



MUI Continental Insurance Berhad^(29123-D)

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Branches

Penang . Ipoh . Klang . Seremban . Melaka . Batu Pahat . Johor Bharu . K. Bharu . Kuantan . Mentakab . Kuching . K. Kinabalu

A member of The MUI Group

In Association with CNA Insurance, USA

Proposal for Contractors' All Risks Insurance

STATEMENT pursuant to Section 150 (1) of the Insurance Act, 1996 you are to disclose in this Proposal Form, fully and faithfully all the facts which you ought to know, otherwise the Policy issued hereunder may be void.

1. Title of contract (if project consists of several sections, specify section(s) to be issued)	
2. Location of site	
Country/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) ' 1	
6. Name and address of Consulting Engineer	
7. Description of contract work * 2 (please give detailed technical information)	<p>Dimensions (length, height, depth, spans, number of floors)</p> <p>Foundation (method, level of deepest excavation)</p> <p>Construction methods</p> <p>Construction materials</p> <p>1. If necessary on a separate sheet. 2. For harbours, piers, docks, tunnels, galleries, dams, roads, airports, railway facilities, sewerage and water supply systems, bridges and structures in earthquake zones also see special questionnaires.</p>

8. Is the Contractor experienced In this type of work or construction methods?	<input type="checkbox"/> yes	<input type="checkbox"/> no
9. Period of Insurance	Commencement of work	
	Duration of construction	months
	Date of completion	
	Maintenance period	months
10. Work to be carried out by Subcontractors	_____	

11. Special risks	Fire, explosion	<input type="checkbox"/> yes <input type="checkbox"/> no
	Flood, inundation	<input type="checkbox"/> yes <input type="checkbox"/> no
	Landslide, storm, cyclone	<input type="checkbox"/> yes <input type="checkbox"/> no
	Blasting	<input type="checkbox"/> yes <input type="checkbox"/> no
	Other	

	Volcanism, tsunami	<input type="checkbox"/> yes <input type="checkbox"/> no
	Have earthquakes 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 issued based on regulations regarding earthquake-resistant structure?	<input type="checkbox"/> yes <input type="checkbox"/> no
	Is the design standard higher than that stipulated in the relevant regulations	<input type="checkbox"/> yes <input type="checkbox"/> no
12. Subsoil conditions	<input type="checkbox"/> rock	<input type="checkbox"/> gravel
	<input type="checkbox"/> sand	<input type="checkbox"/> clay
	<input type="checkbox"/> filled ground	
	Other	

	Do geological faults exist in the vicinity	<input type="checkbox"/> yes <input type="checkbox"/> no
13. Ground-water level	_____	
14. Nearest river, lake, sea, etc	Name	
	Distance	
	Levels	low water
		mean water
		highest level recorded
15. Meteorological conditions	Rainy season from	to
	Max. rainfall (mm)	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, nightwork, and 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 ?	Limit of indemnity	

Special risks to be insured	Limits of indemnity *3
Earthquake, volcanism, tsumani	
Storm, cyclone, flood, inundation, landslide	

**Section II
Third Party Liability**

Items to be insured	Limits of indemnity *4
1. Bodily injury	
1.1 Any one person	
1.2 Total	
2. Property damage	
Total limit to be applied under Section II :	

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* 3 Limit of indemnity in respect of each and every loss and damage and/or series of losses or damages arising out of any one event.

* 4 Limit 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 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 the 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.

Executed at _____ this _____ day of 20_____

Signature :