



## **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;

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

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

<b>Cover Required</b>	<b>Sum Insured</b>
<b>Item 1</b> - 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.	
<b>Item 2</b> - Contractors tools, Plant and equipment used for the purposes of the Contract.	
<b>Item 3</b> – 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_