

MAYFAIR INSURANCE COMPANY LIMITED

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CONTRACTORS ALL RISKS INSURANCE PROPOSAL FORM

N.B. All questions must be answered in full. Dashes are not acceptable. Please use BLOCK letters or tick as applicable.

Name of Agent/Broker _____

PARTICULARS OF CONSTRUCTION CONTRACT

1) Title of contract (if project consists of several sections, specify section(s) to be insured)

2) Location of construction site: Country _____ City/Town/Village _____

3) **Principal:** Name and address _____

4) **Main contractor(s):** Name(s) and address(es)¹ _____

5) **Subcontractor(s):** Name(s) and address(es)¹ _____

6) **Consulting engineer:** Name(s) and address(es) _____

7) **Description of contract work²: (give detailed technical information)¹**

i) Dimensions (length, height, depth, spans, number of floors) _____

ii) Type of foundation and level of deepest excavation _____

iii) Construction method _____

¹If necessary, on a separate sheet.

²For harbours, piers, docks, tunnels, galleries, dams, roads, railway facilities, sewerage and water supply systems and bridges, see additional questionnaires.

iv) Construction materials _____

8) Is the contractor experienced in this type of work or construction method? YES NO

9) What will be done by the subcontractors

PARTICULARS OF INSURANCE

- 1. Commencement of work _____
- 2. Duration of construction (months) _____
- 3. Date of completion _____
- 4. Maintenance period (months) _____

SPECIAL RISKS

Is there an aggravated risk of:

- i. Fire, explosion? YES NO
- ii. Flood, inundation? YES NO
- iii. Landslide, storm, cyclone? YES NO
- iv. Blasting work? YES NO
- v. Volcanism, tsunami? YES NO
- vi. Other risks YES NO

If YES for any of the above, give details _____

vii. Have earthquakes been observed on this area? YES NO

If YES, give details of the last 3 earthquakes:

Date	Intensity (Mercalli)	Magnitude (Richter)

viii. Is the design of the structure to be insured based on regulations for earthquake-resistant structures? YES NO

ix. Is the design standard higher than that stipulated in the relevant regulations? YES NO

GENERAL INFORMATION OF SITE

1. Subsoil conditions: Rock Gravel Sand Clay Filled site
 Other. Please specify _____
2. Do geological faults exist in the vicinity? YES NO
3. Ground water level _____
4. Nearest water-body: Name _____ Distance from site: _____
Levels of water body: Low water _____ Mean water _____ Highest level recorded _____
Mean level of site _____
5. Meteorological conditions:
i) Rainy seasons: From _____ To _____
ii) Max rainfall (mm): _____ per hour _____ per day _____ per month
iii) Max wind velocity _____
iv) Storm frequency Low Medium High

PARTICULARS OF COVER

1. Do you wish the cover to include extra charges (in case of loss) for overtime, night work, work on public holidays? YES NO
If YES, state the limit of indemnity for required _____
2. Is third party liability to be included? YES NO
If YES, has the contractor concluded a separate policy for TPL? YES NO
Limit of indemnity: _____
3. Give details of existing buildings or surrounding property possibly affected by the contract work (excavating, underpinning, piling, vibrating, ground water lowering, etc)

4. Are existing buildings and/or structures on or adjacent to the site, owned by or held in care, custody or control of the contractor(s) or the principal, to be insured against loss or damage arising as a direct or indirect consequence of the contract work? YES NO
If YES, give exact details of these buildings/structures. State limit under SECTION I No. 5 (next page)

LIMITS OF COVER REQUIRED

State hereunder the amounts you wish to insure or, where applicable, the limits of indemnity required (see policy wording Section I, Memo I and Section II)

Currency _____

SECTION I – Material damage	
Items to be insured	Sum 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)	
4. Clearance of debris (limit of indemnity)	
TOTAL SUM TO BE INSURED UNDER SECTION 1	

Indicate limits of indemnity required for the following perils:

Risk	Limits of indemnity ¹
Earthquake, volcanism, tsunami	
Storm, cyclone, flood, inundation, landslide	

SECTION II – Third party liability	
Insured items	Limits of indemnity ²
Bodily injury – any one person	
Bodily injury – total	
Property damage	
Or alternatively; combined single limit of	

¹ Limit of indemnity in respect of each and every loss or damage and/or series of losses or damage arising out of any one event.

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

DECLARATION

I/WE do hereby declare that the statements made by us in this Proposal are, to the best of our knowledge and belief, complete and true, and we hereby agree that this Proposal forms the basis and is part of any policy issued in connection with the above risk. It is agreed that the Company 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 Company undertake to deal with this information in strict confidence.

Date of proposal _____ Signature and stamp of proposer _____

THE LIABILITY OF COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED AND THE PREMIUM HAS BEEN PAID

FOR OFFICIAL USE ONLY

Branch Manager / Authorised Person(s) Signature _____ Date _____