



شركة الشركاء المتحدون لوساطة التأمين ذ.م.م  
UNITED PARTNERS INSURANCE BROKERS CO. L.L.C

## PROPOSAL FORM FOR ERECTION ALL RISKS INSURANCE

<b>1</b>	Name of Proposer (in full) :	
<b>2</b>	Address :	
<b>3</b>	Trade or business :	
<b>4</b>	Name and address of Principal for whom contract is to be undertaken :	
<b>5</b>	Description of Contract. Please attach a copy of the contract conditions and of the site plans, if available :	
<b>6</b>	Situation of Contract and brief details of surrounding property :	
<b>7</b>	Duration of:- a) Construction Period : FROM: <input type="text"/> TO: <input type="text"/> b) Maintenance Period (if cover required for this period) : FROM: <input type="text"/> TO: <input type="text"/> OR: <input type="text"/> MONTHS	
<b>8</b>	a) Is any of the work to be sub-contracted? : YES <input type="text"/> NO <input type="text"/> b) Is the insurance to cover the interest of sub-contractors? : YES <input type="text"/> NO <input type="text"/> c) If so, Please give the name and addresses of the sub-contractors :	
<b>9</b>	Sums to be Insured : a) Contract price : KD <input type="text"/> b) Materials to be supplied by the principal : KD <input type="text"/> c) Professional Fees : KD <input type="text"/> d) Clearance of Debris : KD <input type="text"/> e) principal's Existing Property : KD <input type="text"/> f) Value of tools, tackle and plant the property of the Proposer or for which he is responsible not forming part of the Contract works but to be used on Contract site : KD <input type="text"/>  TOTAL : KD <input type="text"/>  <b>NOTE:</b> Include Sub-contractors interests in a) and b) if these are to be insured  Maximum value any one machine, tool or piece of apparatus : KD <input type="text"/>	

**N.B.: The following are NOT eligible for inclusion in this insurance and should be ignored:-**

**Ships, craft or aircraft, locomotive or railway stock, and any mechanically propelled vehicle (which expression shall include a trailer attached thereto) other than Contractor's Plant & Equipment used solely on the Contract site**

**THIRD PARTY LIABILITY**  
**(QUESTIONS 10/14 NEED NOT BE ANSWERED IF THE POLICY IS TO COVER CONTRACT WORK ONLY)**

<b>10</b>	a) Amount of indemnity required in respect of any one accident <b>Note:</b> The number of accidents in any one period is unlimited	:	KD	<input style="width: 90%;" type="text"/>
	b) Do you require Third Party Liability Cover during the Maintenance Period?	:	YES	<input style="width: 50px;" type="text"/> NO <input style="width: 50px;" type="text"/>
<b>11</b>	a) Do you desire to insure your liability for claims arising from the operations of Sub-Contractors?	:	YES	<input style="width: 50px;" type="text"/> NO <input style="width: 50px;" type="text"/>
	b) If so state?	:		
	i) nature of sub-contractor's work	:		
	ii) proportion of total contract price to be sub-contracted	:		
<b>12</b>	Describe all Lifts, Hoists, Cranes and Locomotives, if any to be used, to carry out the proposed work			
<b>13</b>	Give particulars of:-			
	a) Radio-active substances or devices, if any, to be used	:		
	b) Explosives or chemicals to be used	:		
<b>14</b>	Total amount of wages expenditure for this project:-			
	a) Own Employees	:	KD	<input style="width: 150px;" type="text"/>
	b) Sub-contractor's employees	:	KD	<input style="width: 150px;" type="text"/>

**GENERAL QUESTION**

<b>15</b>	a) Have you ever proposed for Contract Works or Third Party Liability insurance?	:	YES	<input style="width: 50px;" type="text"/>	NO	<input style="width: 50px;" type="text"/>
	b) If so, to whom and with what result?	:				
	c)					
	i) Has any such insurance ever been declined	:	YES	<input style="width: 50px;" type="text"/>	NO	<input style="width: 50px;" type="text"/>
	ii) Has any Extension thereof not been invited	:	YES	<input style="width: 50px;" type="text"/>	NO	<input style="width: 50px;" type="text"/>
	iii) Have any special terms or conditions been	:	YES	<input style="width: 50px;" type="text"/>	NO	<input style="width: 50px;" type="text"/>

16	Give details of all losses sustained by you during the last three years in respect of the contingencies now proposed for insurance	<u>Year</u>	<u>Nature of claim</u>	<u>Cost</u>

I/We hereby declare that all the above statements and particulars are true and I/We agree that this Proposal and Declaration shall form the basis of the Contract between me/us and the Insurers.

**Date:** \_\_\_\_\_ **Proposer’s Signature:** \_\_\_\_\_

*Please see next page for Scope of Cover*

## **SCOPE OF COVER**

### **CONTRACT WORKS**

The Policy covers the Contract Works and also all materials, tools, tackle and plant on the site for the purpose of the contract, the main exceptions being:-

- 1) War, warlike operations, mutiny, military or usurped power, confiscation, or requisition or destruction under the order of any Government or public authority
- 2)
  - a) Defective workmanship or defective materials
  - b) Wear and tear, rust, mildew or other gradual deterioration
  - c) Mechanical or electrical breakdown or derangement of construction plants, equipments & machinery
  - d) Defective or inadequate design

N.B. The exclusion of loss or damage caused by (a), (b) or (c) is limited to the machine or structure immediately affected and does not extend to other parts of the Property lost or damaged thereby.

- 3) Plant as outlined in N.B. of Question 9 above.
- 4) Deeds, bonds, bills of exchange, promissory notes, cash, bank notes, cheques, securities for money or stamps.
- 5) Consequential loss and penalties for delay.

The Contractor is also required to bear the first amount of any loss agreed as “Deductible”

### **THIRD PARTY LIABILITY**

The Policy provides indemnity in respect of claims by Third Parties, the main exceptions being:

- 1) Loss of or damage to any property land or buildings caused by vibration or the removal or weakening of support of such property land or buildings
- 2) Any liability which attaches by virtue of an agreement but which would not have attached in the absence of such agreement
- 3) Liability for bodily injury to any person under a contract of service or apprenticeship with the Insured arising out of and in the course of the employment of such person by the Insured.

*Each Contract is rated separately. A Quotation will be given on receipt of a completed Proposal Form.*

***COVER IS SUBJECT TO THE FULL TERMS AND CONDITIONS OF THE POLICY.***

## PROPOSAL FORM FOR CONTRACTORS ALL RISKS (ANNUAL COVER) INSURANCE

<b>1</b>	Name of Proposer (in full)	:			
	Address	:			
<b>2</b>	Trade or business	:			
<b>3</b>	Name and address of Principal for whom contract is to be undertaken	:			
<b>4</b>	Description of Contract. ( Please attach a copy of the contract conditions , if available)	:			
<b>5</b>	Situation of Contract Sites	:			
<b>6</b>	<b>Duration of:-</b> a) Period of Insurance : FROM: <input style="width: 100px;" type="text"/> TO: <input style="width: 100px;" type="text"/> b) Period of Maintenance for each contract : FROM: <input style="width: 100px;" type="text"/> TO: <input style="width: 100px;" type="text"/> <div style="text-align: right; margin-right: 50px;">OR: <input style="width: 80px;" type="text"/> MONTHS</div>				
<b>7</b>	a) Is any of the work to be sub-contracted? : YES <input style="width: 50px;" type="text"/> NO <input style="width: 50px;" type="text"/> b) If Yes, is the insurance to cover the interest of sub-contractors? : YES <input style="width: 50px;" type="text"/> NO <input style="width: 50px;" type="text"/> c) If so, Please give the name and addresses of the sub-contractors :				
<b>8</b>	Estimated Annual Turnover (total estimated contract value)	:	KD	<input style="width: 150px;" type="text"/>	
<b>9</b>	<u><b>Sums to be Insured :</b></u> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> <b>i) The Property Insured - Insurance of Contract Works</b>   (a) The works and temporary works and materials incorporated or to be incorporated therein. :   (b) Constructional plant equipment tools and the like not otherwise insured as per details mentioned below* :   (c) Temporary Buildings. : </div> <div style="width: 35%; text-align: right;"> <b>Maximum Sum Insured (any one contract)</b>   KD <input style="width: 150px;" type="text"/>   KD <input style="width: 150px;" type="text"/>   KD <input style="width: 150px;" type="text"/> </div> </div> <div style="margin-top: 10px;"> <b>ii) All the property of the Insured or for which they are responsible all whilst on the Contract Site for the purpose of the Contract.</b> </div>				

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a) Costs and expenses necessarily incurred by the insured with the consent of the Company in demolishing or removing debris of the portion(s) of the Property Insured under Item i) a), b), or c) above destroyed or damaged by any peril hereby insured against.

:

KD

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iii) Surveyors' or Consulting Engineers' fees necessarily incurred in the reinstatement of the Property Insured consequent upon its loss or damage

:

KD

MAXIMUM TOTAL SUM INSURED (ANY ONE CONTRACT)

:

KD

\*Details of construction plant equipments' and tools covered.

No.	Description	Qty	Replacement Value **			
1.			KD		BD	
2.			KD		BD	
3.			KD		BD	
4.			KD		BD	
5.			KD		BD	
6.			BD		BD	
7.			BD		BD	
8.			BD		BD	
9.			BD		BD	
10.			BD		BD	
11.			BD		BD	
12.			BD		BD	
13.			BD		BD	
14.			BD		BD	
15.			BD		BD	
16.			BD		BD	
17.			BD		BD	
18.			BD		BD	
19.			BD		BD	
20.			BD		BD	
21.			BD		BD	
22.			BD		BD	
23.			BD		BD	
24.			BD		BD	

\*\* (i.e. the cost of replacement of the insured items by new items of the same kind & same capacity)  
**FOR MORE ITEMS PLEASE REFER TO LAST PAGE**

### **THIRD PARTY LIABILITY**

<b>10</b>	a) Amount of indemnity required in respect of any one accident :	BD	<input type="text"/>
	b) Do you require Third Party Liability Cover during the Maintenance Period? :	YES <input type="text"/>	NO <input type="text"/>
<b>11</b>	Describe all Lifts, Hoists, Cranes and Locomotives, if any to be used, to carry out the proposed work :		

### **GENERAL QUESTION**

<b>12</b>	a) Have you ever proposed for Contract Works or Third Party Liability insurance? :	YES <input type="text"/>	NO <input type="text"/>
	If yes, Name of Insurance Company? :	<input type="text"/>	
	b) If so, Please mention details claims made during the last five years?		
	i) Number of claims :		
	ii) Amount claimed :	BD	<input type="text"/>
	c)		
	i) Has any such insurance ever been declined :	YES <input type="text"/>	NO <input type="text"/>
ii) Has any Extension thereof not been invited :	YES <input type="text"/>	NO <input type="text"/>	
iii) Have any special terms or conditions been imposed? :	YES <input type="text"/>	NO <input type="text"/>	

I/We hereby declare that all the above statements and particulars are true and I/We agree that this Proposal and Declaration shall form the basis of the Contract between me/us and the Bahrain Kuwait Insurance Co. relating to the proposed cover.

**Date:** \_\_\_\_\_ **Proposer's Signature:** \_\_\_\_\_

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No.	Description	Qty	Replacement Value **			
25.			BD		BD	
26.			BD		BD	
27.			BD		BD	
28.			BD		BD	
29.			BD		BD	
30.			BD		BD	
31.			BD		BD	
32.			BD		BD	
33.			BD		BD	
34.			BD		BD	
35.			BD		BD	
36.			BD		BD	
37.			BD		BD	
38.			BD		BD	
39.			BD		BD	
40.			BD		BD	
41.			BD		BD	
42.			BD		BD	
43.			BD		BD	
44.			BD		BD	
45.			BD		BD	
46.			BD		BD	
47.			BD		BD	
48.			BD		BD	
49.			BD		BD	
50.			BD		BD	
51.			BD		BD	
52.			BD		BD	
53.			BD		BD	
54.			BD		BD	
55.			BD		BD	
56.			BD		BD	
57.			BD		BD	

\* (i.e. the cost of replacement of the insured items by new items of the same kind & same capacity)