



Gulf Insurance Limited

1 Gray Street, St. Clair, Trinidad, West Indies. Fax: 868-628-0272/2167
P.O. Box 489. Telephone: 868-622-5878/7485-6/628-9250-3. Cable Address: Gulfins
11 Independence Avenue, Gulf Insurance Building, San Fernando, Trinidad, W.I.
Telephone: 868-653-GULF (4853) / 652-1235 Fax: 868-657-8121

CONTRACTORS ALL RISK INSURANCE PROPOSAL FORM

GULF INSURANCE LIMITED

QUESTIONNAIRE and
PROPOSAL for 'CONTRACTORS ALL RISK INSURANCE' no.

- 1. Title of contract
(if project consists of
several sections, specify
section (s) to be insured)
- 2. Location of site
- 3. Name and address
of Principal
- 4. Name (s) and Address (es)
of Contractor (s)
- 5. Name (s) and address (es)
of Subcontractor (s)
- 6. Name and Address of
Consulting Engineer
- 7. Description of contract
work Dimensions (length, height,
depth, spans, number of floors)

(please give detailed
technical information)

Foundation (method, level
of deepest excavation)

Construction Methods.

Construction materials
.....
- 8. Is the Contractor
experienced in this
type of work or
construction methods? yes no
- 9. Period of Insurance Commencement of work
Duration of Constructionmonths
Date of completion
Maintenance periodmonths
- 10. Work to be carried
out by subcontractors

11. Special risks

Blasting -----, . . . yes no

other -----

Is the design of the structures to be insured based on regulations regarding earthquake resistant structures?

. . . . yes no

Is the design standard higher than that stipulated in the relevant regulations?

. . . . yes no

12 Subsoil conditions

. . . . rock gravel sand clay

. . . . filled ground other -----

Do geological faults exist in the vicinity?

. . . . yes no

13. Ground water level

14. Nearest river, lake, sea, etc.

Name -----

Distance -----

Levels -----low water -----

mean water -----highest level recorded

15. Meterological conditions Rainy season from

-----to-----

Max, rainfall (mm) -----per hour per day -----

per month -----

Storm hazard minor medium

high

16. Are extra charges for overtime, nightwork, work on public holidays to be included?

. . . . yes no

Limit of indemnity -----

17. Is Third Party Liability to be Included?

. . . . yes no

Has the Contractor concluded a separate policy for TPL?

. . . . yes no

Limit of indemnity -----

18. Details of existing buildings or surrounding property possibly affected by the contract work, such as by excavating, underpinning, piling, vibration, groundwater lowering, etc.

19. Are existing buildings and/or structures on or

. . . . yes no

Exact description of these buildings/structures.

owned by or held in care
custody or control of the
Contractors (s) or the
Principal to be insured
against loss or damage
arising out of or in
connection with the
contract works?

(20) Please state hereunder
the amounts you wish
to insure and the
limits of indemnity
required (cf. Policy
Wording, Section 1,
Memo 1, and Section
II)

Section 1
Material Damage

Items to be insured Sums to be insured

1. Contract Work
(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)

2. Construction plant
and equipment

3. Construction machinery
(please attach list
showing replacement
values of new items)

4. Clearance of debris
(insured only up to
the amount indicated)

Total sum to insured under
section 1: -----

Section II
Third Party
Liability

Item to be insured Limits of indemnity

1. Bodily injury

1. 1. any one person

1. 2. total

2. Property damage

Total limit to be applied
under Section II: -----

(2) Limit of indemnity in respect of any one accident or series
of accidents arising out of any one event

We hereby declare that the statements made by me/us in this Questionnaire and Proposal are complete and true to the best of our knowledge and belief, and I/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 Company 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 Company undertakes to deal with this information in strict confidence.

Signed

this

day of

20



Signature: