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**FOR OFFICE USE ONLY**

Policy No.:

Proposal No.:

Intermediary:

**Proposal Form  
Contractors All Risk Insurance**

**Questionnaire and Proposal**

1. Title of contract (if project consists of several sections, specify section (s) to be insured.)	<hr/> <hr/> <hr/>
2. Site	<hr/> <hr/> <hr/> <hr/>
Country/Province/District	<hr/> <hr/>
City/Town/Village	<hr/> <hr/>
3. Name and address of principal	<hr/> <hr/>
4. Name(s) and address(es) of contractor(s) <sup>1</sup>	<hr/> <hr/>
5. Name(s) and address(es) of subcontractor(s) <sup>1</sup>	<hr/> <hr/>
6. Name and address of consulting engineer	<hr/> <hr/>
7. Description of contract work <sup>2</sup> (Please give detailed technical information. <sup>1</sup> )	Dimensions (length, height, depth, spans, number of floors) <hr/> <hr/> <hr/>

<sup>1</sup> If necessary on a separate sheet

<sup>2</sup> For harbours, piers, docks, tunnels, galleries, dams, roads, airports, railway facilities, sewerage and water supply systems and bridges, see additional questionnaires.

	Type of foundation and level of deepest excavation <hr/> <hr/>
	Construction method <hr/> <hr/>
	Construction materials <hr/> <hr/>

8. Is the contractor experienced in this type of work or construction method?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9. Period of Insurance	Commencement of work _____ Duration of construction _____ months _____ Date of completion _____ Maintenance period _____	
10. What work will be done 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 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? 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	
12. Period of Insurance	<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 Maintenance period _____	

13. Ground water	Level below grade	m	ft
14. Nearest river, lake, sea, etc.	Name _____ Distance _____ Levels _____ Low water _____ Mean water _____ Highest ever recorded _____ Date _____		
15. Meteorological conditions	Rainy season from _____ to _____ Max rainfall (mm) _____ per hour _____ per day _____ pre months _____ (in) _____ 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 _____



	Limit of indemnity <sup>3</sup>
Special risk to be insured	
Earthquake, volcanism, tsunami	
Storm, cyclone, flood, inundation, landslide	

  

Items to be insured	Limit of indemnity <sup>4</sup>
Section II	
Third party liability	
1 Bodily injury	_____
1.1 Any one person	
1.2 Total	
2 Property damage	
Total limit under Section II:	

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

<sup>4</sup> 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 Questionnaire and Proposal forms the basis and is part of any policy issued in connection with the

above risk. 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

Date

Signature