



**SUN**  
**insurance**  
Company Limited

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**CONTRACTOR'S ALL RISKS INSURANCE PROPOSAL FORM**

You are to disclose in this proposal form, fully and faithfully all the facts which you know or ought to know, otherwise the policy issued hereunder may be void.

1. (a) Name and address of Principal:	<input style="width:95%; height: 20px;" type="text"/> <input style="width:95%; height: 20px;" type="text"/>
(b) Name(s) and address(es) of Contractor(s):	<input style="width:95%; height: 20px;" type="text"/> <input style="width:95%; height: 20px;" type="text"/>
(c) Name and address of Consulting Engineer: <sup>2</sup>	<input style="width:95%; height: 20px;" type="text"/> <input style="width:95%; height: 20px;" type="text"/>
(2) Title of contract <sup>1</sup> (if project consists of several sections, specify section(s) to be insured). Please attach necessary informative documents and plans:	<input style="width:95%; height: 20px;" type="text"/> <input style="width:95%; height: 20px;" type="text"/> <input style="width:95%; height: 20px;" type="text"/>
(3) Location of site:	<input style="width:95%; height: 20px;" type="text"/> <input style="width:95%; height: 20px;" type="text"/>
(4) Description of contract work <sup>3</sup> Dimensions (length,height, depth, spans, number of floors) Foundation (method, level of deepest excavation) Construction methods Construction material	<input style="width:95%; height: 20px;" type="text"/> <input style="width:95%; height: 20px;" type="text"/> <input style="width:95%; height: 20px;" type="text"/> <input style="width:95%; height: 20px;" type="text"/> <input style="width:95%; height: 20px;" type="text"/>
(5) Is the Contractor experienced in this type of work or construction methods?	Yes <input style="width: 30px; height: 15px;" type="checkbox"/> No <input style="width: 30px; height: 15px;" type="checkbox"/>
(6) Work to be carried out by sub-contractors:	<input style="width:95%; height: 20px;" type="text"/>
(7) (a) Period of Insurance: Estimated construction period	: _____ months commencing from _____ To: _____
(b) subsequent maintenance period	: _____ months commencing from _____ To: _____
(8) Please give full details (as far as applicable) regarding:	(a) fire, explosion hazard      Yes <input style="width: 30px; height: 15px;" type="checkbox"/> No <input style="width: 30px; height: 15px;" type="checkbox"/> (b) blasting work                      Yes <input style="width: 30px; height: 15px;" type="checkbox"/> No <input style="width: 30px; height: 15px;" type="checkbox"/> (c) earthquake                              Yes <input style="width: 30px; height: 15px;" type="checkbox"/> No <input style="width: 30px; height: 15px;" type="checkbox"/> (d) other risks (f) subsoil conditions:      rock <input style="width: 30px; height: 15px;" type="checkbox"/> gravel <input style="width: 30px; height: 15px;" type="checkbox"/> sand <input style="width: 30px; height: 15px;" type="checkbox"/> (h) other subsoil conditions:      clay <input style="width: 30px; height: 15px;" type="checkbox"/> filled ground <input style="width: 30px; height: 15px;" type="checkbox"/> <input style="width: 30px; height: 15px;" type="checkbox"/>

(i) ground water level :				
(j) Name of and distance to nearest river, lake or sea etc:				
(k) Levels of such river, lake or sea				
(i) low water :				
(ii) mean water :				
(iii) highest level ever recorded:				
(l) level of deepest excavations:				
9. Meteorological conditions	Rainy season from	to		
	Max, rainfall (mm)	per hour	per day	per month
	Storm hazard	<input type="checkbox"/> minor	<input type="checkbox"/> medium	<input type="checkbox"/> high
10. Are there any existing buildings or surrounding property possibly affected by the contract works (excavating, underpinning, piling, vibrating, ground water lowering, etc):				
11. Are extra charges for overtime, night work, work on public holidays to be included?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Limited of Indemnity: _____	
12. (i) Is third party liability to be included?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Limited of Indemnity: _____	
(ii) Has the contractor concluded a separate policy for TPL?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
13. Please state hereunder the amounts you wish to insure and the limits of indemnity required. Section 1 - Material Damage				
Items to be insured			Sums to be insured	
1. Contract Works (permanent and temporary work including all materials to be incorporated herein)				
1.1 Contract Price				
1.2 Materials or items supplied by the Principal(s)				
Construction Plant and Equipment. (Please attach list of items).				
3. Construction machinery (Please attach list showing replacement values of new items)				
4 Clearance of dextris (insured only up to the amount indicated)				
5 Professional fees.				
Total Sum Insured Section1				

	Special risks to be insured	Limits of indemnity <sup>3</sup>
	Earthquake, volcanism, tsunami	
Section II	Items to be insured	Limits of indemnity <sup>1</sup>
Third Party Liability	1. Bodily injury	
	1.1 any one person	
	1.2 total	
	2 Property damage	
	Total limit to be applied under Section II:	
<p><sup>3</sup> Limit of indemnity in respect of each and every loss or damage and/or series of losses or damages arising out of any one event.</p> <p><sup>4</sup>Limit of indemnity in respect of any one accident or series of accidents arising out of any one event.</p>		

We hereby declare that the statements made by us in this Questionnaire and Proposal are complete and true to the best of our knowledge and belief, and we hereby agree that this Questionnaire and Proposal shall form the basis and be part of any policy issued in connection with the above risk or risks. It is agreed that the insurers shall be 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.

Execute at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Signature: