

11. Period of Insurance If maintenance coverage required	Commencement of Insurance		
	Duration of pre-storage	months prior to beginning of erection work	
	Commencement of erection work		
	Duration of erection/construction	months	
	Duration of testing	weeks	
	Duration of Maintenance	months	
	Type of coverage required		
	Termination of Insurance		
12. Have plans, designs and materials of the kind used in this project been used and/or tested in If so, please give details of similar projects carried out by contractor(s).	a previous constructions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	b previous constructions by the contractor(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

13. Is this an extension of an existing plant?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If so, will operation of existing plant continue during erection period? Enclose plans. <input type="checkbox"/> Yes <input type="checkbox"/> No		
14. Have the buildings and civil engineering works already been completed	<input type="checkbox"/> Yes <input type="checkbox"/> No		
15. Work to be carried out by subcontractors	_____ _____ _____		
Please also give answers to Nos 16 to 21 as far as information obtainable:			
16. Is there any aggravated risk of If so, give details.	Fire?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Explosion?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	_____ _____ _____		
17. Ground water level	_____		
18. Nearest river, lake, sea, etc Levels of such river, lake, sea, etc	Name	distance form site	
	Low water	mean water	highest level recorded
	Mean level of site		
19. Meteorological conditions	Rainy seasons from	to	
	Max rainfall (mm)	per hour	per day per month
	Max wind velocity	storm frequency	<input type="checkbox"/> low <input type="checkbox"/> medium <input type="checkbox"/> high

<p>20. Hazards of earthquake, volcanism, tsunami</p> <p>Subsoil conditions</p>	<p>Is there a history of volcanism, tsunami at the site? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <p>Have earthquakes, etc been observed in this area? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <p>If so, please state intensity magnitude</p> <hr/> <p>Is the design of the structures to be insured based on regulations regarding earthquake resistant structures? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> rock <input type="checkbox"/> gravel <input type="checkbox"/> sand <input type="checkbox"/> clay <input type="checkbox"/> filled site</p> <hr/> <p>Other types</p> <hr/> <p>Do geological faults exist in the vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>21. Estimate, if possible, the probable maximum loss, expressed as a percentage of the sum insured, in a single occurrence</p>	<p>a due to earthquake b due to fire</p> <hr/> <p>c due to other cause (please specify)</p> <hr/>
<p>22. Is coverage of construction/erection equipment (scaffolding, huts, tools, etc) required?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <p>Please give brief description and state new replacement value under No 28.3</p>
<p>23. Is coverage of construction/erection machinery (excavators, cranes, etc) required?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <p>Please attach list of major machines showing individual new replacement values and state total value.</p>
<p>24. 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 contracts works? State limit under No 28.5</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <p>If so, give exact description of these buildings/structures.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>25. Is third party liability to be included? Is so, 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 No 28, Section II.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>26. Do you wish cover to include extra charges (in case of loss) for</p>	<p>Express freight, overtime, night work, work on public holidays <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <p>Air freight? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>27. Give details of any special extension of cover required.</p>	<hr/> <hr/>

28. Please state hereunder the amounts you wish to insure or where applicable the limits of indemnity required (see Policy Wording, Section I, Memo 1, and Section II) **Currency:** _____

Section I
Material Damage

Items to be insured	Sums to be insured (state below separately)
1. Erection works, 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 site, belonging to the principal or held in care, custody or control (limit of indemnity see Memo 4 of policy)	
Total sum to be insured under Section I:	

Please indicate limits of indemnity required for the following perils:

Risks	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	

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

²Limit 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 us in this Questionnaire and Proposal are complete and true to the best of our knowledge and belief, and 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 insurers shall be liable in accordance with the terms of this policy only and that the Insured will not lodge any other claims of whatever nature.

The Insurers undertake to deal with this information in strict confidence.

Signature of Proposer: _____ Date: _____

Liability does not begin until this proposal has been accepted by the Company and the premium paid, except as provided by any official cover note issued by the Company. A specimen policy is available on request.

Erection all risks (EAR) insurance

EAR policies are designed to cover the risk of loss arising out of the erection and installation of machinery, plant and steel structures, including physical damage to the contract works, equipment and machinery, and liability for third-party bodily injury (BI) or property damage (PD) arising out of these operations. Coverage for delay in start-up (DSU) costs is typically an optional coverage.

Covered parties include the general contractor, subcontractors, and in some cases suppliers and manufacturers of equipment. Examples of the types of projects for which EAR coverage is typically purchased include power plants, manufacturing and fabrication facilities, water and wastewater treatment facilities, and telecommunications centres (particularly where the erection of signal towers is involved).

Some insurers combine EAR and Contractors All risks (CAR) coverage's into one form. Although these terms are sometimes used interchangeably, there are some substantive differences.