



QUESTIONNAIRE AND PROPOSAL FOR ERECTION ALL RISKS TAKAFUL

1. Title of contract (if project consists of several sections, specify sections(s) to be Participant)	
2. Location of Erection Site City town, Village, Country	
3. Proposer	Please indicate which of the Nos. 4 to 9 below is the "Proposer" of the Takaful, and which parties are to be declared as "Participant" in the Policy. Proposer No: _____ Participant No(s): _____
4. Principal: Name & Address:	
5. Main Contractor(s) Name(s) & Address(es)	
6. Subcontractor(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(es)	
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, capacity, weight, pressure, temperature, revolutions; in case of complete factories; general drawing of plant, nature of civil engineering work (if any)	
11. Period of Takaful	Commencement of Takaful
	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 Takaful
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
Please give details of similar projects carried out by Contractors(s)	b) Previous constructions by contractor(s) <input type="checkbox"/> Yes <input type="checkbox"/> No
13. Is this an extension of an existing plant?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
*Will operation of existing plant continue during erection period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(Enclose plans where applicable)	

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 Subcontractors?	
16. Is there any aggravated risk of:	Please also give answers to Nos. 16-21 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 rivers, lakes etc	Name: Distance from site:
	Low Water: Mean Water: Highest recorded level:
	Mean Level of Site:
19. Meteorological Conditions:	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
20. Hazards of earthquake, volcanism, tsunami	Is there any history of volcanism, tsunami at the site: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Have earthquakes etc 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 Participant based on regulations regarding earthquake resistant structures? <input type="checkbox"/> Yes <input type="checkbox"/> No
Subsoil Conditions:	<input type="checkbox"/> Rock <input type="checkbox"/> Gravel <input type="checkbox"/> Sand <input type="checkbox"/> Clay <input type="checkbox"/> Filled Site Other Types:
	Do geological faults exist in the vicinity: <input type="checkbox"/> Yes <input type="checkbox"/> No
21. Estimate, if possible, the probable maximum loss, expressed as a percentage of the sum Participant, in a single occurrence:	a) Due to Earthquake: b) Due to Fire:
	c) Due to other causes (Please specify)
22. Is coverage of construction /erection equipment(scaffolding ,huts, tools etc) required? *Please give brief description and state value under No. 28, 3	<input type="checkbox"/> Yes* <input type="checkbox"/> No

23. Do you wish cover to include extra charges (in case of loss) for:	Express frieght, overtime, night work, work on public holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Air freight <input type="checkbox"/> Yes <input type="checkbox"/> No
24. Give details of any special extension of cover required	
25. Is coverage of construction /erectionmachinery(excavators, cranes, etc) required? *Please attach list of major machines showing individual new replacement values and state total value under 28,4	<input type="checkbox"/> Yes* <input type="checkbox"/> No
26. 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 Participant against loss or damage arising out of or in connection with the contract works? State limit under 28,6	<input type="checkbox"/> Yes* <input type="checkbox"/> No
	*Exact description of these buildings/structures
27. Is Third Party Liability to be included? *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	<input type="checkbox"/> Yes* <input type="checkbox"/> No

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

Currency & Amount: _____

Section-I Material Damage	Items to be Participant	Sums to be Participant (State below separately)
	1. Erection works, Split up as follows	
	1.1 Items to be erected	
	1.2 Freight	
	1.3 Custom Duties and Dues	
	1.4 Cost of Erection	
	2. Civil Engineering Works	
	3. Construction/ Erection Equipment	
	4. Construction/ Erection Machinery	
	5. Clearance of Debris	

	6. Property located on the principal's premises or on the site, belonging to the principal or held in care custody or control (Limit of indemnity- see Memo No. 4 of policy)	
	Total sum to be Participant under Section I:	
Please indicate limits of indemnity required for the following perils:		
	Risk	Limits of Indemnity 1
	Earthquake, Volcanism, Tsunami	
	Storm, Cyclone, Flood, Inundation, Landslide	
Section-II : Third Party Liability	Participant 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. Limits of indemnity in respect of any one accident or series of accidents arising out of one event.		

We hereby declare that the statements made by us in the Questionnaire and Proposal are complete and true 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 risk or risks. It is agreed that the insurers shall be liable in accordance with the terms of the Policy only and that the Participant will not lodge any other claims of whatever nature.

The Participant undertakes to inform the insurers of any material alteration whereby the risk is increased, and the Insurers reserve the right to modify any quotation made in the light of such alteration. The Insurers undertake to deal with this information in strict confidence.

Executed:

Date: _____

Signature: _____