

MAYFAIR INSURANCE COMPANY LIMITED

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ERECTION 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.

PARTICULARS OF ERECTION CONTRACT

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

2. Location of erection site: Country _____ City/Town/Village _____

3. Principal: Name and address _____

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

5. Subcontractor(s): Name(s) and address(es) _____

6. Manufacturer(s) of main items: Name(s) and address(es) _____

7. Firm supervising erection: Name and address _____

8. Consulting engineer: Name and address _____

Please indicate which of the parties above (Nos 3 to 8) is the Proposer of the insurance and which parties are to be declared as the Insured in the policy.

PROPOSER _____ **INSURED (Nos)** _____

9. Exact description of the property to be erected (if second hand items are to be erected, please state).

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):

PARTICULARS OF INSURANCE

1. Commencement of insurance _____
2. Duration of pre-storage (No. of months prior to beginning of erection work) _____
3. Commencement of erection work _____
4. Duration of erection/commencement (months) _____
5. Duration of testing (weeks) _____
- If maintenance cover is required**
6. Duration of maintenance (months) _____
7. Type of coverage required _____
8. Termination of insurance _____

PARTICULARS OF PROJECT

1. Have plans, designs and materials of the kind used in this project been used and/or tested in
 - i) Previous constructions? YES NO
 - ii) Previous constructions by the contractor(s)? YES NO

If YES, give details of similar projects carried out by contractor(s) _____

2. Is this an extension of an existing plant? YES NO
- If YES, will the operation of the existing plant continue during the erection period? YES NO

If YES, enclose plans.

3. Have the buildings and civil engineering works already been completed? YES NO
4. Work to be carried out by subcontractors _____

SPECIAL RISKS

Is there an aggravated risk of any of the following:

- i. Fire, explosion, flood, inundation, landslide, storm, cyclone, blasting work
Volcanism, tsunami or any other risks? YES NO

If YES for any of the above, give details _____

- ii. Have earthquakes been observed on this area? YES NO
- If YES, give details of the last 3 earthquakes:

Date	Intensity (Mercalli)	Magnitude (Richter)

- iii. Is the design of the structure to be insured based on regulations for earthquake-resistant structures? 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 _____
1. 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. Estimate, if possible, the probable maximum loss, expressed as a percentage of the sum insured, in a single occurrence
- i) Due to earthquake _____
- ii) Due to fire _____
- iii) Due to other cause (specify) _____
2. Is coverage of construction/erection equipment (scaffolding, huts, tools, etc) required? YES NO
Give brief description and state new replacement value under SECTION I No. 3 (next page) _____
3. 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 out of or in connection with the contract works? YES NO
If YES, give exact details of these buildings/structures. State limit under SECTION I No. 5 (next page)

4. Is third party liability to be included? YES NO
If YES, give brief description of surrounding and existing buildings and/or structures not belonging to the principal or contractor(s). [Enclose maps if possible]. State limits under Section II (next page)

5. Do you wish the cover to include extra charges (in case of loss) for:
Express air freight, overtime, night work, work on public holidays? YES NO
Air freight? YES NO
If YES, state the limit of indemnity for air freight required _____
6. Give details of any special extension of cover required _____

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		Sum to be insured
Items to be insured		
1. Erection work, split up as follows:		
1.1	Items to be erected	
1.2	Freight	
1.3	Customs duties and dues	
1.4	Cost of erection	
2. Civil engineering works		
3. Construction/erection equipment		
4. Clearance of debris (limit of indemnity)		
5. Property located on the principal's premises or on the site, belonging to principal or held in care, custody or control (limit of indemnity –see memo 4 of policy)		
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 _____