

Construction All Risk Application

<input type="checkbox"/> Principal (employer)	Broker
Name	Tel. / Mobile phone
Address	Email
<input type="checkbox"/> Main Contractor	Chamber of Commerce No.
Name	Tel. / Mobile phone
Address	Email
<input type="checkbox"/> Other,	Chamber of Commerce No.
Name	Tel. / Mobile phone
Address	Email

Which of the above parties is the proposer of this insurance?

Principal Main Contractor Other,

Type of Coverage and Periods

Construction All Risk Insurance (please select) Single Project Annual Open Cover

Insurance commencement Date

Construction commencement Date

Construction period in months?

Maintenance period (please select) 3 months (included) 6 months

Amounts to be Insured

Description	Amount
<input type="checkbox"/> Contract Works (including materials)	
<input type="checkbox"/> Single Project: estimated final contract work amount	ANG
<input type="checkbox"/> Annual Open Cover: maximum per contract work amount	ANG
<input type="checkbox"/> Third Party Liability	
<input type="checkbox"/> Liability Limit	<input type="checkbox"/> 100,000 <input type="checkbox"/> 250,000 <input type="checkbox"/> 500,000 <input type="checkbox"/> 1,000,000
<input type="checkbox"/> The Principal's Surrounding Property	ANG
<input type="checkbox"/> Personal Property of the Contractors	ANG
<input type="checkbox"/> Contractors Equipment and Tools	ANG

Project Details

Please provide a description of the project (please include copies of the contract, plans, layout and breakdown of prices)

Please state the location of contract site

Project Details *(continued)*

Is the location within 60 meters of the ocean or coastline? No Yes (explain)

Is the property situated in an area sensitive to flooding? No Yes (explain)

How many levels does the project consist of?

Does the construction involve any of the following?

1. Shoring or Underpinning No Yes (explain)

2. Excavations No Yes (explain)

3. Drainage No Yes (explain)

4. Demolition No Yes (explain)

5. Roof Tiling No Yes (explain)

Does the property adjoin any other premises? No Yes, _____ meters

Are the surrounding buildings in danger of being damaged? No Yes

If Yes, please explain

Which measures are taken with regard to the prevention of loss caused by theft and material damage in general?

Historical Information

Have you ever acquired a C.A.R. Insurance in the past? No Yes

Have you ever placed a claim on a C.A.R. Insurance? No Yes

If yes, what amount, when and what was the reason?

Has an insurer ever denied you coverage? No Yes

If yes, please explain

Has an insurer ever canceled your insurance policy? No Yes

If yes, please explain

Does a lender or bank have an interest in the project? No Yes

If yes, please state the name of the beneficiary

Have any of the parties involved ever been convicted of a crime? No Yes

If yes, please explain

Declaration

I/We declare that the statements and particulars given in this proposal are, to the best of my/our knowledge and belief, true and complete and that withholding information or supplying false or incomplete information will render the agreement void.

Date

Signature