

Office/Agent

QUESTIONNAIRE AND PROPOSAL FOR ERECTION ALL RISKS INSURANCE

Cover Note No.

Policy No:

Pursuant to Paragraph 5 of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance wholly for purposes unrelated to your trade, business or profession, you have a duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form. You must answer the questions in this Proposal Form fully and accurately.

Failure to take reasonable care in answering the questions may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance.

The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us.

In addition to answering the questions in this Proposal Form, you are required to disclose any other matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied.

You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in this Proposal Form is inaccurate or has change.

1. Name of and address of Principal : New I/C No. or Company's Registration No.	Tel. No : Handphone No : Fax No :
2. Name and address of Contractor(s) : New I/C No. or Company's Registration No.	Tel. No : Handphone No : Fax No :
3. Name and address of Subcontractor(s) : New I/C No. or Company's Registration No.	Tel. No : Handphone No : Fax No :
4. Name and address of Manufacturer(s) of main items :	
5. Name and address of Firm supervising erection :	
6. Name and address of Consulting Engineer :	
7. Please indicate which of the parties Nos. 1 to 6 above is the Proposer of the insurance and which parties are to be declared as Insured in the Policy.	Proposer No : Insured No(s) :

8. (a) Title of contract :
(if project consists of several sections, specify section(s) to be insured)

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.....

(b) Location of erection site :

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.....

11. Period of insurance	From to.....
(a) Duration of pre-storage prior to beginning of erection work :	(a) months
(b) Commencement of erection work :	(b) From
(c) Duration of erection/construction :	(c) months
(d) Duration of testing :	(d) weeks
12. Maintenance period (if to be included):months from.....to.....
13. (a) Give exact description of the property to be erected. 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)	
.....	
.....	
.....	
.....	
(b) State whether items to be erected new or second-hand	(b) <input type="checkbox"/> New <input type="checkbox"/> Second-hand
14. (a) Have plans, designs and materials of the kind used in this project used and/or tested in	
(i) previous constructions ?	(i) <input type="checkbox"/> Yes <input type="checkbox"/> No
(ii) previous constructions by the contractor(s)	(ii) <input type="checkbox"/> Yes <input type="checkbox"/> No
(b) If Yes, please give details of similar projects carried out by contractors:	
.....	
.....	
.....	
15 (a) Is this an extension of an existing building ?	(a) <input type="checkbox"/> Yes <input type="checkbox"/> No
(b) If Yes, will operation of existing plant to continue during erection period ? Enclose plans.	(b) <input type="checkbox"/> Yes <input type="checkbox"/> No
16. Have the buildings and civil engineering works already been completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. What work will be carried out by subcontractors?	
18. Give details (as far as applicable) regarding :	
(a) Earthquake hazard	(a)
(b) Subsoil conditions, eg. rock, gravel, sand, clay, filled, ground, etc.	(b)
(c) Do geological faults exist in the vicinity?	(c) <input type="checkbox"/> Yes <input type="checkbox"/> No
(d) Ground water level	(d)
(e) Name of and distance to nearest river, lake, sea, etc.	(e)
(f) Levels of such river, lake or sea, etc	(f)
(i) low water	(i)
(ii) Mean water	(ii)
(iii) Highest level ever recorded	(iii)
(iv) Mean level of site	(iv)
(g) Meteorological conditions (rainy season, storm, rainfall per hour, per day, per month)	(g)

<p>19. (a) Is there any aggravated risk of (i) Fire? (ii) Explosion?</p> <p>(b) If Yes, please give details :</p>	<p>(a) (i) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(ii) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(b)</p>	
<p>20. Estimate, if possible, the probable maximum loss, expressed as a percentage of the sum insured, in a single occurrence:</p> <p>(a) due to earthquake% (b) due to fire%</p> <p>(c) due to other cause (please specify)</p>		
<p>21. Give brief description of surrounding and existing buildings and/or structures, not belonging to the Principal or contractor(s), possibly affected by the erection work.</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>		
<p>22. Items to be Insured</p> <p>(a) Erection works, split up as follows :</p> <p> (i) Items to be erected</p> <p> (ii) Freight</p> <p> (iii) Customs duties and dues</p> <p> (iv) Cost of erection</p> <p>(b) Civil engineering works</p> <p>(c) Construction/erection equipment (eg. scaffoldings, huts, tools, etc)</p> <p>(d) Clearance of Debris : (Limit of indemnity)</p> <p>(e) 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). Give exact description of the property to be insured.</p> <p>Total Sums to be Insured :</p>	<p style="text-align: center;">Sums to be Insured</p> <p>(i) RM</p> <p>(ii) RM</p> <p>(iii) RM</p> <p>(iv) RM</p> <p>(b) RM</p> <p>(c) RM</p> <p>(d) RM</p> <p>(e) RM</p> <p style="text-align: center;">RM</p>	<p style="text-align: center;">For Company's Use Only</p>
<p>23. Please indicate limits of indemnity required for the following perils</p> <p>(a) Earthquake, volcanism, tsunami.</p> <p>(b) Storm, cyclone, flood, inundation, landslide.</p>	<p style="text-align: center;">Limit of indemnity</p> <p>(a) RM</p> <p>(b) RM</p>	

<p>24. Is Third Party Liability to be included ? If Yes, what limits of indemnity are required :</p> <p>(a) Limit of indemnity in respect of any one accident or series of accidents arising out of one event</p> <p style="margin-left: 40px;">(i) For bodily injury :</p> <p style="margin-left: 40px;">(ii) For property damage :</p> <p>(b) Total limit of indemnity :</p>	<div style="text-align: center; margin-bottom: 10px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <p>(a) RM</p> <p style="margin-left: 40px;">(i) RM</p> <p style="margin-left: 40px;">(ii) RM</p> <p>(b) RM</p>
<p>25. Do you wish cover to include extra charges (in case of loss) for</p> <p>(a) express freight, overtime, night work, work on public holidays?</p> <p>(b) air freight?</p>	<div style="text-align: center; margin-bottom: 10px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <div style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>
<p>26. Give details of any special extension of cover required.</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	
<p>DECLARATION : 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.</p> <p>I/We acknowledge that the key contract terms in the Product Disclosure Sheet have been adequately explained to me/us.</p> <div style="display: flex; justify-content: space-between;"> Date : Signature of Proposer </div>	
<p>Personal Data Protection Act 2010 ("PDPA") Notification to customers of The Pacific Insurance Berhad ("TPIB")</p> <p>Under the PDPA, there are various requirements that regulate the processing of your personal data. Please refer to www.pacificinsurance.com.my for details of TPIB PDPA privacy notice.</p>	

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