



SIC INSURANCE COMPANY LIMITED

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PROPOSAL FORM FOR INSURANCE AGAINST ERECTION ALL RISKS

1. FULL NAME OF PROPOSER.....

2. ADDRESS.....TELEPHONE NO.....

3. TRADE OR BUSINESS.....FAX NO.....

4. TITLE OF CONTRACT (IF PROJECT
CONSISTS OF SEVERAL SECTION
SPECIFY SECTION(S) TO BE INSURED)

5. LOCATION OF ERECTION SITE.....
COUNTRY..... CITY, TOWN, VILLAGE.....

6. PRINCIPAL.....
NAME AND ADDRESS.....

7. MAIN CONTRACTOR(S).....
NAME(S) AND ADDRESS (ES).....
.....

8. SUB CONTRACTOR(S).....
NAME(S) AND ADDRESS(S).....

9. MANUFACTURER(S) OF MAIN ITEMS.....
NAME(S) AND ADDRESS (ES).....

10. FIRM SUPRVISING ERECTION.....
NAME AND ADDRESS.....

11. CONSULTING ENGINEER.....
NAME AND ADDRESS.....

12. PROPOSER

Please indicate which of the parties Nos 6 to 11 above is the Proposer the insurance and which parties are to be declared as insured in the policy

Proposer No..... Insured No(s).....

- 13. Exact description of the property
- To be erected (if second-hand items
- Are to be erected please state
- In case of machines, manufacturers
- Name, number, type, size, capacity
- Weight, pressure, temperature,
- Revolutions, year of construction
- Of major units
- In case of complete factories
- General drawing of plant
- Nature of civil engineering work
- (if any)

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14. Period of insurance

Commencement of insurance

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Duration of pre-storage Months prior to beginning of erection work

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Commencement of erection work

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Duration of erection/construction months

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Duration of testing weeks

.....

If maintenance coverage required

Duration of maintenance months

.....

Type of coverage required

.....

Termination of insurance

.....

- 15. Have plans, designs and Materials of the kind used in this project been used and/or tested in

a. previous constructions? yes no

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b. previous construction by the contractor(s)? yes no

If so, please give details

Similar projects carried out by Contractors(s)

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16. Is this an extension of an existing plant? yes no

If so, will operation of existing plant continue during erection period? Enclose plans yes no

17. Have the buildings and civil engineering works already been completed? yes no

18. Work to be carried out by subcontractors

Sub contractors

Please also give answers to nos. 16-23 as far as information obtainable

19. Is there any aggravated risk of fire? yes no

explosion? yes no

If so, give details

20. Ground water level

21. 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

22. Meteorological conditions Rainy seasons from to

Max rainfall (mm) per hr per day per month

Max wind velocity storm frequency low medium high

Hazards of earthquake Is there a history of volcanism, tsunami at the site? yes no

Volcanism, tsunami Have earthquakes, etc been observed in this area? yes no

If so please state intensity magnitude

Is the design of the structures to be insured based on

Regulations regarding earthquake resistant

Structures? Yes no

Sub soil conditions

rock gravel sand clay filled site

Other types

Do geological faults exists in the vicinity? Yes no

23. Estimate, if possible, the Probable maximum loss, expressed As a percentage of the sum insured In a single occurrence (a) due to earthquake (b) due to fire (c) due to other cause (Please specify)

24. Is coverage of construction Erection equipment (scaffolding huts, tools, etc) required? yes no Please give brief description and state new replacement value under no. 303

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

25. Are existing building and/or structures On or adjacent to the site, owned by Or held in care, custody or control of The contractors(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 30.5

26. Is third party liability to be Include? If so, give brief Destruction of surrounding and Existing buildings and/or Structures not belonging to the Principal or contractors(s) (enclose maps) if possible State limits under no. 30 section

27. Do you wish cover to include extra Charges (in case of loss) for express freight, overtime, night work work on public holidays? air freight? yes no Yes no

28. Give details of any special Extension of cover required

29. Please state hereunder the amounts you wish to be insured or where applicable the media of indemnity required (see policy wording, section 1 memo 1 and Section II)

Section 1

Material damage

	Currency
Items to be insured	Sums to be insured (state below separately)
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. Clearance of debris	
Limit of indemnity	
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	
INDICATE LINES OF INDEMNITY REQUIRED FOR THE FOLLOWING PERILS	
Risk	Limit
Earthquake, volcanism, tsunami	
Storm cyclone, flood inundation, landslide	

Section II

Third party liability

Insured items	Limits of indemnity
Bodily injury – any one person	
Bodily injury – total	
Property damage	
Or alternatively combined single limit of	

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

Limit of indemnify 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 this questionnaire and proposal are, to the best of our knowledge and belief complete and true, and we hereby agree that this questionnaire and proposal form the basis and is part of any policy issued in the connection with the above risk. It is agreed that the insurers are liable in accordance with the terms 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.

Date.....

Signature.....

Agency.....