



askari general insurance co. ltd.

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Questionnaire and Proposal for Erection All Risks Insurance No

1. Title of contract (if project consists of several sections, specify section (s) to be insured)	_____
2. Location of erection site	_____
Country	_____
City, town, village	_____
3. Principal	_____
Name and address	_____
4. Main contractor(s)	_____
Name (s) and address (es)	_____
5. Subcontractor (s)	_____
Name (s) and address(es)	_____
6. Manufacturers(s) of main items	_____
Name(s) and address(es)	_____
7. Firm supervising erection	_____
Name and address	_____
8. Consulting engineer	_____
Name and address	_____
9. Proposer	Please indicate which of the parties Nos 3 to 8 above is the Proposer of the insurance and which parties are to be declared as Insured in the Policy. Proposer No _____ Insured No (s) _____
10. Exact description of the property to be erected (if second- hand items are to be erected, please state). In case of machines manu- facturer's name, number, type, size, capacity, weight pressure, temperature, revo- lutions, year of construction of major units. In case of complete factories: general drawing of plant, nature of civil engineering work (if any).	_____ _____ _____ _____ _____ _____ _____

11. Period of insurance	Commencement of insurance		
	Duration of pre- storage	months prior to beginning of erection work	
	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 projects carried out by contractor(s).			
13. Is this an extension of an existing plant?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
	If so, will operation of existing plant continue during erection period? Enclose plans.		<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 subcontractors	_____		

	Please also give answers to Nos 16 to 21 as far as information obtainable:		
16. Is there any aggravated risk of	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	Name	distance from site	
Levels of such river, lake, sea, etc	Low water	mean water	highest level recorded
	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	<p>Is there a history of volcanism, tsunami at the site? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <hr/> <p>Have earthquakes, etc been observed in this area? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <hr/> <p>If so, please state intensity magnitude</p> <hr/> <p>Is the design of the structures to be insured based on regulations regarding earthquake resistant structures? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <hr/> <p>Subsoil conditions</p> <p><input type="checkbox"/> rock <input type="checkbox"/> gravel <input type="checkbox"/> sand <input type="checkbox"/> clay <input type="checkbox"/> filled site</p> <hr/> <p>other types</p> <hr/> <p>Do geological faults exist in the vicinity? <input type="checkbox"/> yes <input type="checkbox"/> no</p>
21. Estimate, if possible, the probable maximum loss, expressed as a percentage of the sum insured, in a single occurrence	<p>a due to earthquake b due to fire</p> <hr/> <p>c due to other cause (please specify)</p> <hr/>
22. Is coverage of construction/ erection equipment (scaffolding, huts, tools, etc) required?	<p><input type="checkbox"/> yes <input type="checkbox"/> no</p> <hr/> <p>Please give brief description and state new replacement value under No 28.3.</p>
23. Is coverage of construction/ erection machinery (excavators, cranes, etc) required?	<p><input type="checkbox"/> yes <input type="checkbox"/> no</p> <hr/> <p>Please attach list of major machines showing individual new replacement values and state total value.</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 contractor (s) or the principal, to be insured against loss or damage arising out of or in connection with the contract works? State limit under No 28.5.	<p><input type="checkbox"/> yes <input type="checkbox"/> no</p> <hr/> <p>If, so give exact description of these buildings / structures</p> <hr/> <hr/> <hr/> <hr/>
25. In 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 contractor (s) enclose maps, if possible.) State limits under No 28, Section II.	<p><input type="checkbox"/> yes <input type="checkbox"/> no</p> <hr/> <hr/> <hr/>
26. Do you wish cover to include extra charges (in case of loss) for	<p>express freight, overtime, night work, work on public holidays? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <hr/> <p>air freight? <input type="checkbox"/> yes <input type="checkbox"/> no</p>
27. Give details of any special extension of cover required.	<hr/> <hr/>

