



GA INSURANCE LIMITED

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PROPOSAL FOR CONTRACTORS' ALL RISKS

Important Please note that no cover is in force until confirmed by the COMPANY in writing.
Please complete in BLOCK CAPITALS throughout.

Name of Proposer

If not a limited company show the full names (incl. forenames) of all principals or partners and the full trading names. Please show the names of all subsidiary and associated companies to be insured

Postal Address

Tel.

Fax

Address of Premises/Site to be insured if different from above

Tel.

Fax

Trade/ Business/Occupation

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Period of Insurance

Day	Mont h	Year

to

Day	Mont h	Year

1. Name of Project

(if the project consists of several sections specify the sections to be insured here)

2. Location of site

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3. Name of Consulting Engineer

Postal Address

Tel.

Fax

4. Name of Architect

Postal Address

Tel.

Fax

5. Name of the main contractor

Postal Address

Tel.

Fax

a. When was the company established

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b. What is the contractor's

1. Experience of this type of work?

--

2. experience in Kenya?

--

3. claims experience?

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6. Will the contractor carry out the actual work?

Insert 'YES' or 'NO'

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a. if they are only supervising the work, who will supply labour?

b. will any part of the works be sublet to sub-contractors?

Insert 'YES' or 'NO'

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If 'YES' give details below :

Name of the sub-contractor(s)

Postal Address

i.

Tel.

ii.

Tel.

iii.

Tel.

1. type of work sublet

2. value KShs.

3. extent of sub-contractor's responsibility

7. Name of the firm supervising erection

Postal Address Tel.

CONTRACT WORK

8. What is the total value of the contract? KShs.

State the total values of

a. Civil works

1. earthworks &/or site preparation KShs.

2. buildings KShs.

3. utilities (sewerage, water, etc.) KShs.

b. Installation works

1. electrical KShs.

2. mechanical KShs.

9. Are any materials to be supplied by the principal? Insert 'YES' or 'NO'

If yes give details below

10. Are they included in the total contract value?

Insert 'YES' or 'NO'

If yes give details below

11. Are they to be insured?

Insert 'Yes' or 'NO'

If yes give details

Nature of materials :

Value of materials:

When does the contractor's responsibility for these materials?

12. Are extra time to be included for

a. overtime?

'YES' or 'NO'

If 'YES' state limit?

b. night work?

'YES' or 'NO'

If 'YES' state limit?

c. express freight?

'YES' or 'NO'

If 'YES' state limit?

d. air freight?

'YES' or 'NO'

If 'YES' state limit?

e. work on public holidays?

'YES' or 'NO'

If 'YES' state limit?

f. removal of debris?

'YES' or 'NO'

If 'YES' state limit?

13. What is the period of the contract?

a. Commencement date

b. completion date

c. duration of pre-storage

14. What is the period of

a. maintenance?

b. testing?

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What type of cover is required?

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15. Describe fully the contract works including,

a. dimensions

b. foundations

Method:

Level of deepest excavation:

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c. construction methods

d. construction materials

1. provided by the principal

2. provided by the contractor

16. Estimate the probable maximum loss

KShs.

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Has the contractor concluded a separate policy of third party liability?

Insert 'YES' or 'NO'

--

If not,

Is the third party liability to be included in this POLICY?

Insert 'YES' or 'NO'

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If yes,

What limits are required for

a. bodily injury :

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b. property damage :

--

c. in aggregate a
combined single
limit

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17. Are cross liabilities to be included?

Insert 'YES' or 'NO'

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18. Give details of surrounding property and existing buildings

How are they affected by the contract work, such as from
a. excavation?

b. underpinning?

c. piling?

d. vibration?

e. ground water lowering?

19. Give details of any other special risks or injury or
damage to third parties

CONTRACTORS PLANT,EQUIPMENT AND SITE INSTALLATIONS

20. What is the total value of machinery and
equipment to be used for the work?

KShs.

21. What is the value of

a. mobile plant?

KShs.

1. approximate total number of units

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2. maximum value of any one item

KShs.

b. fixed plant?

KShs.

1. maximum value of any one item

KShs.

c. Site installation?

KShs.

1. Give description

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22. State the distance between the site of work and the location of

a. accommodation

--

b. temporary offices

--

c. control centres

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23. IS road use cover required?

Insert 'YES' or 'NO'

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If yes give details

Vehicle details	Value (KShs.)

24. What precautions will be taken against

a. fire?

b. theft?

c. flood?

25. State deductibles required

a. contract work

1. major perils

2. others

b. T P L property

c. Contractors plant and equipment

26. Will explosives be used? If so state

a. maximum quantity to be used

b. average size of the charge

c. what precautions will be taken to avoid

i) accidents
ii) injury or damage to third parties

d. where the explosives will be used

e. how often will the explosives be used

f. how and where will the stock of explosives be stored

g. who will use the explosives

27. Is there any excavation work? If so, state

a. methods to be used

b. the maximum depth to be reached

28. Is there any pile driving? If so state
a. number, type, average diameter, average length and average depth of pile(s)

29. Is there any tunnelling, bridge, building, dam construction, diversion of water ways or crossing of public utilities? If so give details below

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30. State the type of subsoil

31. Is there any evidence of subsidence or landslide?

Insert 'YES' or 'NO'

32. Are there any underground workings in the area? If so give details

33. Do geological faults exist in the area? If so, give details

34. Is there any body of water (river, lake, sea, etc.) within the vicinity? If so, state

- a. the distance from the working site
b. the risk of flooding at the site

35. What are the meteorological conditions in term of

- a. rainy seasons?
b. maximum rainfall?
c. storm hazard?

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36. Are there any features of untried design to the extent of being experimental or prototype? If so, give details

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SCHEDULE ATTACHING TO AND FORMING PART OF THIS POLICY

SECTION I – MATERIAL DAMAGE

Item No.	Description of Items Insured	Sum Insured (KShs.)	Deductibles (KShs.)	Rate
1.	On contract work (Permanent and temporary work, including all materials to be incorporated herein) a. Contract price b. Materials or items supplied by the Principal			
2.	On construction plant and equipment			
3.	On construction machinery (according to list)			
4.	On clearance of debris			
TOTAL SUM INSURED UNDER SECTION :				

1. Do you require cover for the following ‘Special Perils’?

Insert ‘YES’ or ‘NO’

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If ‘YES’ give details below :

Item No.	Risk	Limit of Indemnity	Deductible	Rate
1.	Earthquake			
2.	Volcanoes			
3.	Tsunamis			
4.	Storm			
5.	Cyclone			
6.	Flood			

7.	Inundation			
8.	Landslide			

Note : 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

SECTION II – THIRD PARTY LIABILITY

Item No.	Description of Item Insured	Limit of Indemnity	Deductible	Rate
1.	On bodily injury a. any one person b. in aggregate			
2.	On property damage			

Note : Limit of Indemnity in respect of any one accident or series of accidents arising out of any one event.

Requirements :

Supply copies of

1. the principal's clauses relating to the contractors responsibility for
 - a. damage to the contract works
 - b. public liability risks
 - c. employers' liability
 - d. workmen's compensation
 - e. transit
 - f. motor
2. the relevant
 - a. plans
 - b. bar charts
3. the list(s), with values, of machinery (tower cranes, etc.)
4. the list(s), with values, of equipment (tools, etc.)

We, hereby, declare that the statements made by us in this 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 issued in connection with the above risk or risks.

It is agreed that the INSURERS shall be liable in accordance with the terms of this 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..... THIS..... DAY OF..... 20.....

SIGNATURE.....

FOR OFFICIAL USE:

Section	Total Sum Insured	Annual Premium
Total Premium		
Training Levy		
Stamp Duty		
Total		

Alternative deductibles and rates:

Item	Section	Major Perils	Deductibles	Rate

Signed:.....
For and on behalf of the COMPANY

Date :