

OWNERS' & CONTRACTORS' "ALL RISKS" INSURANCE APPLICATION

Note: It is essential that all questions are fully answered.

Policy No.: _____

Agent: _____

Section I – Applicant's Details

1. Applicant's/Proposer's Name in full: _____
2. Applicant's/Proposer's Occupation or Profession: _____
3. Tel.#: _____ 4. Fax#: _____ 5. Email: _____
6. Mailing Address: _____
7. The Principal: _____ Tel.# _____ Email: _____
8. Address of Principal: _____

Section II – Details of Insurance/Property

9. Give details of the Proposed Contract/Construction for which this insurance is to apply;

Location of Construction Site or Premises	
Contract/Construction Period	
Contract Price US\$	
Maintenance Period(add. Premium required)	
Describe the proposed contract or nature of construction to be undertaken.	

10. Please state the amount of Insurance required under each item listed below;

Cover Required	Sum Insured
Item 1- On the Permanent and/or temporary works forming part of the Contract and the materials and all other things(except Contractors tools, plant and equipment and mechanically propelled vehicles not confined to site) the property of the proposer or for which he is responsible and used in connection with the contract.	
Item 2 - Contractors tools, Plant and equipment used for the purposes of the Contract.	
Item 3. – Public Liability	
(a) Limit of Liability for any one claim(occurrence)	
(b) Limit of Liability for the Period of Insurance (aggregate)	

11. **Deductibles;**

- a) **2%** of the Total Sum Insured for loss due to Hurricane, Windstorm, Tornado, Volcanic Eruption, Earthquake, Flood subject to a minimum of **US\$560.00**.
- b) **5%** of the Total Sum Insured for loss due to Subsidence and Landslip.
- c) _____ for all other covered losses.
- d) _____ for Public Liability.

12. If Insurance of Contractors plants, tools and equipment are to be included, please state;

- a) Total value of items owned by the Proposer/Applicant _____
- b) Details of mechanical plant owned by the Proposer/Applicant _____
- c) Nature of items likely to be hired or loaned to the Proposer/Applicant _____
- d) Maximum value of all items on any one site _____

13. Will there be any plant, machinery or equipment used on site with values of US\$5,000.00 and over? ☐ Yes ☐ No (If Yes, give details below or attach list if necessary _____)

14. Do you require insurance during the maintenance period stated above? ☐ Yes ☐ No

15. Is Employer's Liability required? ☐ Yes ☐ No (Limit Required _____) If Yes, state the total estimated wages to be paid below;

- a) For this particular contract _____ b) Annually _____

Section III – Contractors' Details/Experience

16. Describe the nature of work normally undertaken _____

17. Do you have experience in the work to be undertaken? ☐ Yes ☐ No If Yes, state how many years experience you have _____

18. State details of typical contracts completed by you during the past three (3) years;

- a) 20.... _____
- b) 20.... _____
- c) 20.... _____

19. State the estimated aggregated value of all contracts to be completed during the next 12 months (excluding estimates on contracts already commenced as at the date cover is required) in connection with;

- a) The construction of private/residential dwellings_____.
- b) New buildings or works other than (a) above_____.
- c) Alteration, re-construction or repair_____.

Section IV- Contractors'/Proposers' Past and Current Insurance History

20. Do you have any of the following types of insurances in effect?

- a) Public Liability- ☐ Yes ☐ No (If Yes, state name of insurer_____).
- b) Employers' Liability - ☐ Yes ☐ No (If Yes, state name of insurer_____).
- c) Contract Guarantee - ☐ Yes ☐ No (If Yes, state name of insurer_____).

21. Has any Insurance Company or Underwriter ever?

- a) Declined your proposal/application ? ☐ Yes ☐ No (If Yes, state the name of insurer_____).
- b) Cancelled or refused to renew your Policy? ☐ Yes ☐ No (If Yes, state the name of insurer_____).
- c) Required an increased premium or imposed special conditions? ☐ Yes ☐ No (If Yes, state name of insurer_____).

22. Give details of any losses during the last three years;

- a) 20....._____.
- b) 20....._____.
- c) 20....._____.

Section V – General Questions

23. Is there any arrangement for the Principal to take over and occupy or use any portion of the Contract work before the whole contract is completed? ☐ Yes ☐ No
(If Yes, describe such arrangement_____)

24. What form of lighting will be used in the temporary building(s)_____

25. Do you keep fire-fighting appliances in temporary buildings? ☐ Yes ☐ No (If Yes, please describe_____)

26. Do you otherwise keep fire-fighting appliances on site? ☐ Yes ☐ No (If Yes, please describe_____)

27. Give a full description as possible for any special features of the work not provided for above (eg. Flooding, timber, construction, drains, roads, bridges, subsidence, landslip, bush fire etc_____)

28. Is the Property being constructed subject to a Mortgage Agreement? ☐ Yes ☐ No (If Yes, state name of finance company_____)

29. Will any sub-contractors be employed? ☐ Yes ☐ No (If Yes, state details of the work to be carried out and the names and address of such sub-contractors;_____)

Name and Address of Sub-contractor	Work to be carried out
1.	
2.	
3.	
4.	

Note: Copies of the Specifications, Plans & Contract are to be supplied together with a rough plan of the layout of the area concerned with an indication on the positions of the main and temporary works.

Declaration

I/we the undersigned desire to effect an Insurance with the Company in the terms of the Policy to be issued by the Company against Contractors All Risks as mentioned above, and hereby declare that the answers given to the above questions are true and that I/we have not suppressed, withheld or mis-stated any material fact or any information whatever, which might tend to influence the decision of the Company regarding the insurance. I/we undertake to exercise all reasonable precautions for the safety of the property to be insured and I/we agree that this proposal shall form the basis of the Contract between myself/ourselves and the Company.

Proposer's/Applicant's Signature_____ Date:_____

Signing this application does not bind the Applicant/Proposer or the Company to complete this Insurance.

For Office Use only:

Rate_____ Approved by:_____ Date_____

Terms & Conditions: NAGICO Insurances' Contractors 'All Risks' Policy

Underwriting Notes: _____

