



Proposal Form for Erection All Risks Insurance Policy

(Information furnished will be treated in strict confidence)

1. Title of contract
(If project consists of several sections,
specify section(s) to be insured)
.....
2. Location of erection site.....
Country.....
Zip Code.....
3. Principal.....
Name and address.....
4. Main Contractor(s).....
Name(s) and address(s).....
5. Subcontractor(s).....
Name(s) and address(s).....
6. Manufacturer(s) of main/
critical items.....
Name(s) and address(s).....
7. Firm supervising erection.....
Name and address.....
8. Consulting engineer.....
Name and address.....
9. Financing Agency.....



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Bhutan Insurance Limited
Providing Security. Building Confidence

Your insurer of
CHOICE

Name and address.....

10. Proposer Please indicate which of the parties Nos 3 to 9 above is the proposer of the insurance and which parties are to be declared as insured in the Policy.

Proposer No Insured No(s)

.....
 .

11. Exact description of the property to be erected (if second hand items

are to be erected please state). In case of machines: manufacturers name,

number, type, size, capacity, weight, pressure, temperature, revolutions,

year of construction of major units. In case of complete factories: general

drawing of plant, nature of civil engineering work (if any).

12. Period of Insurance

Expected date of arrival of first consignment at project site

Expected date of commencement of erection work

Duration of erection/construction

Duration of testing

Period of Insurance month from present including testing period.

If maintenance coverage requires

Duration of maintenance..... days after the task over



Type of coverage required

Limited

Extended

13. Have plans, designs and materials of the kind used in this project been and/or tested in If so, please give details of similar projects carried out by

a) previous constructions?

Yes

No

b) Previous constructions by the contractor(s)

Yes

No

14. What is the type of the project?

Greenfield

Brownfield

15. Is this an extension of an existing plant?

Yes

No

16. If so, will operation of existing plant continue during erection period? Enclose plans.

Yes

No

17. Have the building and civil engineering works already been completed?

Yes

No

18. Work to be carried out by sub-contractors

.....

19. Storage arrangements:

a) Brief description of the arrangements made for storage of equipments

Open

Closed

b) Will there be a watchman on duty round the clock?

Yes

No

20. Is there any aggravated risk of: Fire

Yes

No



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Explosion Yes No
If yes, give details

21. Ground water level Level below grade M
Ft

22. Nearest river, lake, sea etc. Name Distance from site

Level of such river, lake, sea etc. Low water Mean Water Highest level recorded

Date:

Mean level of site.....

23. Metrological conditions Rainy season from April to Sept

Max rainfall (mm) per hour per day per month

Max.windvelocity storm:

Frequency Low Medium High

24. Hazards of earthquake, volcanism, tsunami:

Is there a history of volcanism, tsunami at the site? Yes No

Have earthquake etc been observed in this area? Yes No

If so, please state intensity Magnitude.....

Is the design of the structures to be

Insured based on regulations regarding Earthquake resistant structures? Yes No



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Subsoil conditions

Rock gravel sand clay
 filled site other types

Do geological faults exist in the vicinity?

.....

25. Is the coverage of temporary works
 (construction/erection of equipment
 scaffolding, huts, tools etc) required

Yes No

Please give brief description and state
 new replacement value under No.25

.....

26. Is third party liability to be Included?

Yes No

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.**

.....

27. Please state hereunder the amounts you wish to insure or where applicable the limits of indemnity required.

Section I-
 Material damage

Currency: Nu.

Item to be insured	Sum to be Insured (state separately)
1. Erection works, split up as follows:	
1.a Items to be erected	
1.b Freight	
1.c Customs duties and dues	
1.d Cost of erection	
2. Civil engineering works	
Completely Erected Value	



Section II-

Third Party liability: Any one accident.....
 Any one period.....
 Cross liability.....

28. Give details of any special extension of cover required (**please state the limit**).

Escalation Yes No

If yes, then state limit.....

Clearance of debris Yes No

If yes, then state limit.....

Additional customs duty Yes No

If yes, then state limit.....

Earthquake Yes No

Terrorism Yes No

Contractor's plant and machinery (please provide list of machinery with new replacement value, make, model, and serial number) Yes No

If yes, then state limit.....

Temporary access roads Yes No

If yes, then state limit.....



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(The Sum insured and whether it forms part of policy Sum insured or not):

Temporary Structures Yes No

If yes, then state limit.....

Blasting Yes No

29. The details of the route survey and a clear picture of the third party structures/exposures.

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30. What safety measures:

.....

31. Are required contractually- the contact copy will help as will be complete work order

.....

Deductible Excess shall be as under:



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Consent/Declaration

I/We hereby declare that to the best of my/our knowledge & relief, the above statements in the proposal are true and complete and I have not withheld any information. I/We agree that this proposal shall be the basis of contract between me/us and the company and understand that it is my/our duty to take reasonable care of my/our property.

I/We further agree to accept indemnity subject to the terms, conditions & exceptions of the company.

NOTE: Liability does not begin until this proposal has been accepted by the company and the premium paid, except as provided by any official cover note issued by the company.

Signature of Proposer (with Legal Stamp)

Signature of Representative (with legal stamp)

Name.....

Name.....

CID Number.....

CID Number.....

Mobile Number.....

Mobile Number.....

Date.....

Date.....