



VANGUARD ASSURANCE COMPANY LIMITED

INSURANCE HOUSE - DERBY AVENUE

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Questionnaire and Proposal for Contractors' All Risks Insurance No.

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

2. Site

2. Province/District

City/Town/Village

3. Name and address
of principal

4. Name(s) and address(es)
of contractor(s)

5. Name(s) and address(es)
of subcontractor(s)

6. Name and address
of consulting engineer

7. Description of contract
work²
(Please give detailed
technical information.)

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

Type of foundation and level
of deepest excavation

Construction method

Construction materials

8. Is the contractor
experienced in this
type of work or
construction method?

yes no

9. Period of insurance

Commencement of work

Duration of construction months

Date of completion

Maintenance period months

10. What work will be done
by subcontractors?

11. Special risks

Fire, explosion? yes no

Flood, inundation? yes no

Landslide, storm cyclone? yes no

Blasting work? yes no

Other risks yes no

Volcanism, tsunami? yes no

Have earthquakes been observed in this area? yes no

If so, please state Intensity (Mercalli) magnitude (Richter)

Is the design of the structure to be insured based
on the regulations for earthquake-resistant structures? yes no

12. Details of Subsoil

rock gravel sand clay

filled ground

Other subsoil conditions

Do geological faults exist in the vicinity? yes no

13. Ground water

Level below grade m ft

14. Nearest river, lake, sea etc	Name _____		
	Distance _____		
	Levels	Low water	Mean water
	Highest ever recorded		Date _____
15. Meteorological conditions	Rainy season from _____		to _____
	Max rainfall (mm) (in)	per hour	per day per month
	Storm hazard	<input type="checkbox"/> minor	<input type="checkbox"/> medium <input type="checkbox"/> high

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 indemnity _____		

17. Is third party liability to be included?	<input type="checkbox"/> yes <input type="checkbox"/> no		
	Has the contractor concluded a separate policy for TPL? <input type="checkbox"/> yes <input type="checkbox"/> no		
	Limit of indemnity _____		
18. Details of existing buildings or surrounding property possible affected by the contract work (excavation, underpinning, piling, vibrating ground, water lowering etc)	_____		

19. 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?	<input type="checkbox"/> yes <input type="checkbox"/> no		Limit

