specified in (a) above?	
9	Give full details regarding geological condition including sub soil	
10	a) Brief description of the arrangements made for storage of construction materials and equipments - whether in open or closed premises.	
	b) i) Will there be a watch and ward round the clock?	
	ii) If not, what precautions will be taken against theft, malicious damage etc.:	
11	THE INSURANCE	
	a) Estimated construction period excluding maintenance period (cover to commence from the date of first arrival of consignment material at site or commencement of work whichever is earlier):	Months <input type="text"/> <input type="text"/> From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	b) Cover required during maintenance period, if any:	Months <input type="text"/> <input type="text"/> From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	c) Probable date on which construction is expected to be completed	
	d) Period of Insurance required:	Months <input type="text"/> <input type="text"/> From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
12	a) Have you approached any other Insurance Co. for Insurance Cover in respect of this Proposal?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	b) If yes, please state name of the Insurance Company.	
13	Has any such proposal been -	
	a) declined?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	b) withdrawn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	c) accepted subject to an increased rate or special conditions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	SUM INSURED	
14	i) Contract works: Note -Please attach schedule of quantities and rates and/or values (Permanent & Temporary works including all materials to be incorporated therein)	
	a) Contract Price:	₹
	b) Materials or items supplied by the Principal:	₹
	c) Any additional items not included in (a) and (b) above:	₹
	d) Landed cost of imported items as at construction site (please specify whether included in (a) and/or (b) above):	₹
	at Exchange Rate -----	₹
	TOTAL VALUE OF CONSTRUCTION	₹
	i) Construction Plant & Machinery to be used at the construction site (Details as per attached sheet):	₹
	ii) Clearance & Removal of Debris:	₹
	iii) Insured's own surrounding property.	₹
	iv) Extra charges for Express Freight (excluding Air Freight) overtime Sunday & Holiday rates of wages, if required:	₹
	v) On increased Replacement value for item i (a) (b) & (d) above, if required:	₹ (_____ %)
	vi) Third Party liability:	₹
	a) for any one accident	₹
	b) for all accidents during the period	₹
	vii) Any Other Add-ons (Specify with limits)	
15	Do you wish to opt for higher amounts of Deductible Excess? If yes, whether	Yes <input type="checkbox"/> No <input type="checkbox"/> i) 2 times <input type="checkbox"/> ii) 5 times <input type="checkbox"/> iii) 10 times <input type="checkbox"/> iv) 20 times <input type="checkbox"/>

ACKNOWLEDGEMENT

We acknowledge with thanks the receipt of your proposal dated

D	D	M	M	Y	Y	Y	Y
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 towards Contractor's All Risks Insurance Policy in favour of _____

We also acknowledge receipt of premium amount by way of cash/ cheque/ demand draft/ others, vide instrument no. _____ , for an amount of ₹ _____ .

Please note that neither the submission to us of a completed proposal for insurance nor any payment for any policy sought obliges us to agree to issue a policy, which decision is and always shall be in our sole and absolute discretion.

If we accept the proposal, it shall be subject to the policy terms and conditions and we shall have no liability to make any payment if the appropriate premium amount is not received by us in full and in time, or is not realised.

If we do not accept the proposal, we will inform you within 15 days from the date of receipt of this proposal and refund any payment received from you without interest.

Date:

D	D	M	M	Y	Y	Y	Y
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Place:

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Signature of the Receiver
and Official Seal