

VANGUARD ASSURANCE COMPANY LIMITED

Questionnaire and Proposal for Erection All Risks Insurance No.



No. 21 Independence Avenue, North Ridge
P. O. Box 1868, Accra-Ghana
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1.	Title of Contract (if Project consists of several section(s) to be insured)	_____	_____
2.	Location of Erection Site Country City, Town, Village	_____	_____
3.	Proposer	Please indicate which of the Nos.4 to 9 below is the "Proposer" of the insurance, and which parties are to be declared as "Insured" in the Policy. Proposer No. : _____ Insured No(s) : _____	
4.	Principal Name Address	_____	_____
5.	Main Contractor(s) Name (s) Address (es)	_____	_____
6.	Subcontractor (s) Name (s) Address (es)	_____	_____
7.	Manufacturers of main items Name (s) Address (es)	_____	_____
8.	Firm supervising erection Name (s) Address (es)	_____	_____
9.	Consulting Engineer Name Address	_____	_____
10.	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; in case of complete factories:	_____	_____

11. Period of Insurance If Maintenance coverage required	Commencement of Insurance				
	Duration of pre-storage	months			
	Commencement of erection work				
	Duration of erection / construction	months			
	Duration if testing	weeks			
If Maintenance coverage required	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 –	a) previous constructions	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	b) previous construction by the Contractor (s)	<input type="checkbox"/> Yes*	<input type="checkbox"/> No		
	*Please give details of similar projects carried out by Contractor (s)				
13. Is this an extension of an existing plant,			<input type="checkbox"/> Yes*	<input type="checkbox"/> No	
	*Will operation of existing plant continue during erection period? (Enclose plans where available)		<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 :	fire			<input type="checkbox"/> Yes*	<input type="checkbox"/> No
	explosion			<input type="checkbox"/> Yes*	<input type="checkbox"/> No
* If so, give details					
17. Ground water level					
18. Nearest river, lake, sea, etc. levels of such river, lake, sea, etc.	name	distance from site			
	low water	mean water	Highest level recorded		
	Mean level of site				
19. Meteorological	rainy season from	to			
	max. rainfall (mm)	per hour	per day	per	
	max. wind velocity	storm frequency	<input type="checkbox"/> low	<input type="checkbox"/> medium	<input type="checkbox"/>
20. Hazards of earthquake volcanism tsunami	Is there a history of volcanism, tsunami at the site		<input type="checkbox"/> yes	<input type="checkbox"/> no	

	Have earthquakes etc. been observed in this area?	<input type="checkbox"/> yes*	<input type="checkbox"/> no
	*If so, please state intensity	magnitude	
	Is the design of the structures to be insured based on regulations regarding earthquake resistant structures?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Subsoil conditions	<input type="checkbox"/> rock	<input type="checkbox"/> gravel	<input type="checkbox"/> sand
	<input type="checkbox"/> clay	<input type="checkbox"/> filled site	
	Do geological faults exist in the vicinity	<input type="checkbox"/> yes	<input type="checkbox"/> no
21. Estimate, if possible, the probable maximum loss, expressed as a percentage of the sum insured, in a single occurrence	Other types :		
	a) due to earthquake	b) due to fire	
	c) due to other cause (please specify)		
22. Is coverage of Construction / Erection equipment (scaffolding, huts, tools, etc.) required?	<input type="checkbox"/> yes*	<input type="checkbox"/> no	
	*Please give brief description and state value under No. 28, 3		
23. Is coverage of Construction / Erection machinery (excavators, cranes, etc.) required?	<input type="checkbox"/> yes*	<input type="checkbox"/> no	
	*Please attach list of major machines showing individual new replacement values and state total value under No.28, 4.		
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 contract works? State limit under No. 28,6.	<input type="checkbox"/> yes*	<input type="checkbox"/> no	
	*Exact description of these buildings / structures :		
25. Is Third Party Liability to be included?	<input type="checkbox"/> yes*	<input type="checkbox"/> no	
	*Give brief description of surrounding and existing buildings and / or structures not belonging to the Principal or Contractors (enclose maps, if possible) State limits under no.28, Section II		
26. Do you wish to cover to include extra charges (in case of loss) for :			

27. Give details of any special extension of cover required	express freight, overtime, night work, work on public holidays?	<input type="checkbox"/> yes	<input type="checkbox"/> no
	air freight?	<input type="checkbox"/> yes	<input type="checkbox"/> no

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

Section I – Material Damage	Currency :	
	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 Customer Duties and Dues	
	1.4 Cost of Erection	
	2. Civil Engineering Works	
	3. Construction Erection Equipment	
	4. Construction / Erection Machinery	
	5. Clearance of Debris (limit of Indemnity)	
	6. Property located on the Principal's Premises or on the 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 1 :	
	Please indicate limits of indemnity required for the following perils :	
	Risk	Limits of Indemnity ¹
Earthquake, volcanism, tsunami		
Storm, cyclone, flood, inundation, landslide		
Section I – Material Damage		
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 or 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		

We hereby declare that the statements made by us in the Questionnaire and Proposals 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 or Policies Issued In connection with the above risk or risks. It is agreed that the Insurers shall be liable In accordance with the terms of the Policy only and that the insured will not lodge any other claims of whatever nature.

The Insured undertakes to Inform the insurers of any material alteration whereby the risk Is increased, and the Insurers reserve the right to modify any quotation made in the light of such alteration.

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

completed at this day of 19

Signature