Contractor's All Risk Insurance

Proposal form



Completing the Proposal form

- 1. This proposal must be fully complete including all the required documents
- 2. It is a duty of prosper to disclose all the material facts, if it would influence the judgement of a prudent insurer.
- 3. Insurance is based on utmost good faith and in the absence of such good faith, Solarelle may treat your policy as if it
- never existed if the misrepresentation or your non-compliance with your duty of disclosure was fraudulent.Solarelle assure for the Personal or Sensitive Information/s that we collect are secured from the proposer is secured.
- Without such Information Solarelle may not be able to process your application, administer your policy or assess your claims.
- 5. Solarelle may obtain Information from government offices and third parties to assess a claim in the event of loss or damage.

The Principal		
-		
Address:		Postal Code:
ID/Passport No:	Company reg	gistration No:
Telephone:	Fax:	Email:
Nature of Business:		
Name of the Mortgagee: (if	assigned to other interested parties	.)
The Contractor		
Name of the Contractor (s)		
Address:		Postal Code:
ID/Passport No:	Company Re	egistration No:
Telephone:	Fax:	Email:
Name of the Sub Contracto	r (s):	
		Contact Name:
		Position:
Name of the Consulting En	gineer (s):	Mobile No:
		Email:

Subject Matter:	
Description of Contract:	
Location of Contract Site:	
Will blasting be done? If yes, indicate type envisage and maximum any one charge	□Yes□No
Does the construction involve any of the following?	
Tunnelling	Yes
Demolition	YesNo
Exposure to shipping/aircraft	
Pollution exposure	
Alteration of water table	
Crossing roads	∐Yes No
Underwater operations	
Shoring or underpinning If YES, to any of the above please give details:	Yes No
What height is being worked to?	
What depth is being worked to?	
Any piling work to be done? If YES:	Yes No
• Type of pile:	
Maximum depth:	
• Length:	
• Width:	

YesNo
MVR/\$
Ц
Ц
Ц

Value to be insured Permanent Works includ	ng the construction material		MVR/\$
(Please attached the Bill of Qu	antity)		
Temporary Works Removal of Debris			\square
Architects, Surveyors fee	S		
Constructional Plant & E			
Existing Buildings			
Construction Plant and ed	1 1		
1 0 1	g Air freight) and/or overtime		
in the event of a claim			
Period of Insurance:			
Construction Period	From:	То	
Maintenance Period	From:	То	

Do you require coverage for Third Party Liability? If YES, please state Limit of Liability required:	☐Yes ☐No
Bodily injury for any one person Property damage Total limit of indemnity under the Policy:	□Yes□No □Yes□No

In connection with	n surroundings not	belonging to the	he insured,	give description, size,	

condition and estimated value of neighbouring buildings and other constructions:

Please state the minimum distance of neighbouring Third Party property:

General Information:

Is the site exposed to hazards such as storm, tempest, hurricane and earthquake?

State the prevailing meteorological conditions:

Describe the neighborhood of the site indicating buildings or property likely to be affected by contract work such as excavation, piling, vibration, ground water lowering etc:

How long have the contractor been in business?

Does the contractor have experience in this type of contract?

Give details of similar projects carried out by the contractor previously:

Yes No

Solarelle Engineering

Specify works to be carried out by sub-contractors:

Give details of the claims experience of the contractor:

Has the insurance now proposed or any other insurance proposed by you been Declined, Cancelled or Increased your premiums on renewal by any Insurance Company:

If YES, explain:

YesNo

Please enclose with this Proposal a recent Bill Of Quantity, Photographs of the site, Site Plan, copy of Contract and Sub contract agreement, copy of mortgage agreement, Architectural drawing, Project time schedule and any additional information which you feel may be useful to the Company in assessing the risk

Declaration

I/We authorise Solarelle Insurance Private Limited to collect or disclose any personal information relating to this insurance to/from any other insurers or insurance reference service.

I/We declare that I/we have read and understood the duty of disclosure, non-disclosure and policy conditions contained herein and confirm that no information has been withheld which could affect the acceptance of this application.

(No insurance cover is provided until the above proposal is accepted and details of cover are confirmed in writing by Solarelle Insurance Private Limited)

Name of	proposer:_
1 (41110 01	proposer

Date:___

_____ Signature of proposer

Company Stamp:

Office use only Intermediary Premium / Rate:

Special Condition:

Broker / Agent / Sales Code: