



স্বাধারন বীমা কর্পোরেশন

SADHARAN BIMA CORPORATION

Head Office: 33. Dilkusha Commercial Area, Dhaka – 1000.

Proposal for Erection All Risks Insurance

Proposal No.

Policy No.

1.	Title of contract (if project consist of several sections, specify section(s) to be Insured	_____
2.	Location of Erection Site Country	_____
	City, town, village	_____
	GPS Location of Site	_____
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. Proposer No. : _____ Insured No(s) _____
4.	Principal Name Address	_____
5.	Main Contractor(s) Name Address	_____
6.	Sub-contractor(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(s)	_____
10.	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, capa- city, weight, pressure, temperature, revolution; In case of completed factories: general drawing of plant, nature of civil engineering work (if any)	_____ _____ _____ _____ _____ _____ _____

11. Period of Insurance	Commencement of insurance		
	Duration of pre-storage	months	
	Commencement of erection work		
	Duration of erection/construction	months	
	Duration of testing	weeks	
	If Maintenance coverage required	Duration of maintenance	months
		Type of coverage required	
Termination of insurance			
12. Have plans, designs and materials of the kind used in this project been used and/or tested in	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	
	If so, please give details of similar project carried out by Contractor(s)		
13. Is this an extension of an existing plant?		<input type="checkbox"/> yes <input type="checkbox"/> no	
		<input type="checkbox"/> yes <input type="checkbox"/> no	
	If so, will operation of existing plant continue during erection period? (Enclose plans where available)	<input type="checkbox"/> yes <input type="checkbox"/> no	
14. Have the buildings and civil engineering works already been completed?	<input type="checkbox"/> yes <input type="checkbox"/> no		
15. Work to be carried out by Sub-contractors			
16. Is there any aggravated risk of:	Please also give answers to Nos. 16 to 21 as far as information obtainable:		
	fire	<input type="checkbox"/> yes* <input type="checkbox"/> no	
	explosion	<input type="checkbox"/> yes* <input type="checkbox"/> no	
* If so, give details			
17. Ground water level			
18. Nearest river, lake, sea etc. Levels of such river, lake, sea etc.	Name	distance from site	
	low water	mean water highest level recorded	
	meal level of site		
19. Meteorological condition:	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	

<p>20. Hazards of earthquake volcanism, tsunami</p> <p>Subsoil conditions:</p>	<p>Is there a history of volcanism, tsunami at the site <input type="checkbox"/> yes* <input type="checkbox"/> no</p> <p>Have earthquake etc. been observed in this area? <input type="checkbox"/> yes* <input type="checkbox"/> no</p> <p>* If so, please state intensity _____ magnitude _____</p> <p>Is the design of the structures to be insured based on regulations regarding earthquake resultant structures? <input type="checkbox"/> yes* <input type="checkbox"/> no</p> <p><input type="checkbox"/> rock <input type="checkbox"/> gravel <input type="checkbox"/> sand <input type="checkbox"/> clay <input type="checkbox"/> filled site</p> <p>other types: _____</p> <p>Do geological faults exist in the vicinity? <input type="checkbox"/> yes <input type="checkbox"/> no</p>
<p>21. Estimate, if possible, the probable maximum loss, expressed as a percentage of the sum insured, in a single occurrence</p>	<p>a) due earthquake b) due to fire</p> <p>c) due to other cause (please specify) _____</p>
<p>22. Is coverage of Construction/ Erection equipment (scaffolding, huts, tools, etc.) required?</p>	<p><input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>_____</p> <p>*Please give brief description and state value under No. 28.3.</p>
<p>23. Is coverage of Construction / Erection machinery (excavators, cranes, etc.) required?</p>	<p><input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>_____</p> <p>*Please attach list of major machines showing individual now replacement values and state total value under No. 28.4.</p>
<p>24. Are existing buildings and/or structures on or adjacent to the site, owned by or held in care, custody or control of the Contractors(s) or the Principal, to be insured against out of or in connection with the contract works? State limit under No. 28.6</p>	<p><input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>If so, give exact description of these buildings/structures: _____</p> <p>_____</p> <p>_____</p>
<p>25. Is Third Party Liability to be included? If so, 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</p>	<p><input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>26. Do you wish cover to include extra charges (in case of loss) for:</p>	<p>express freight, overtime, night work, work on public holidays? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>air freight? <input type="checkbox"/> yes <input type="checkbox"/> no</p>
<p>27. Give details of any special extension of cover required</p>	<p>_____</p> <p>_____</p>

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

Description of the Insured Item	SUM INSURED		
	Foreign Currency	Local Currency	
Section I, Material Damage	1. Erection works, spilt up as follows:		
	1.1 Items to be erected	1.1. _____ = Tk. _____	Tk.
	1.2 Freight	1.2 _____ = Tk. _____	Tk.
	1.3 Customs Duties & dues	1.3	Tk.
	1.4 Cost of Erection	1.4	Tk.
	1.5 Cost of Marine Insurance	1.5	Tk.
	2. Civil Engineering Works	2.	Tk.
	3. Construction/Erection Equipment	3.	Tk.
	4. Construction/Erection Machinery	4.	Tk.
	5. Clearance of Debris (Limits of indemnity)	5.	Tk.
6. Property located on the principals premises or on the site, belonging to the Principal or held in care, custody or control (limit of indemnity - see Memo 4 of Policy)	6.	Tk.	
Total Sum to be insured under Section I:	Total	Tk.	

Please indicate limits of indemnity required for the following perils:

Section II - Third Party Liability	Risk	Limits of indemnity ¹
	Earthquake, volcanism tsunami	
	Storm, cyclone, flood, inundation, landslide	
	Insured Items	Limits of indemnity ²
	Bodily Injury - any one person	
	Bodily Injury - total	
	Property Damage	
	Or alternatively. Combined Single Limit of	
1 Limit 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 Limit of indemnity in respect of any one accident or series of accident arising out of any one event.		

We hereby declare that the statements made by us in the Questionnaire and Proposal are complete and trust 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 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 where by the risk increased and the Insurers reserve the right to modify any question made in the light of such alteration. The Insurers undertake to deal with this information in strict confidence.

Date:

Place

Signature of Proposer
On behalf of organization