



## PROPOSAL FOR CONTRACTORS "ALL RISKS" INSURANCE

### SECTION A: PERSONAL / CORPORATE DETAILS

#### (Individual Applicant)

Surname \_\_\_\_\_ Other Name: \_\_\_\_\_

Place of Work \_\_\_\_\_ Occupation: \_\_\_\_\_

Date of Birth: (dd)\_\_\_\_/(mm) \_\_\_\_\_ (yy) \_\_\_\_\_ ID/Passport No. \_\_\_\_\_ *(Please attach copy)*

#### (Corporate Applicant)

Business Name: \_\_\_\_\_ PIN No. \_\_\_\_\_ *(Please attach copy)*

Nature of Business \_\_\_\_\_

Company Registration No. \_\_\_\_\_ *(Attach certificate of incorporation)*

Name of Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

#### (Both Corporate and Individual Applicants)

Postal Address \_\_\_\_\_ Postal Code \_\_\_\_\_ Town: \_\_\_\_\_

Physical Address: Bldg: \_\_\_\_\_ Floor: \_\_\_\_\_ Street: \_\_\_\_\_

Office Tel: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Mobile Phone \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### SECTION B: TECHNICAL DETAILS

1. Title of contract (if project consists of several sections, specify section(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) \_\_\_\_\_

\_\_\_\_\_

5. Name(s) and address(es) of Subcontractor(s) \_\_\_\_\_

\_\_\_\_\_

6. Name and address of consulting Engineer

\_\_\_\_\_

7. Description of contract work

*(Please give detailed technical information)*

Dimensions (length, height, depth spans, number of floors)

Foundation (method, level of deepest excavation)

Construction methods

Construction materials

**SECTION B: TECHNICAL DETAILS continued**

8. Is the contractor experienced in this type of work or construction method? Yes/No \_\_\_\_\_

If Yes state the years of experience \_\_\_\_\_

9. Period of insurance Commencement of work \_\_\_\_\_

Duration of construction \_\_\_\_\_ Months \_\_\_\_\_

Date of completion \_\_\_\_\_

Maintenance period \_\_\_\_\_ Months \_\_\_\_\_

10. What will be done by the sub contractors \_\_\_\_\_

11. Special risks	Fire, explosion	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Flood, inundation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Landslide, storm, cyclone	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Blasting	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Other				
	Volcanism, tsunami	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Have earthquakes been observed in this area? If so, please state inter magnitude	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Is the design of the structure to be insured based on regulations Regarding earthquake-resistant structure?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Is the design standard higher than the stipulated In the relevant regulations?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

12. Subsoil conditions rock  grave  sand  clay  Filled ground   
Other \_\_\_\_\_

Do geological faults exists in the vicinity Yes  No

13. Ground water level

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) per hour \_\_\_\_\_ per day \_\_\_\_\_ per month \_\_\_\_\_  
Storm hazard Minor \_\_\_\_\_ Medium \_\_\_\_\_ High \_\_\_\_\_

16. Are extra charges for overtime, nightwork, work on public holidays to be included Yes  No

Limit of indemnity \_\_\_\_\_

**SECTION B: TECHNICAL DETAILS (continued)**

17. Is third party liability to be included Yes  No   
 Has the Contractor concluded a separate policy for TPL Yes  No   
 Limit of indemnity \_\_\_\_\_

18. Details for existing buildings or surrounding property possibly affected by the contract work, such as by excavating, underpinning, Vibration, ground-water Towering etc.

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 out of or works? Yes  No   
 Limits of indemnity \_\_\_\_\_  
 Exact description of these buildings/structures \_\_\_\_\_

20. Please state hereunder the amounts you wish to insure and the limits of indemnity required (cf. policy wording, section 1. Memo 1 and Section 11)

Section 1

**Material damage  
Items to be insured**

	<b>Sums to be insured</b>
1. Contract work (Permanent and temporary work, including all materials to be incorporated herein) split as follows	
1.1 Contract Price	
1.2 Materials or items supplied by the Principal(s)	
2. Construction plant and equipment	
3. Construction equipment (please attach list showing replacement values of new items)	
4. Clearance of debris (insured only up to the amount indicated)	
5. Surrounding property	
<b>Total sum to be insured under Section 1:</b>	
<b>Special risks to be insured</b>	<b>Limits of indemnity</b>
Earthquake, Volcanism, Tsunami	
Storm, Cyclone, Flood, Inundation Landslide	

## SECTION B: TECHNICAL DETAILS (continued)

Section II Third Party Liability	
Items to be insured	Limits of Indemnity
1. Bodily injury	
1.1 Any one Person	
1.2 Total	
2. Property Damage	
<b>Total limit to be applied under Section II</b>	

3. Limit of indemnity in respect of each and every loss or damage and/or series of losses or damages 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.  
\_\_\_\_\_

## SECTION C: PAYMENT DETAILS

### Payment Type (Please tick)

Cash: (Please pay Directly to AIG)

Cheque: Cheque No. \_\_\_\_\_ Bank: \_\_\_\_\_

Premium Finance: (State the Financing company) \_\_\_\_\_

### IMPORTANT NOTICE

#### PAYMENT OF PREMIUM THROUGH AN INSURANCE AGENT OR DIRECT

- Please note that all premium cheques must be written in favour of AIG KENYA INSURANCE CASH must be paid direct to AIG and appropriate receipt obtained.
- Insurance cover will commence only after payment has been receipted by AIG KENYA INSURANCE If any cheques is dishonored cover will be deemed to have been inoperative with effect from inception.
- Please check that your insurance Agent has a current License from the Insurance Regulatory Authority

## SECTION D: DECLARATION | PRIVACY STATEMENT

### i. Privacy Statement

By completing this form, you have provided AIG with your personal information. AIG is committed to protecting the integrity, confidentiality, access and use of personal information that we collect from you in the course of our business. "Personal Information" is information that identifies and relates to you or other individuals (such as your dependants). You have the right to access and correct personal data that may be incorrect or incomplete. I hereby authorize AIG to use my personal information for lawful business purposes. For more information on how we handle personal information kindly obtain a copy of our privacy policy from our office.

### ii. Summary of Cover

I acknowledge I have received, read and understood the Summary of cover for this policy.

### iii. Declaration

I/We declare that the statements and particulars in this proposal are true and that I/We have not misstated or suppressed any material facts. I/We agree that this proposal, together with any other information supplied by me/us, shall form the basis of any contract of insurance effected thereon. Signing this proposal form does not bind the proposer or underwriter to complete this insurance.

***I/We hereby acknowledge the contents of the statements i-iii above)***

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If Corporate)

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Designation \_\_\_\_\_

Company Stamp:

## SECTION E: OFFICIAL USE ONLY

Period of Insurance: From: \_\_\_\_\_ / \_\_\_\_\_ /20 \_\_\_\_\_

To: \_\_\_\_\_ / \_\_\_\_\_ /20 \_\_\_\_\_ (both dates inclusive)

First Premium: \_\_\_\_\_

Stamp Duty: \_\_\_\_\_

Total: \_\_\_\_\_

Name of Producer: \_\_\_\_\_ Tel: \_\_\_\_\_

Proposal Status: (Note Check if all requirements are attached)

Approved: \_\_\_\_\_

Deferred: Reason: \_\_\_\_\_

Rejected: Reason: \_\_\_\_\_

Underwriters Name & Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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