



UNITED INSURANCE CO. (NEPAL) LTD.

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- | | |
|---|--|
| <input type="checkbox"/> Hydro Power | <input type="checkbox"/> Road Project |
| <input type="checkbox"/> Bridge Project | <input type="checkbox"/> Water Supply & Sewerage Project |
| <input type="checkbox"/> River Training Work | <input type="checkbox"/> Communication Project |
| <input type="checkbox"/> Building (Civil) Project | <input type="checkbox"/> Erection Project |
| <input type="checkbox"/> Others | |

QUESTIONNAIRE and PROPOSAL for CONTRACTORS' ALL RISKS INSURANCE

1. Title of contract (If project consists of several sections, specify section(s) to be insured.)	<hr/> <hr/> <hr/>
2. Location of site	<hr/> <hr/>
Zone/District	<hr/>
City/Town/Village	<hr/>
3. Name and address of principal	<hr/> <hr/>
4. Name(s) and address(es) of contractor(s)	<hr/>
5. Name(s) and address of subcontractor(s)	<hr/> <hr/>
6. Name and address of consulting engineer	<hr/>

1. If necessary, on a separate sheet.

7. Description of contract work ² (Please give detailed technical information)	Dimensions (length, height, depth, spans, number of floors)		

	Type of foundation and level of deepest excavation		

	Construction methods		

construction materials			

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. What will be done by subconstruction?	_____		

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 work	<input type="checkbox"/> yes	<input type="checkbox"/> no

	Other risks		

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 (Mercalli)		magnitude (Richter)	

Is the design of the structure to be insured based on regulations for earthquake-resistant structures ?	<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	

2. harbours, piers, locks, tunnels, galleries, dams, roads, railway facilities, sewerage and water supply system and bridges, see additional questionnaires.

12. Details of Subsoil	<input type="checkbox"/> rock <input type="checkbox"/> gravel <input type="checkbox"/> sand <input type="checkbox"/> clay <input type="checkbox"/> filled ground
	Other subsoil conditions
	Do geological faults exist in the vicinity? <input type="checkbox"/> yes <input type="checkbox"/> no
13. Ground water	Level below grade m. ft.
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 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 possibly affected by the contract works (excavating, underpinning, piling, vibrating, ground-water lowering, etc)	<hr/> <hr/> <hr/> <hr/>
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 of indemnity
	Exact description of these buildings/structures:
	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

20.State here the amounts you wish to insure and the limits of indemnity required (see policy wording, Section I, Memo 1, and Section II)

**Section I
Material damage**

items to be insured	Sums to be insured (Currency)
1. Contract work (permanent and temporary work, including all materials to be incorporated herein)	
1.1. Contract price	
1.2. Materials or items supplied by the principal(s)	
2. Construction plant and equipment	
3. construction machinery (please attach list)	
4. Clearance of debris	
Total sum to be insured under Section 1:	
Special risks to be insured	Limits of indemnity³
Earthquake, volcanism, tsunami	
Strom, 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 2:	

³ Limit of indemnity in respect of each and every loss or damage and/or series of losses 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, to the best of our knowledge and belief, complete and true, and we hereby agree that this forms the basis and is part of any policy issued in connection with the above risk.

It is agreed that the Company is liable in accordance with the terms of the Policy only and that the insured will not lodge any other claims of whatever nature.

The Company undertakes to treat this information in strict confidence.

Executed at

Date

Signature