

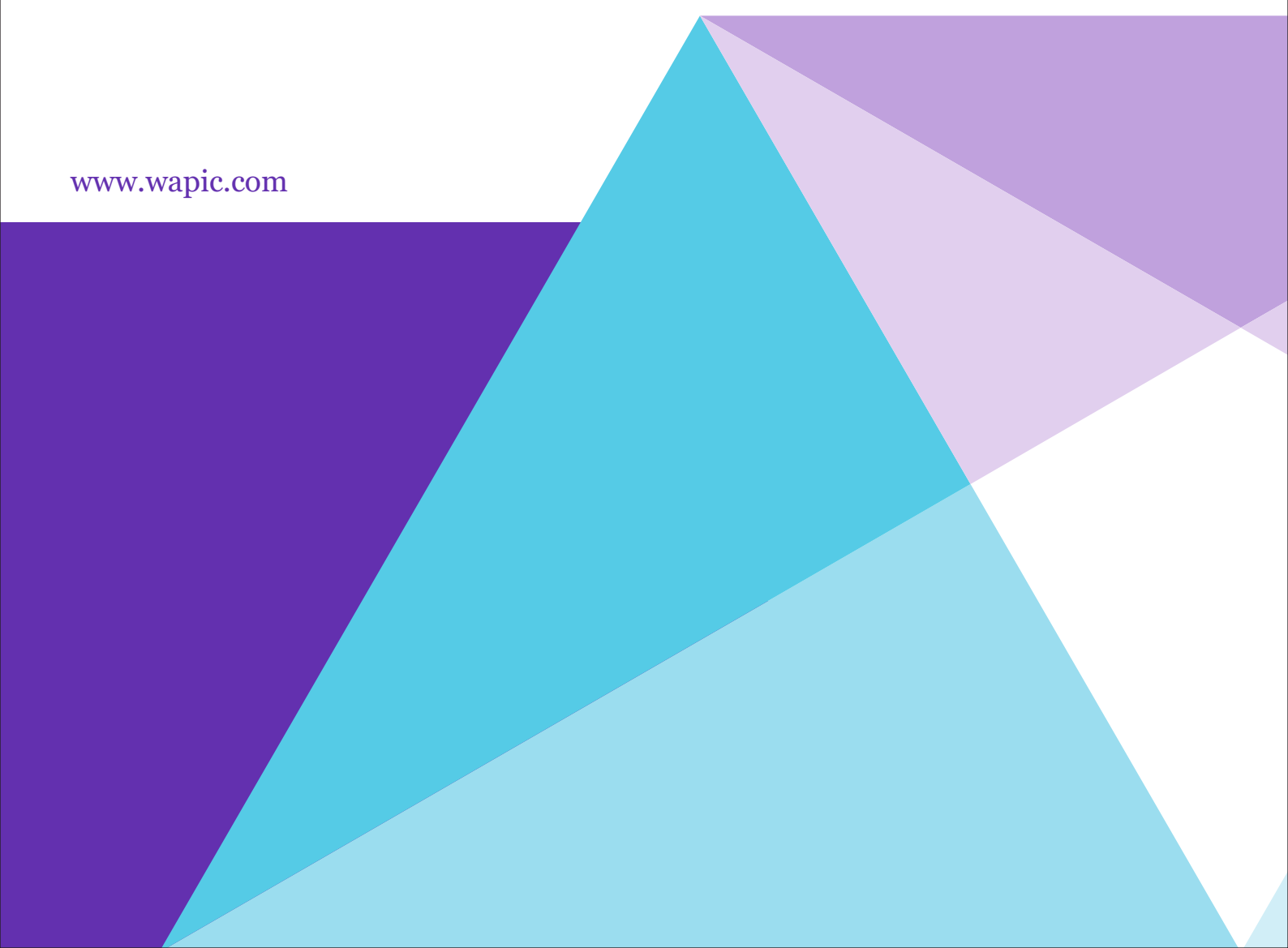
Risk Insured. Rest Assured



# Proposal Form

## Contractor's All Risk Insurance

[www.wapic.com](http://www.wapic.com)



## Guidelines

1

Please fill the form in BLOCK LETTERS and leave one blank box between two words. Note that all sections of the proposal form must be completed particularly the ones marked (\*) using ink. Do not sign any blank or partially completed proposal form.

2

Kindly provide copies of all basic requirements. These include:

- ▼ Broker's slip/Risk Details
- ▼ Evidence of payment/Credit note for Brokers
- ▼ KYC documentation (as stated on the inner back cover)

3

Please note that any individual who assists an applicant to complete this proposal form for insurance purposes shall be deemed to have done so as an agent of the applicant.

4

Kindly contact the Company's Office or Agent for any doubts or clarifications on the content of this proposal form.

### Note:

The liability of the Company does not commence until this proposal has been accepted by the Company and the premium paid.

It is important that you provide full and detailed answers to all questions to ensure proper assessment of the risk. This will also ensure quote terms that are fair and reasonable to both parties.

Incorrect or non-disclosure of material information by you may impact on claims arising under this policy.

# Contractor's All Risk Insurance

## ▼ Proposer's details

Proposer's Name:

Legal Form:  Sole Proprietorship  Partnership  Cooperative  Limited Liability Company  
 Company Limited by Guarantee  Public Liability Company  Government (MDAs)

Website

## ▼ General information

Address:   
  
 Post Office :

Tel No:  Alt. Tel No.

Email:

Name the Sub-Contractor, if any, Trade or Business:

Address of the Sub-Contractor:   
  
 Post Office :

Tel No:  Alt. Tel No.

Email:

## ▼ 2. The insured interests

Whose interests are to be insured?  Contractor  Sub-Contractor  Principal

## ▼ 3. The contract works

Full description of the Contract:

## ▼ Please give details -

i) Building (type of construction, no. of storeys etc.):

ii) Blasting operation:

iii) Excavation work:

iv) Pile driving:

v) Tunnelling:

vi) Dam construction or diversion of water:

vii) Others (specify):

**(Note - A site plan of contract works may be enclosed)**

Is this a Contract /Sub-contract forming part of an overall construction project?  Yes  No

## Contractor's All Risk Insurance

If 'Yes', give name of the project:

Will the construction be carried out by your own personnel?  Yes  No

If 'No', by whom?

Past experience of the Contractor:

Will any sub-contractors be taking part in the construction work?  Yes  No

If 'Yes', what is their position as regards this insurance?

### ▼ 4. The contract site

Location of Contract site:

Nearest Port and /or Railway Station and distance:

(Note - A complete layout of the site may be enclosed)

#### Are any Special Risks of one or more of the following involved?

Earthquake - Fire & Shock:      Landslide/Rockslide/Subsidence       Yes  No

Flood/Inundation:                      Storm/Tempest/Hurricane/Typhoon/Cyclone       Yes  No

Collapse:                                      Water Damage for 'Wet' risk i.e. Contract involving construction in rivers, canals, lakes or sea       Yes  No

Is there any record of the construction site ever having been affected by any of the major perils specified above?       Yes  No

State distance from the nearest river, lake, reservoir or sea - the names and particulars to be given:

Elevation of construction site above normal river, lake, reservoir or sea level:

Give full details regarding geological condition including sub soil:

Brief description of the arrangements made for storage of construction materials and equipment - whether in open or closed premises:

## Contractor's All Risk Insurance

Will there be a watchman or security guard round the clock?  Yes  No

If 'No', what precautions will be taken against theft, malicious damage etc.?

### ▼5. The insurance

Estimated construction period excluding maintenance period:

months from  /  /  to  /  /

(cover to commence from date of first arrival of consignment material at site or commencement of work whichever is earlier)

Cover required during maintenance period, if any:

months from  /  /  to  /  /

Probable date on which construction is expected to be completed:  /  /

Period of Insurance required

months from  /  /  to  /  /

Have you approached any other Insurance Company for Insurance Cover in respect of this Proposal?  Yes  No

If 'Yes', please state name of the Insurance Company:

Has any such proposal been: ■ Declined?  Yes  No

■ Withdrawn?  Yes  No

■ Accepted subject to an increase in rate or special conditions?  Yes  No

### ▼6. Sum insured

(i) Contract Works -

Note - Please attach schedule of quantities and rates and /or values (Permanent & Temporary works including all materials to be incorporated therein)

(a) Contract Price (N)

(b) Materials or items supplied by the Principal (N)

(c) Any additional items not included in (a) and (b) above (N)

(d) Landed cost of imported items as at construction site (please specify whether included in (a) and/or (b) above) at Exchange Rate (N)

#### Total value of construction

i Construction Plant & Machinery to be used at the construction site (Details as per attached sheet) (N)

ii Clearance & Removal of Debris (N)

iii Insured's own surrounding property (N)

# Contractor's All Risk Insurance

iv Extra charges for Express Freight (excluding Air Freight) (N)

v On increased Replacement value for (a) (b) & (d) above, (N)   
if required (.....%)

vi Third Party Liability (N)   
- for any one accident

- for all accidents during the period (N)

Do you wish to opt for higher amounts of Deductible Excess?  Yes  No

If 'Yes', how many times?  2 times  5 times  10 times  20 times

## ▼ Declaration

I/We hereby declare that the statements made by me/us in this proposal form are true to the best of my/our knowledge and belief and I/we hereby agree that this declaration shall form the basis of the contract between me/us and Wapic Insurance Plc. If any additions or alterations are carried out in the risk proposed after the submission of this proposal form then the same should be conveyed to the insurers immediately.

I/We authorize Wapic Insurance Plc. to share my/our contact information like name, company name, address, phone number and email etc. relating to me/us, with their affiliate companies. Wapic can also use such information for communicating any promotional marketing offers including, product offerings, services rendered and other such via:  SMS  Telephone  E-mail

Date:  /  /

Signature of Proposer

## ▼ For office use only

Branch/Team MIS Code  Staff Agency Code  Staff Code

RM MIS Code  Group MIS Code  Rate

Date:  /  /

Policy No:

## For Office Use Only

This section is to be completed by the Account Officer in block letters. The Account Officer is to indicate if necessary KYC documents have been provided by checking the appropriate boxes below and attaching copies of documents obtained from the customer.

### ▼ Proposer's details

Proposer's Name:

RC Number  Date of Incorporation  /  /

Board Resolution  Memorandum and Articles of Association  Certificate of Registration/Incorporation  Directors' ID

### Directors' Information

	Surname	First Name	Mobile Number	Email Address
Director - 1				
Director - 2				
Director - 3				
Director - 4				
Director - 5				
Director - 6				
Director - 7				
Director - 8				
Director - 9				
Director - 10				

### ▼ General AML/CFT requirement

Visitation conducted?  Yes  No Visitation report completed?  Yes  No

Customer Due Diligence (CDD) conducted?  Yes  No Enhanced Due Diligence (EDD) required?  Yes  No

Is the customer's core business activity one of the defined high risk businesses?  Yes  No

The customer's business located in a high risk location?  Yes  No Is the customer a Politically Exposed Person (PEP)?  Yes  No

### ▼ AML/CFT Risk classification

High Risk  Medium Risk  Low Risk

Explain the basis for the AML/CFT risk classification

### ▼ Visitation report

Visitation date  /  /  Met with

Information gathered

Remarks

Account Officer's Name  Rel. Mgr. Name

Account Officer's Signature  Rel. Mgr. Signature

Date  /  /  Date  /  /

### ▼ Technical unit's review

Remarks


Name

Unit  Signature  Date  /  /

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