



Industrial and General Insurance Plc

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ERECTION ALL RISKS INSURANCE PROPOSAL FORM (CORPORATE)

IMPORTANT: Kindly complete this form carefully. Failure to disclose all facts likely to influence the acceptance and assessment of this proposal could affect settlement of claims or invalidate your policy. If you are aware of any fact likely to influence the proposal, kindly disclose them in the space provided at the end of this proposal. If any answer has been written by any other person(s), such person(s) shall for that purpose be regarded as the agent of the proposal and the agent(s) Insurer.

DETAILS

PLEASE COMPLETE IN BLOCK LETTERS

Proposer:

Contact Address:	Line 1	<input type="text"/>		
	Line 2	<input type="text"/>		
	Line 3	<input type="text"/>	Town	<input type="text"/>
			State	<input type="text"/>

Postal Address:	Line 1	<input type="text"/>		
	Line 2	<input type="text"/>		
	Line 3	<input type="text"/>	Town	<input type="text"/>
			State	<input type="text"/>

Telephone No.	<input type="text"/>			
Mobile / GSM	<input type="text"/>	Fax	<input type="text"/>	
Email	<input type="text"/>	Website	<input type="text"/>	

CONTACT PERSON

Name	<input type="text"/>	Telephone	<input type="text"/>
E-mail	<input type="text"/>	GSM/Mobile	<input type="text"/>
Position	<input type="text"/>	Fax	<input type="text"/>
Reporting To	<input type="text"/>		

Nature of Business

Industry RC No.

Insurance Required Date From To

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

2. Location of Erection Site

Country City Town Village

3. Please indicate which of the items 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

Address

6. Sub-Contractor(s)

Name

Address

7. Manufacturers of Main items: Name

Address

8. Firm supervising erection Name

Address

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: general drawing of plant, nature of civil engineering work (if any)

11. Period of Inspection: Commencement of Insurance

Duration of pre-storage (months) Commencement date of erection work

Duration of erection/ construction (months) Duration of 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 Yes No
b) previous constructions by the contractors Yes No

Please give details of similar projects carried out by contractor(s)

13. Is this an extension of an existing plant? Yes No

Will operation of existing plant continue during erection period? Yes No

Enclose plan where available

14. Have the buildings and civil engineering works already been completed? Yes No

15. Work to be carried out by subcontractors

16. Is there any aggravated risk of: (Please give answers to Nos. 16 to 21 as far as information obtainable)

Fire Yes No Explosion Yes No

If so, give details

17. Ground water level

18. Nearest river, lake, sea etc Name Distance from site

Levels of such river, lake, sea etc: 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 low medium high

20. Hazards of earthquake volcanism tsunami:

Is there any history of volcanism, tsunami at the site Yes No

Have earthquakes etc. been observed in this area? Yes No

*if so, please specify intensity Magnitude

Is the design of the structures to be insured based on regulations regarding earthquake resistant structures? Yes No

Subsoil conditions: Rock Gravel Sand Clay Filled site Other types

Do geological faults exist in the vicinity? Yes No

21. Estimate, if possible, the probable maximum loss, expressed as a percentage of the sum insured, in a single occurrence (please specify) a) due to earthquake b) due to fire c) due to other cause

22. Is coverage of construction: Erection equipment (scaffolding, huts, tools etc) required? Yes No

*Please give brief description and state value under No. 28.3

23. Is the coverage of construction / Erection, machinery (excavators, cranes etc) required? Yes No

*Please attach list of major machines showing individual new replacement values and state total value under No. 28.6

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? Yes No
State limited under No. 28.6

25. Is Third Party Liability to be included? Yes No

* Give brief description of surrounding and existing buildings and / or structures not belonging to the principal or contractors (enclosed maps, if possible) State limits under No. 28, Section 2

26. Do you need to include extra charges (in case of loss) for: Express freight, overtime, night work, Work on public holidays? Yes No

Air freight? Yes No

27. Give details of any special extension of cover required

28. Please state hereunder the amounts you wish to insure or where applicable the limits of Indemnity required (of Policy Wording, Section 1, Memo 1 and Section 2) Currency

Section 1 : 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. 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	

Please indicate limits of indemnity required for the following perils:

Risk	Limits of Indemnity 1
Earthquake, volcanism, tsunami	
Storm, cyclone, flood, inundation, landslide	

Section 2 - 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 loses or damages arising out of any one event
2. Limit of indemnity in respect of any one accident or series of accident arising out of one event.

We hereby declare that the statements made by us in the 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 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 undertake to deal with this information in strict confidence.

Completed at this..... day of..... 19.....

Signature.....

Please supply additional information