



INTERNATIONAL INSURANCE COMPANY (SL) LTD.

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PROPOSAL FOR CONTRACTORS "ALL RISK" INSURANCE

SECTION 'A' – PLEASE COMPLETE FULLY

1.
 - a) Name of Proposer.....
 - b) Address
.....
 - c) Telephone number(s).....
 - a) Nature of Business
.....

2. Name and Address of principal for whom work is to be carried out.....
.....

1. If proposer is a sub-contractor for the works give name and address of principal contractor.....
.....

4. Name(s) and Address(es) of Sub-Contractor(s).....
.....
.....

5. Name and address of Consulting Engineer.....
.....

6. Describe the general nature of the work to be undertaken:
 - a) Dimensions – Length, Height, Depth, Span, Number of Floors
.....
.....
.....
 - b) Foundation – Method and Level of deepest excavation.....
.....
 - b) Situation of the contract
.....
 - c) Period of Contract
.....

- i) Construction period Months from.....
- ii) Maintenance period Months thereafter

5. If the contract is on a firm approved by a professional organization, e.g. The institution of Civil Engineers state name of organization and edition of firm, if not, attache a copy of the contract condition including plans, bill of quantities, progress graph, names (s) of consulting Engineers.

.....

6. If construction period is more than twelve months, give brief details of works programme. If a plan of the works is available please submit a copy with this proposal

.....

7. Give details including dates of any similar work undertaken by you

DATE	FOR WHOM UNDERTAKEN	NATURE OF WORKS	AMOUNT

SECTION 'B' PLEASE COMPLETE FULLY

8. a) Contract Price.....

a) Temporary work, if any not included in (a)

b) Value of contractor's plant machinery & equipment to be used on site

c) Architects, surveyor's and consulting engineers' fee

d) Removal of debris cost (if required)

Total Sum Insured

e) Give value and nature of any items under (c) above exceeding Le5,000,000.00 or equivalent

9. a) Nature of sub-soil at situation of the contract.....

- a) Distance from sea
.....
- b) Height above sea level
.....
- c) Give details of any rivers, streams, canals or other water in the area and state distance therefrom
- d) Has the area been subject to flooding in the past? If so give details
.....
- e) State whether region is subject to weather conditions such as monsoons typhoons, hurricanes and the like and months when to be expected.
.....
- f) Are there any mines or disused workings in the vicinity
.....

10. (a) State depth of excavation:-

- i) Average depth
.....
- ii) Maximum depth
.....

- a) Are there at present any underground main services on or about the situation of the contract? If so give details
.....
.....
- b) Will any blasting be carried out at or near the situation of the contract? If so, give details
.....
.....
- c) Describe any special features of the work to be undertaken at the situation of the contract.....
.....

SECTION 'C' TO BE COMPLETED ONLY IF PUBLIC LIABILITY IS REQUIRED

11. a) Give particulars of all loss or damage sustained on contracts on which you have been working during the past three years

DATE	CAUSES OF LOSS OR DAMAGE

12. Amount of indemnity required for any one accident

13. Is the principal's liability to be included in the cover ?

14. Give particulars of all claims made on you during the past three years for personal injury to or damage to property of third parties.

DATE	NATURE OF CLAIM	AMOUNT

15 a) Has any insurer at any time declined to insure you for contract works or public liability insurance? If yes, please state reasons

16. What other Insurance do you have with the company?.....

DECLARATION

I/We desire to effect with the company an insurance in the terms of policy used for this class of business and I/we warrant that the above statements and particulars are correct and complete.

I/We agree that this proposal shall be the basis of the contract between me/us and the company

Date

Signature

This insurance will not be in force until the proposal has been accepted by the company.

OFFICIAL USE

Premium Rate
Annual Premium
Additional Premium
(extra perils)
Total Premium
Amount Payable
Approved by

Policy No