



# UNITED INDIA INSURANCE COMPANY LIMITED

## PROPOSAL FOR CIVIL ENGINEERING COMPLETED RISKS INSURANCE

1.	<b>Title of project -</b>  (If Projects consists of several sections, Please specify Section(s) to be insured)	<hr/> <hr/> <hr/>
2.	<b>Location of project -</b>	
	a) Country/province/district	<hr/>
	b) City/town/village	<hr/>
3.	Name and address of owner	<hr/>
4.	Name(s) and address (es) of Contractor(s) who has (have) executed the project	<hr/>
5.	*Name(s) and address (es) of Subcontractor(s)	<hr/>
6.	'work to be carried out by Subcontractor(s)'	
7.	Name and address of consulting engineer	<hr/>

8.

**Description of each section of project** (please give detailed technical information) -

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a) Dimensions (*length, height, depth, spans, number of floors, diameter, inclination*)

b) Foundation (*type, method and level of each section*)

c) Construction methods applied

d) Construction materials used

9

**Period of construction -**

a) Commencement of work

b) Duration of construction \_\_\_\_\_ months

c) Date of completion \_\_\_\_\_

d) Maintenance period \_\_\_\_\_ months

**10. Has the project been insured? -**

a) during the construction period? Yes No

b) after the construction period? Yes No

**11. Has there been any accident, loss or damage? -**

a) during the construction period? Yes No

If so, please give details of cause and amount.

b) after the construction period? Yes No

If so, please give details of cause and amount.

**12. Does any special or exposure exist? - risk**

a) Fire, Explosion

Yes

No

b) Flood, Inundation

Yes

No

c) Landslide

Yes

No

d) Storm, Cyclone

Yes

No

e) Blasting

Yes

No

f) Collision by traffic on roads or water

Yes

No

g) Other risks

Yes

No

h) Volcanism, tsunami

Yes

No

i) Have earthquakes been observed in this area?

Yes

No

If so, please state intensity

Magnitude \_\_\_\_\_

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j) Is the design of the structures to be insured based on

		Yes		No	
	regulations regarding earthquake-resistant structures?				
13.	k) Is the design standard higher than that stipulated in the relevant regulations?		Yes		No
	<b>Subsoil conditions -</b>		Rock		Gravel
			Sand		Filled ground
			clay		
	a) Other sub-soil conditions	_____			
14.	b) Do geological faults exist in the vicinity?		Yes		No
	Topographical conditions and configuration of ground (eg angles of slopes). Please attach plans or photographs	_____ _____			
15.	Ground-water level	_____			
16.	<b>Nearest river, lake, sea, etc.</b>				
	a) Name -	_____			
	b) Distance -	_____			
	c) Levels -	_____	Low water	_____	Mean water

		<p>_____ Highest level recorded</p>
17.	Does a warning system exist for flood and inundation? (Please give details)	<p>_____</p> <p>_____</p>
18.	<p><b>Meteorological conditions -</b></p> <p>a) Rainy season -</p> <p>b) Maximum rainfall (mm) -</p> <p>c) Storm hazard</p>	<p>From _____ To _____</p> <p>_____ per hour _____ per day _____ per month</p> <p>Minor   Medium   High</p>
19.	<p>Is there any regular maintenance work?</p> <p>If so, please give details of such maintenance work</p>	<p>Yes   No</p>

20	<p>a) Do a time schedule and a checklist exist for maintenance work (eg. cleaning of culverts, bridges, under and overpasses, painting work)?</p> <p>b) Who is in charge of maintenance work?</p> <p>c) Are staff being specially trained for maintenance work?</p>				
21.	<p>a) Is the project observed or occupied full time by own staff</p> <p>Number of staff permanently on site?</p>		Yes		No
22.	<p>(b)</p> <p>Has major repair work taken place since completion of original construction?</p> <p>If so, please give details</p>		Yes		No
23.	<p>Is there any construction work in the vicinity, which would affect the project during the insurance period?</p> <p>If so, please give details</p>		Yes		No

24.	<p>What was the amount of the original costs of constructing. (eg for bridges: foundation, column, abutment, super-structure)</p>	
25.	<p><b>Please state the amounts to be Insured (mention currency) and the limit of indemnity required -</b></p> <p>a) Items to be insured –</p> <p>i) New replacement value of whole project <i>(breakdown as under 24)</i></p> <p>ii) Clearance of debris <i>(insured only up to amount indicated)</i></p> <p>b) Total sum to be insured*</p>	
	<p>c) Special risks to be insured -</p>	



		i) Earthquake, Volcanism, Tsunami.	
		ii) Storm, Cyclone, Flood, Inundation, Landslide	
	d)	*Limit of indemnity in respect of each and every loss or damage and/or series of losses arising out of any one event	

We hereby declare that the statements made by us in this Questionnaire and proposal are complete and true to the best of our knowledge and belief, and we hereby agree that this Questionnaire and proposal forms the basis and is part of any policy issued in connection with the above risk(s). It is agreed that the insurers are 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**

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