



A New Dimension in Insurance

CONTRACTOR'S ALL RISKS PROPOSAL FORM

(Please use Block letters)

Issuing Branch _____ Agency/Broker _____

Name (in full): First Name _____ Other Names _____

If a Company, Name _____

Postal Address _____ Postal Code _____

Town _____ Tel. No. Land line _____ Mobile _____

Trade or Business _____ Email _____

P.I.N. No. _____

Period of Insurance: From _____ To _____

Physical Location of the Premises at which the insurance is required _____

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

2. Site _____

Country/Province/District _____

City/town/village _____

3. Name and address of principal _____

4. Name(s) and address (es) of contractor(s)¹ _____

PIN No. _____

5. Name(s) and address (es) of subcontractor(s)¹ _____

6. Name and address of consulting engineer _____

7. Description of contract work(s)² _____

(Please give detailed technical information)

Type of foundation and level of deepest excavation _____

Construction method _____

Construction materials _____

1. If necessary on a separate sheet.

2. For harbours, piers, docks, tunnels, galleries, dams, roads, airports, railway facilities, bridges, sewerage and water supply systems see additional questionnaires.

8. Is the contractor experienced in this type of work or construction method? Yes No

9. Date of commencement of work _____

Duration of construction: from _____ to _____

Date of completion: _____

Maintenance period: from _____ to _____

10. What work will be done by subcontractors? _____

11. Special risks: Fire, explosion? Yes No

Flood, inundation? Yes No

Landslide, storm, cyclone? Yes No

Blasting work? Yes No

Volcanism, tsunami? Yes No

Other risks _____

Have earthquakes been observed in this area? Yes No

If/so, please state intensity (Mercalli) _____

Magnitude (Richter) _____

Is the design of the structure to be insured based on regulations for earthquake resistant structures?

Yes No

Is the design standard higher than that stipulated in the relevant regulations? Yes No

12. Details of subsoil: Rock gravel sand clay filled ground

Other subsoil conditions _____

Do geological faults exist in the vicinity? Yes No

13. Ground water Level below grade _____ m/ft

14. Nearest river, lake, sea, etc.... Name _____

Distance _____ high water levels _____ Low water levels _____ Mean water levels _____

Highest ever recorded _____ Date _____

15. Meteorological conditions Rainy season from _____ to _____

Max rainfall (mm)/(in _____ per hour _____ per day _____ per month _____

Storm hazard is: minor medium high

16. Are extra charges for overtime, nightwork, work on public holiday to be included? Yes No

Limit of indemnity _____

17. Is Third Party Liability to be included? Yes No Limit of indemnity required _____

Has the contractor concluded a separate policy/or TPL? Yes No

If yes, what is the limit of indemnity under the policy? _____

18. Details of existing buildings or surrounding property possibly affect by the contract work (excavating underpinning, piling, vibrating, ground water lowering, etc...)

19. Are existing buildings and 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 as a direct or indirect Consequence of the Contract work? Yes No

If yes, limit of indemnity _____

Exact description of these building/structures _____

20. State hereunder the Amounts you wish to insure and the limits of indemnity Required (see policy wording, section I, Memo I and section II Currency

Section I : Material damage

Items to be insured	Sums to be insured (Currency)
1.1. Contract work (permanent and temporary works, including all materials incorporated here-in) 1.1 Contract price 1.2 Materials or items supplied by the principal(s)	
2. Construction, machinery, plant and equipment	
3. Construction, machinery (please attach list)	
4. Clearance of debris	
Total Sum to be insured under section I	

Special risk to be Insured

Risk	Limits of Indemnity ³
Earthquake, Volcanism, Tsunami	
Storm, Cyclone, Flood, Inundation, Landslide	

Section II : Third Party Liability

Items to be insured	Limits of Indemnity ⁴
BODILY INJURY/DEATH	
1.1 Anyone person	
1.2 Total	
2. Property Damage	
Total limit under Section II	

³ Limit of Indemnity in respect of each and every loss of damage and/or series of losses arising out of one event

⁴ Limit of Indemnity of any one incident or series of accidents arising out of any one event.

DECLARATION

I/We hereby propose to effect an insurance with APA Insurance Ltd and warrant the truth and correctness of all of the above statements to the best of my/our knowledge and belief, including the extended questions and declare that no material information has been withheld affecting the assessment of the risk. I/We agree that this proposal and declaration shall form the basis of the contract between me/us and APA Insurance Ltd and I/we am/are willing to accept the policy and be bound all the terms, provisions and conditions thereof and to pay the premium thereunder.

Date _____ Signature of Proposer _____ Title _____

Company Stamp _____

THE LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED BY THE COMPANY AND THE PREMIUM PAID EXCEPT AS PROVIDED BY ANY OFFICIAL COVER NOTE ISSUED BY THE COMPANY

APA INSURANCE HEAD OFFICE

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BRANCH OFFICES

City Center | Nakuru | Kisumu | Mombasa | Nyeri | Thika | Embu | Meru | Naivasha | Kisii | Eldoret | Machakos | Uganda