



CONTRACTOR'S ALL RISKS INSURANCE PROPOSAL FORM AND QUESTIONNAIRE

Cover Note No. : _____ Agent's Name and Code : _____

DETAILS OF PROPOSER

1. Title of Contract (if project consists of several section , specific section(s) to be Insured)

2. Location of Site

Country/Province/District

City/Town/Village

3. Principal Name(s) :

Address(es) :

Business Registration No. :

4. Main contractor(s) Name(s) :

Address(es) :

Business Registration No. :

5. Subcontractor(s) Name(s) :

Address(es) :

Business Registration No. :

6. Consulting Engineer Name(s) :

Address(es) :

7. Description of depth, contract works (Please give detailed technical information)

Dimensions (length, height, spans, number of floors) :

Foundations (type, level of deepest excavation) :

Construction Methods :

Construction materials :

8. Is the contractor experienced in this kind of work or construction methods? ☐ Yes ☐ No

9. Period of Insurance Commencement of work :

Duration of construction : _____ months

Date of completion : _____

Maintenance period : _____ months

10. Work to be carried out by Sub-contractors			
11. Special risks : <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Fire explosion</div> <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Flood, inundation</div> <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Landslide, storm, cyclone</div> <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Blasting work</div> <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Other risks</div> <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Volcanism, tsunami</div> <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Have earthquakes been observed in this area?</div> <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>If so, please state intensity (Mercalli Scale)</div> <div>_____ magnitude (Richter)</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Is the design of the structure to be insured based on regulations regarding earthquake-resistant structure?</div> <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Is the design standard higher than that stipulated in the relevant regulations?</div> <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> </div>			
12. Subsoil conditions : <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> Rock <input type="checkbox"/> Gravel <input type="checkbox"/> Sand </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> Clay <input type="checkbox"/> Filled site <input type="checkbox"/> Other subsoil conditions </div> <div style="text-align: center; margin-top: 5px;">_____</div>			
13. Ground water level below grade _____ metre _____ feet			
14. Nearest river, lake, sea etc. <div style="margin-top: 10px;"> Name : _____ </div> <div style="margin-top: 10px;"> Distance from site : _____ </div> <div style="margin-top: 10px;"> Levels : _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Low water : _____</div> <div>Mean water : _____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Highest level recorded : _____</div> <div>Date : _____</div> </div>			
15. Meteorological conditions: <div style="margin-top: 10px;"> Rainy seasons from _____ to _____ </div> <div style="margin-top: 10px;"> Max rainfall (mm) _____ per hour _____ per day _____ per month </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Storm hazard</div> <div><input type="checkbox"/> minor <input type="checkbox"/> medium <input type="checkbox"/> high</div> </div>			
16. Are extra charges for overtime, night work, work on public holidays to be included? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Limit of liability _____			
17. Is third party liability to be included? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has the contractor effected a separate policy for third party liability? <input type="checkbox"/> Yes <input type="checkbox"/> No			
18. Details of existing buildings or surrounding property affected by the contract work (excavating, underpinning, piling, vibrating, groundwater lowering, etc) 			

19. Are existing buildings and/or structures on / 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 works?

☐ Yes ☐ No

Limit of indemnity :

Exact description of these buildings / structures :

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

Currency

Section I - Material Damage

Items to be Insured :

1. Contract works (permanent and temporary works, 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 attached list showing replacement values of new items)

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

Total sum to be insured under Section I :

Special risk to be insured

Limits of indemnity*

Earthquake, volcanism, tsunami

Storm, cyclone flood, inundation, landslide

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

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 :

*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.

DECLARATION OF PROPOSER

I/We hereby confirm that I/We have taken reasonable care to answer all the questions herein honestly and to the best of My/Our knowledge, belief and recollection and that I/We shall remain under a continuous duty to inform the Company of any change, amendment or addition to the aforesaid questions until the Policy is issued and comes into effect. I/We understand that the Company may void the policy and reject any claim payable thereunder (whether in whole or in part) in the event of a deliberate misrepresentation, misdescription, error, omission or non-disclosure of fact (whether or not there was an inquiry/question raised pertaining to the same) with or without an intention to defraud the Company by Me/Us which would have affected the premium payable or the acceptance of the risk by the Company.

☐ Yes ☐ No

I/We agree that the Company shall have the right to use My/Our data and personal information for the purpose of the insurance operational process which might include transfer of data and personal information to the Company's related companies, subsidiaries and/or its holding company, outsourcing partners, reinsurers and solicitor but not limited to affiliate companies including their outsourcing partners.

☐ Yes ☐ No

I/We further agree that the Company, its partners and its related companies, subsidiaries and/or its holding company can share and use My/Our data and personal information for the purpose of promoting the Company's and its related companies', subsidiaries' and/or its holding company's products, new services and support requirements, and marketing campaigns and activities and commercial transactions.

☐ Yes ☐ No

Date : _____
dd/mm/yyyy

Signature of Proposer
Please affix Company Stamp

For Agent/Staff Use Only

Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001

In Compliance with Section 16(2) of the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001, I hereby certify that the Proposer's original NRIC / Business Registration Certificate / Passport was verified and authenticated by me at the Point of Sale.

Name of Proposer : _____

Cover Note No. / Policy No. : _____

VERIFICATION :

Signature : _____

NRIC No. : _____

Name of Agent/Staff : _____

Date : _____

IMPORTANT NOTICE

1. This proposal form is a brief description only. The full details of the policy coverage are to be found in the policy. You are advised to read the Policy Wordings before you purchase the product.
2. Statement pursuant to Financial Services Act 2013, Section 129, Schedule 9, Para 5 : It is the duty of the customer to take reasonable care not to make a misrepresentation to the licensed insurer when answering any questions which the insurer may request that are relevant to the decision of the insurer whether to accept the risk or not and the rates and terms to be applied.
3. Liability does not attach until the proposal has been accepted by the Company.
4. Any changes in the information given must be reported to the Company immediately; otherwise, the Company may reserve the right to decline all liability.
5. Please give a definite answer to each question, dashes are not sufficient.
6. Your premium must be paid within 60 days from the date of commencement of policy coverage in accordance with Premium Warranty condition.
7. Liberty General Insurance Berhad (formerly known as AmGeneral Insurance Berhad) is licensed under Financial Services Act 2013 and regulated by Bank Negara Malaysia.
8. A full version of the Privacy Notice of Liberty General Insurance Berhad (formerly known as AmGeneral Insurance Berhad) is available on our website at www.amassurance.com for your further reference.