



দেশ জেনারেল ইস্যুরেন্স কোম্পানী লিমিটেড  
**Desh General Insurance Company Limited**  
Head Office : Jiban Bima Bhaban, 5th Floor, 10, Dilkusha C/A, Dhaka-1000

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

Proposal No. ....

Policy No. ....

1. Title of contract (if project consist 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 Address	
6. Sub-contractor(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(s) Address(s)	
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, capa- city, weight, pressure, temperature, revolutions ; In case of complete factories : general draw- ing 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 project 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 Sub-contractors			
16. Is there any aggravated risk of :	Please also give answers to Nos. 16 to 21 as far as information obtainable :		
	fire	<input type="checkbox"/> yes*	<input type="checkbox"/> no
*If so, give details	explosion	<input type="checkbox"/> yes*	<input type="checkbox"/> no
17. Ground water level			
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 of site		
19. Meteorological condition ;	rainy seasons from	to	
	max. rainfall (mm)	per hour	per day per month
	max. wind velocity	storm 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 this 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 resultant 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
	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 percent- age of the sum insured, in a single occurrence	a) due earthquake	b) due to fire			
	c) due to other cause (please specify)				
22. Is coverage of Construc- tion/Erection equipment (scaffolding, huts, tools, etc.) required ?		<input type="checkbox"/> yes	<input type="checkbox"/> no		
	*Please give brief descrip- tion and state value under No. 28.3.				
23. Is coverage of construc- tion/Erection machinery (excavators, cranes, etc.) required ?		<input type="checkbox"/> yes*	<input type="checkbox"/> no		
	*Please attach list of major machines showing individual new replacement values and state total value under No. 28.4.				
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 damage arising out of or in connection with the contract 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 ?		<input type="checkbox"/> yes*	<input type="checkbox"/> no		
	Give brief description of surrounding and existing buildings and/or struc- tures not belonging to the Principal or Con- tractors (enclose) maps, if possible) State limits under No. 28. Section II				
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 ( of Policy Wording, Section I, Memo I and Section II )

Description of the Insured Item	SUM INSURED	
	Foreign Currency	Local Currency
Section I, Material Damage		
1. Erection works, splite up as follows :		
1.1 Items to be erected	1.1 _____	Tk _____
	= Tk. _____	
1.2 Freight	1.2 _____	Tk. _____
	= Tk. _____	
1.3 Customs Duties & dues	1.3 Nil	Tk. _____
1.4 Cost of Erection	1.4 _____	Tk. _____
1.5 Cost of Marine Insurance	1.5 Nil	Tk. _____
2. Civil Engineering Works	2. Nil	Tk. _____
3. Construction/Erection Equipment	3. Nil	Tk. _____
4. Construction/Erection Machinery	4. Nil	Tk. _____
5. Clearance of Debris (limits of indemnity)	5. Nil	Tk. _____
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 )	6. Nil	Tk. _____
Total Sum to be insured under Section I :	Total	Tk. _____

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

<sup>1</sup> 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.

<sup>2</sup> Limit of indemnity in respect of any one accident or series of accident 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 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 where by the risk increased and the Insurers reserve the right to modify any question made in the light of such alteration.

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

completed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_

Signature