|                                     | special risks to be insured   | limits of indemnity   |          |  |  |
|-------------------------------------|---|---|----------|--|--|
|                                     | earthquake  |   |          |  |  |
|                                     | storm, cyclone, flood, inundation, landslide  |   |          |  |  |
|                                     |   |   |          |  |  |
|                                     |   |   |          |  |  |
| Section II<br>Third party liability | items to be insured   | limits of indemnity   |          |  |  |
|                                     | bodily injury   |   |          |  |  |
|                                     | 1.1 any one person  |   |          |  |  |
|                                     | 1.2 total   |   |          |  |  |
|                                     | 2. property damage  |   |          |  |  |
|                                     | total limit to be applied under Section II:   |   |          |  |  |
|                                     | Limit of indemnity in respect of each and ever one event  | ery loss or damage and/ or series of losses arising out of any  |          |  |  |
|                                     | 4. Limit of indemnity in respect of any one accident  | dent or series of accidents arising out of any one event.   |          |  |  |
|                                     |   |   |          |  |  |
|                                     |   |   |          |  |  |
| and we hereby agree that this Que   | estionnaire and Proposal forms the basis and is pa<br>with the terms of the Policy only and that the Insu | sal, to the best of our knowledge and belief, complete and true art of any policy issued in connection with the above risk. It is red will not lodge any other claims of whatever nature. The | <b>,</b> |  |  |
| Executed at                         | this  | day of 20   |          |  |  |
| Signature                           |   |   |          |  |  |



## **OCCIDENTAL INSURANCE COMPANY LIMITED**

Crescent Business Centre, 7th Floor, Parklands Road, Parklands, P.O. Box 39459-00623 Nairobi, Kenya, Tel: 0709-896000, 020-2362602, 0734-600485. E-Mail: enquiries@occidental-ins.com Website:www.occidental-ins.com

## QUESTIONNAIRE AND PROPOSAL FOR CONTRACTORS ALL RISKS INSURANCE NO.

| 1. | Title of contract (if project consists of several sections, specify sections (s) to be insured.) |  |
|----|--|--|
| 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) 1   |  |
| 5. | Name(s) and address(es) of subcontractor(s) 1.   |  |
| 6. | Name and address of consulting engineer  |  |
| 7. | Description of contract<br>works 2.<br>(Please give detailed<br>Technical information 1)         | dimensions (length, height, depth, spans, number of floors)  foundation ( method, level of deepest excavation) |
|    |  | construction methods   |
|    |  | construction materials   |
|    |  |  |

- 1. If necessary on a seperate sheet
- For harbours, piers, docks, tunnels, galleries, dams, roads, railway facilities, sewerage
  and water supply systems, bridges and extensions or conversions of existing structures
  see additional questionnaires.

| 8.                               | Is the contractor experienced<br>in this type of work or<br>construction methods |   |  |  |  |  |
|----------------------------------|--|---|--|--|--|--|
| 9.                               | Period of insurance  | commencement of work  |  |  |  |  |
|                                  |  | duration of construction months   | 3  |  |  |  |
|                                  |  | date of completion  |  |  |  |  |
|                                  |  | maintenance period months   |  |  |  |  |
| 10.                              | Work to be carried out by subcontractors   |   |  |  |  |  |
|                                  |  |   |  |  |  |  |
| 11.                              | Special risks  | fire, explosion   | yes no   |  |  |  |
|                                  |  | flood, inundation   | yes no   |  |  |  |
|                                  |  | landslide, storm, cyclone   | yes no   |  |  |  |
|                                  |  | blasting work   | yes no   |  |  |  |
|                                  |  | other risks   |  |  |  |  |
| 2.Subsoil conditions             |  | volcanism, tsunami  Have earthquake been observed in this area?  If so, please: state intensity ( Mercalli)  Is the design of the structure to be insured based on regulations regarding earthquake-resistant structures?  Is the design standard higher than that stipulated in the relevant regulations?  Tock gravel sand other subsoil conditions | yes no yes no magnitude (Richter) yes no yes no clay filled ground |  |  |  |
| 40.0-                            | avad vestas laval  | Do geological faults exist in the vicinity?   | yes no   |  |  |  |
|                                  | ound-water level   | name  |  |  |  |  |
| 14. Nearest river, lake, sea etc |  | distance  |  |  |  |  |
|                                  |  | -   |  |  |  |  |
|                                  |  | levels low wat  |  |  |  |  |
|                                  |  |   | t level recorded   |  |  |  |
| 15. Me                           | eteorological conditions   | rainy season from to  |  |  |  |  |
|                                  |  | max rainfall (mm) per hou   | ur per day per month   |  |  |  |
|                                  |  | storm hazard mino   | or medium high   |  |  |  |

| 16. | Are extra changes for Overtime, night work, work on                               |                    | yes                 |          | no   |                    |
|-----|---|--------------------|---------------------|----------|--|--------------------|
|     | Public holidays to be included?   | limit of indemnity |                     |          |  |                    |
| 17. | Is third party liability to be included?  |                    | yes                 |          | no   |                    |
|     | Has the contractor concluded a separate policy for T P L?                         | ш                  | yes                 |          | no   |                    |
|     |   | limit              | of indemni          | ty       |  |                    |
| 18. | Details of existing buildings or surrounding property possibly                    |                    |                     |          |  |                    |
|     | affected by the contract works (excavating, underpinning, pilling                 |                    |                     |          |  |                    |
|     | vibrating, ground water lowering etc)   |                    |                     |          |  |                    |
| 19. | Are existing buildings and/ or structures on or adjacent to                       |                    | yes                 |          | no   | limit of indemnity |
|     | the site owned by or held in care ,custody or control of the contractor           | exac               | t description       | of thes  | se buildings/ structures                                 |                    |
|     | (s) or the principal, to be insured against loss or damage arising out            |                    |                     |          |  |                    |
|     | of or in connection with the contract works?                                      |                    |                     |          |  |                    |
|     |   |                    |                     |          |  |                    |
|     |   |                    |                     |          |  |                    |
|     |   |                    |                     |          |  |                    |
|     |   |                    |                     |          |  |                    |
| 20. | Please state hereunder the amounts you wish to insure and the limits of indemnity |                    |                     |          |  |                    |
|     | required (see policy wording,<br>Section I, Memo 1, and Section II.)              |                    |                     |          |  | currency           |
|     | Section 1<br>Material damage  | items              | s to be insure      | ed       |  | sums to be insured |
|     |   | 1.                 | tempor              | ary wo   | s (permanent and<br>rks, including all<br>e incorporated |                    |
|     |   | 1.1                | contrac             | ct price |  |                    |
|     |   | 1.2                | materia<br>principa |          | ms supplied by the                                       |                    |
|     |   | 2.                 | constru             | uction p | lant and equipment                                       |                    |
|     |   | 3.                 | attach              | list sho | machinery (please<br>wing replacement<br>items)          |                    |
|     |   | 4.                 |                     |          | lebris ( insured only unt indicated)                     |                    |
|     |   |                    | total su            | ım to be | e insured under Section 1:                               |                    |