



# MUI Continental Insurance Berhad (29123-D)

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Branches

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## Questionnaire and Proposal for Erection All Risks Insurance No.

1. Title of contract (if project consists of several sections, specify section (s) to be insured)		
2. Location of Erection Site		
Country		
City, town, village		
3. Proposer	Please indicate which of the Nos. 4 to 9 below is the "Proposer" of the insurance, and which parties are to be declared as "Insured" in the Policy.	
	Proposer No :	Insured No (s) :
4. Principal		
Name		
Address		
5. Main Contractor (s)		
Name (s)		
Address (es)		
6. Subcontractor (s)		
Name (s)		
Address (es)		
7. Manufacturers of main items		
Name (s)		
Address (es)		
8. Firm supervising erection		
Name (s)		
Address (es)		
9. Consulting Engineer		
Name		
Address		
10. Exact description of the property to be erected (if second hand items are to be erected, please state)		
In case of machines: manufacturer's name, number, type, size, capacity, weight, pressure, temperature, revolutions, in case of complete factories: general drawing of plant, nature of civil engineering work (if any)		

11. Period of Insurance	Commencement of insurance			
	Duration of pre-storage	months		
	Commencement of erection work			
	Duration of erection/construction	months		
	Duration of testing	weeks		
If Maintenance coverage required	Duration of maintenance	months		
	Type of coverage required			
Termination of insurance				
12. Have plans, designs and materials of the kind used in this project been used and/or tested in	a) previous constructions	<input type="checkbox"/> Yes	<input type="checkbox"/> no	
	b) previous constructions by the Contractor(s)	<input type="checkbox"/> yes*	<input type="checkbox"/> no	
	*Please give details of similar projects carried out by Contractor(s)			
13. Is this an extension of an existing plant?			<input type="checkbox"/> Yes*	<input type="checkbox"/> no
	*Will operation of existing plant continue during erection period? (Enclose plans where available)		<input type="checkbox"/> Yes	<input type="checkbox"/> no
14. Have the buildings and civil engineering works already been completed?			<input type="checkbox"/> Yes	<input type="checkbox"/> no
15. Work to be carried out by Subcontractors				
16. Is there any aggravated risk of:	Please also give answers to Nos. 16 to 21 as much as information obtainable:			
	fire			<input type="checkbox"/> Yes* <input type="checkbox"/> no
	explosion			<input type="checkbox"/> Yes* <input type="checkbox"/> no
*If so, give details				
17. Ground water level	highest level recorded			
18. Nearest river, lake, sea etc levels of such river, lake, sea, etc.	name		distance from site	
	low water	mean water	highest level recorded	
	mean level at site			
19. Meteorological conditions:	rainy seasons from		to	
	max. rainfall (mm)	per hour	per day	per month
	max. wind velocity	strom frequency	<input type="checkbox"/> low	<input type="checkbox"/> medium <input type="checkbox"/> high

20. Hazards of earthquake volcanism tsunami	Is there a history of volcanism, tsunami at the site	<input type="checkbox"/> yes	<input type="checkbox"/> no
	have earthquakes etc. been observed in thsi area?	<input type="checkbox"/> yes*	<input type="checkbox"/> no
	*If so, please state intensity	magnitude	
	Is the design of the structures to be insured based on regulations regarding earthquake resistant structures?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Subsoil conditions:	<input type="checkbox"/> rock	<input type="checkbox"/> gravel	<input type="checkbox"/> sand
	<input type="checkbox"/> clay	<input type="checkbox"/> filled site	
	other types:		
	Do geological faults exist in the vicinity?	<input type="checkbox"/> yes	<input type="checkbox"/> no
21. Estimate, if possible, the probable maximum loss, expressed as a percentage of the sum insured, in a single occurrence	a) due to earthquake	b) due to fire	
	c) due to other cause (please specify)		
		<input type="checkbox"/> yes*	<input type="checkbox"/> no
22. Is coverage of Construction/ Erection equipment (scaf- folding, huts, tools, etc.) required? *Please give brief des- cription and state value under No. 28.3			
23. Is coverage of Construction/ Erection machinery (ex- cavators, cranes, etc.) required? *Please attach list of major machines showing individual new replacement values and state total value under No. 28.4.		<input type="checkbox"/> yes*	<input type="checkbox"/> no
24. 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 damaged arising out of or in connection with the con- tract works? State Limit under No. 28.6.		<input type="checkbox"/> yes*	<input type="checkbox"/> no
	*Exact description of these buildings/structures:		
25. Is Third Party Liability to be included? *Give brief description of surrounding and existing buildings and/or structures not belonging to the Principal or Con- tractors (enclose maps, if possible) State limits under No. 28, Section II		<input type="checkbox"/> yes*	<input type="checkbox"/> no
26. Do you wish cover to include extra charges (in case of loss) for:	express freight, overtime, night work, work on public holidays?	<input type="checkbox"/> yes	<input type="checkbox"/> no
	air freight?	<input type="checkbox"/> yes	<input type="checkbox"/> no
27. Give details of any special extension of cover required			

28. Please state hereunder the amounts you wish to insure or where applicable the limits of indemnity required (cf. Policy Wording, Section I, Memo 1 and Section II)

Currency : Ringgit Malaysia (RM)

**Section I –  
Material Damage**

Items to be insured	Sums to be insured (state below separately)
1. Erection Works, split up as follows:	
1.1 Items to be erected	
1.2 Freight	
1.3 Customs Duties and Dues	
1.4 Civil Engineering Works	
2. Civil Engineering Works	
3. Construction/Erection Equipment	
4. Construction/Erection Machinery	
5. Clearance of Debris (limit of indemnity)	
6. Property located on the Principal's premises or on the site, belonging to the principal or held in care custody or control (Limit of indemnity-see Memo 4 of Policy)	
Total Sum to be issued under Section I:	

Please indicate limits of indemnity required for the following perils:

Risk	Limits of indemnity <sup>1</sup>
Earthquake, volcanism, tsunami	
Storm, cyclone, flood, inundation, landslide	

**Section II –  
Third Party Liability**

Insured Items	Limits of indemnity <sup>2</sup>
Bodily Injury – any one person	
Bodily injury – total	
Property Damage	
Or alternatively: Combined Single Limit of	

1 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.

2 Limit of indemnity in respect of any one accident or series of accidents arising out of one event.

We hereby declare that the statements made by us in the Questionnaire and proposal are complete and true to the best of our knowledge and belief, and we hereby agree that this Questionnaire and Proposal shall form the basis and be part of any Policy or Policies issued in connection with the above risk or risks. It is agreed that the Insurers shall be liable in accordance with the terms of the Policy only and that the Insured will not lodge any other claims of whatever nature.

The Insured undertakes to inform the Insurers of any material alteration whereby the risk is increased, and the Insurers reserve the right to modify any quotation made in the light of such alteration.

The Insurers undertake to deal with this information in strict confidence.

completed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Signature of Proposer