



An affiliate of VICTORIA MUTUAL

BRITISH CARIBBEAN INSURANCE COMPANY LIMITED
Head Office: 36 Duke Street, P.O. Box 170, Kingston, Jamaica, W.I.
Tel: (876) 922-1260, (876) 618-2242; Fax: (876) 922-4475

CONTRACTORS' ALL RISKS INSURANCE
QUESTIONNAIRE AND PROPOSAL

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

2. Site
Country/District
City/Town/Village

3. Name and address
of principal

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

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

6. Name and address
of consulting engineer

7. Description of contract work2
(Please give detailed
technical information.1)
Dimensions (length, height, depth,
spans, number of floors)

1 If necessary, on a separate sheet.

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

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

Levels Low water Mean water

Highest ever recorded Date

15. Meteorological conditions

Rainy season from to

(mm)

Max rainfall (in) per hour per day per month

Storm hazard minor medium high

16. Are extra charges for overtime, night work, work on public holidays to be included?

yes no

Limit of indemnity

17. Is third party liability to be included?

yes no

Has the contractor concluded a separate policy for TPL?

yes no

Limit of Indemnity

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

19. 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 as a direct or indirect consequence of the contract work?

yes no Limit of indemnity

Exact description of these buildings/structures.

20. State hereunder the amounts you wish to insure and the limits of indemnity required (see policy wording, Section I, Memo 1, and Section II).

Section I
Material Damage

	Currency
Items to be insured	Sums to be insured
1. Contract work (permanent and temporary work, including all materials to be incorporated herein)	_____
1.1 Contract price	
1.2 Material or items supplied by the principal(s)	
2. Construction plant and equipment	
3. Construction machinery (please attach list)	
4. Clearance of Debris	
Total sum to be insured under Section I:	

Section II
Third party liability

Special risk to be insured	Limit of indemnity ³
Earthquake, volcanism, tsunami	
Storm, cyclone, flood, inundation, landslide	
Item to be insured	Limit of indemnity ⁴
1. Bodily injury	_____
1.1 Any one person	
1.2 Total	
2. Property damage	
Total limit under Section II:	

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

⁴Limit of indemnity in respect of any one accident or series of accidents arising out of any one event.

We hereby declare that the statements made by us in this Questionnaire and Proposal are, to the best of our knowledge and belief, complete and true, and we hereby agree that this Questionnaire and Proposal forms the basis and is part of any policy issued in connection with the above risk. It is agreed that the insurers are liable in accordance with the terms of the Policy only and that the insured will not lodge any other claims of whatever nature. The insurers undertake to deal with this information in strict confidence.

Executed at:

Date:

Signature:
