

Questionnaire and Proposal for Civil Engineering Complete Risks Insurance No

1. Title of structure
(If the structure consists of
several sections, please
specify section(s) to be
insured.)

2. Location of structure

Country/province/district

City/town village

3. Name and address of owner

4. Name(s) and address(es)
of contractor(s)¹ who
has (have) built the structure

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

Work carried out by
subcontractor(s)

6. Name and address of
consulting engineer

7. Description of each section
of structure
(Please give detailed
technical information.¹)

Dimensions (length, height, depth, spans,
number of floors, diameter, inclination)

Foundation (type, method
and level of each section)

Construction methods applied

Construction materials used

8. Period of construction	Commencement of work		
	Duration of construction	months	
	Date of completion		
	Maintenance period	months	
9. Has the structure been insured	during the construction period?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	after the construction period?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Has there been any accident, loss or damage	during the construction period? (If so, please give details of cause and amount.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	after the construction period? (If so, please give details of cause and amount.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Does any special risk or exposure exist?	Fire, explosion	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Flood, inundation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Landslide	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Storm, cyclone	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Blasting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Collision by traffic on roads or water	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Other risks		
	Volcanism, tsunami	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Have earthquakes been observed in this area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If so, please state: intensity (Mercalli)	Magnitude (Richter)	
	Is the design of the structure to be insured based on regulations regarding earthquake-resistant structures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Subsoil conditions	<input type="checkbox"/> Rock	<input type="checkbox"/> Gravel	<input type="checkbox"/> Sand
	<input type="checkbox"/> Clay	<input type="checkbox"/> Filled ground	
	Other subsoil conditions		
	Do geological faults exist in the vicinity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Topographical conditions and configuration of ground (e.g. angles of slopes) (Please attach plans or photographs.)			
14. Ground-water level			
15. Nearest river, lake, sea, etc.	Name		
	Distance		
	Levels	low water	mean water
	highest level recorded		
16. Does a warning system exist for flood and inundation? (Please give details.)			
17. Meteorological conditions	Rainy season from to		
	Maximum rainfall (mm)	per hour	per day
	Storm hazard	<input type="checkbox"/> minor	<input type="checkbox"/> medium
			<input type="checkbox"/> high

18. Is there any regular maintenance work?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If so, please give details of such maintenance work.) Do a time schedule and a check list exist for maintenance work (e.g. clearing of culverts, bridges, under- and overpasses, painting work)? Who is in charge of maintenance work? Are staff being specially trained for maintenance work?																				
19. Is the structure observed or occupied full time	by own staff? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please indicate number of staff permanently present:																				
20. Has major repair work taken place since completion of original construction?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If so, please give details.) 																				
21. Is there any construction work in the vicinity which would affect the structure during the insurance period?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If so, please give details.) 																				
22. What was the amount of the original costs for building the whole structure? Please give breakdown of original costs for major sections of the structure (e.g. for bridges: foundation, column, abutment, superstructure).	 																				
23. Please state the amounts to be insured and the limits of indemnity required.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: right; padding: 5px;">Currency</th> </tr> <tr> <th style="width: 60%; padding: 5px;">Items to be insured</th> <th style="padding: 5px;">Sums to be insured</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">1. New replacement value of whole structure (breakdown as under 22)</td> <td></td> </tr> <tr> <td style="padding: 5px;">2. Clearance of debris (insured only up to amount indicated)</td> <td></td> </tr> <tr> <td style="padding: 5px;">Total sum to be insured</td> <td></td> </tr> <tr> <td colspan="2" style="padding: 5px;"> </td> </tr> <tr> <th style="padding: 5px;">Special risks to be insured</th> <th style="padding: 5px;">Limits of indemnity²</th> </tr> <tr> <td style="padding: 5px;">Earthquake, volcanism, tsunami</td> <td></td> </tr> <tr> <td style="padding: 5px;">Storm, cyclone, flood, inundation, landslide</td> <td></td> </tr> <tr> <td style="padding: 5px;"> </td> <td></td> </tr> </tbody> </table>	Currency		Items to be insured	Sums to be insured	1. New replacement value of whole structure (breakdown as under 22)		2. Clearance of debris (insured only up to amount indicated)		Total sum to be insured				Special risks to be insured	Limits of indemnity ²	Earthquake, volcanism, tsunami		Storm, cyclone, flood, inundation, landslide			
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² Limit of indemnity in respect of each and every loss or damage and/or series of losses 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