

PROPOSAL FOR CONTRACTORS' ALL RISK INSURANCE

IMPORTANT NOTES

Filling and signing this application form does not automatically result in a contract. Insurance becomes in force once United Fidelity Insurance Company has agreed to bind cover.

Insurers, their agents, brokers and insurance associations may share information to prevent fraudulent claims and for underwriting purposes.

All questions must be answered fully. Ticks and dashes are not sufficient.

Please answer every question fully

1. Title of contract (if project consists of several sections, specify section(s) to be insured):

2. Location of site:

3. Name and address of principal:

4. Name(s) and address(es) of contractor(s):

5. Name(s) and address(es) of subcontractor(s) if applicable:

6. Names and address of consulting engineer/ architect:

UNITED FIDELITY INSURANCE COMPANY

In Conformity with the Federal Law No. 6/2007 Reg. No (8) dated 22/12/1984. Authorized paid-up Capital Dh. 100,000,000

Ras Al Khaimah T: +971 7 2351584, F: +971 7 2353213, P.O. Box: 1010 - Sharjah T: +971 6 5682277, F: +971 6 5681586, P.O. Box: 5333

Dubai T: +971 4 2502501, F: +971 4 2502504, P.O. Box: 1888 - Abu Dhabi T: +971 2 6263313, F: +971 2 6263526, P.O. Box: 721

Fujairah T: +971 9 2222302, F: +971 9 2220294, P.O. Box: 4417

info@fidelityunited.ae



7. Description of contract work (please give detailed technical information):

a. Dimension (length, height, depth, spans, number or floor)

b. Foundation (method, level or deepest excavation)

c. Construction methods and materials

8. Is the contractor experienced in this type of work or construction methods?

9. Period of insurance:

a) Commencement of work	
b) Duration of construction	
c) Date of completion	
d) Maintenance period	

10. Work to be carried out by subcontractors:

11. Special risks:

- a) Fire, Explosion Yes _____ No _____
b) Flood, inundation Yes _____ No _____
c) Landslide, storm or cyclone Yes _____ No _____
d) Blasting Yes _____ No _____
e) Other

12. Subsoil conditions:

a) Rock		e) Filled ground	
b) Gravel		f) other	
c) Sand			
d) clay			



Do geographical faults exist in the vicinity? If so give details.

13. What is the distance of the sea from the contract site?

14. Is third party liability insurance to be included? IF yes, for what limit of indemnity?

15. Details of existing buildings or surrounding property possibly affected by the contract work, such as by excavating, underpinning, vibration, ground water lowering etc.

16. Are existing buildings and/or structures on or adjacent to the site, owned by or held in the care, custody or control of contractor(s) or the Principal, to be insured against the loss or damage arising out or in connection with the contract works? If so give exact descriptions of these buildings. Structures and the sum insured

17. Please state hereunder the amounts you wish to insure and the limits of indemnity required:

SECTION 1 – CONTRACT WORKS

ITEMS TO BE INSURED	SUMS TO BE INSURED
1. Contract Work (permanent and temporary work including all materials to be incomplete therein)	
2. Contractors Plant	
3. Debris Removal Costs	
4. Own surrounding property (if applicable)	



SECTION 2 – LIABILITY TO THIRD PARTIES

1. Limit of Indemnity	
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SECTION 3 – PRINCIPAL'S LOSS OF PROFITS / ADVANCED LOSS OF PROFITS

1. Indemnity Period	
2. Expected monthly revenue (or rent) post-completion	

DECLARATION

I/We hereby declare that the above information and statements are, to the best of my/our knowledge and belief, correct and complete.

I/We agree that this proposal shall be the basis of the contract between me/us and UNITED FIDELITY INSURANCE COMPANY and I/We agree to accept the Company's standard form of Policy for the class of Insurance.

If the answers to all or any of the above questions have been written by others at my/our dictation or instruction, I/We confirm that I/we have read those answers and that they are correct.

Signature _____ Date _____

Name in block letters _____

The insurance will not be in force until the proposal has been accepted by United Fidelity Insurance Company and the premium paid.

IMPORTANT NOTE

Any other facts known to you which are likely to affect acceptance or assessment of the risk proposed for insurance must be disclosed. Should you have any doubt about what you should disclose, do not hesitate to tell us or your insurance adviser. This is for your own protection, as failure to disclose may mean that your policy will not provide you with the cover you require, or may perhaps invalidate the policy altogether.