



सानिमा जिआईसी इन्स्युरेन्स लि.  
**Sanima GIC Insurance Ltd.**

**Head Office:** 205 Tangal Marg, P.O. Box 1622, Kathmandu, Nepal  
 Tel. +977-1-4427170, 44427171, 4427172, 4427101  
 E-mail: [info@sgic.com.np](mailto:info@sgic.com.np), Web: [www.sgic.com.np](http://www.sgic.com.np)

## Sanima Gic Insurance Ltd.

### 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	Manufacturer(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 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: manufacturer's 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)		
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 construction ?	yes	no	
		b previous construction by the contractor(s)	yes	no	
	If so, please give details of similar projects carried out by contractor(s)				
13	Is this an extension of an existing plant ?		Yes	no	
		If so, will operation of existing plant continue During erection period ? Enclose plans	Yes	no	
14	Have the buildings and civil engineering woks already been completed ?	Yes	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 ?	Yes	no	
		Explosion ?	Yes	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	low	medium high
20	Hazards of earthquake	Is there a history of volcanism, tsunami at the site ?		Yes	no
	volcanism tsunami	Have earthquakes, etc. been observed in this area ?		Yes	no
		If so, please state intensity		magnitude	
	Subsoil conditions	Is the design of the structure to be insured based on Regulations regarding earthquake resistant structures ?		Yes	no
		rock	gravel	sand	clay filled site
		other types			
		Do geological faults exist in the vicinity ?		Yes	no

21	Estimate, if possible, the probable Maximum loss, expressed as a percentage of the sum insured, in a single occurrence	a due to earthquake	b due to fire	
		c due to other cause (please specify)		
22	Is coverage of Construction/Erection equipment (scaffolding, huts. Tools, etc.) required ?	Yes	no	
	Please give brief description and state new replacement value under No 28.3.			
23	Is coverage of Construction/Erection machinery (excavators, cranes, etc.) required ?	Yes	no	
	Please attach list of major machines showing individual new replacement value and state total value.			
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.	Yes	no	
	If so, give exact description of these buildings/structures.			
25	Is 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 contractors (enclose maps, if possible) state limits under No 28, Section II.	Yes	no	
26	Do you wish cover to include extra charges (in case of loss) for	express freight, overtime, night work, work on public holidays ?	yes	no
		air freight ?	Yes	no
27	Give details of any special extension of cover required.			
28	Please state hereunder the amounts you wish to insure or where applicable the items of indemnity required (see Policy wording, Section I, Memo 1 and Section II) :			
		Currency:		
	<b>Section I- Material Damage</b>	Items to be insured	Sums to be insured (state below separately)	
		1. Erection works, split up as follows: 1.1 Items to be erected		
		1.2 Freight		
		1.3 Customs duties and dues		
		1.4 Cost of erection		
		2 Civil engineering works		
		3 Construction/erection equipment		

Section II- Third party liability	4Clearance of debris (limit of indemnity)	
	5 Property located on the principal's premises or on the site, belonging to the principal or held in care, custody or control (limit of indemnity see Memo 4 of Policy)	
	Total sum insured under Section I	
	Please indicate limits of indemnity required for the following perils:	
	Risk	Limits of indemnity <sup>1</sup>
	Earthquake, volcanism, tsunami	
	Storm, cyclone, flood, inundation, landslide	
	Insured items	Limits of indemnity <sup>2</sup>
	Bodily injury-any one person	
Bodily injury-total		
Property damage		
Or alternatively Combined single limit of		
1 Limit of indemnity in respect of each and every loss or damage and/or series of losses or damage arising out of any one event. 2 Limit of indemnity in respect of any one accident or series of accidents arising out of 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.

Proposer's Name:

Signature:

Stamp:

Date: