

## Proposal Form

ADNIC is a Public Joint Stock Company incorporated in the United Arab Emirates by Law No. (4) of 1972, and it is governed by the provisions of the UAE Federal Law No. (6) of 2007 "Establishment of the Insurance Authority & Organization of its Operations", with Registration No. (1).

### Completing this form

In order to apply for this insurance, please complete all parts of this proposal form and the annexures, if any.

**You must provide full, accurate, and true answers to all questions listed below. Material facts which you know or ought to know should be fully and accurately disclosed. Failure to do so may result in rejecting your claim and/or terminating the insurance policy from inception.**

If you are in any doubt about what you should disclose, please do not hesitate to contact us. A material fact is one that would influence our decision whether to offer you insurance or the terms which we offer.

If the space provided is inadequate, please provide details using an additional information sheet, signed and dated.

Your insurance does not commence when you sign the proposal. Your cover will only commence once we have reviewed the proposal form and confirmed cover in writing.

Please keep a copy of this proposal form for your record along with any correspondence/information provided to us and policies/endorsements that are issued to you subsequently.

### Important note

In order to apply for the Contractors' All Risks insurance, please complete all parts of this proposal and the annexure form. Insurance begins when ADNIC confirms cover in writing.

You must provide full and true answers to all questions listed below. Material facts which you know or ought to know should be fully disclosed. Failing to do so, may result in the insurance cover not protecting you in the event of a claim and the policy issued may be -

- Canceled from inception
- Altered with revised terms

You should keep a record (including but limited to a copies of proposal forms, letters/correspondence) of all information supplied to us for the purpose of entering this contract.

If the space provided is inadequate please provide the details using the Additional Information Section.

For harbors, piers, docks, tunnels, galleries, dams, roads, airports, railway facilities, sewerage and water supply systems, and bridges see additional questionnaires.

### Definition of Material Facts

These are facts which an Insurer would regard as likely to influence the acceptance and assessment of the proposal. If you are in any doubt about what you should disclose, do not hesitate to contact us. Making sure we are informed completely is for your own protection.

### 1. Proposer details

- Name of the proposer (in full): \_\_\_\_\_
- Trading name (if different from business name): \_\_\_\_\_
- Postal address: \_\_\_\_\_
- Contact person: \_\_\_\_\_
- Telephone No.: Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_
- Fax No.: \_\_\_\_\_ g. Email: \_\_\_\_\_
- VAT Tax Registration Number (if applicable): \_\_\_\_\_

### 2. Project/Contract details

- Name of contract/project: \_\_\_\_\_
- Site/exact location: \_\_\_\_\_
- Area (Zone and sector): \_\_\_\_\_
- Country/Province/District: \_\_\_\_\_

## 2. Project/Contract details (continued)

e. City/Town/Village: \_\_\_\_\_

f. Name and address of principal: \_\_\_\_\_  
\_\_\_\_\_

g. Name(s) and address(es) of contractor(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

h. Name(s) and address(es) of sub-contractor(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

i. Name and address of consulting engineer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

j. Any other party involved for the execution of the project\*: \_\_\_\_\_

\*Cover will be limited to the site activity only

## 3. The insured interests

Whose interests are to be insured?

Principal       Contractor       Sub-contractor       Others\* \_\_\_\_\_

\*Others please specify

## 4. Contract work

Description of contract work (Please give detailed technical information.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 5. Insurance amount

State hereunder the amounts you wish to be insured and the limits of indemnity required:

### Section I - Material damage

Items to be insured	Currency (Sums to be insured)
	(Sum insured to reflect full value of the contract works at the completion of the construction)
1) Value of contract work (permanent and temporary work, including all materials to be incorporated herein)	
1.1) Contract price	
1.2) Materials or items supplied by the principal(s) (items like free issue)	
2) Construction plant/equipment/machinery (please attach list)	
3) Removal of debris	
Total sum to be insured under Section I	

Is Third Party Liability to be included?

Yes

No

### Section II - Third Party Liability

Items to be insured	Limit of indemnity per accident and in the aggregate

## 6. Period of insurance

- a. Commencement of work: \_\_\_\_\_
- b. Duration of works: \_\_\_\_\_ months
- c. Maintenance period\*: \_\_\_\_\_ months

\*If it is required for this period.

## 7. Operational information

- a. What work will be done by sub-contractors?

Sub-contract type	Name of sub-contractor	Value

- b. Ground water

Level below grade: \_\_\_\_\_ m \_\_\_\_\_ ft

- c. Nearest river, lake, sea, etc. (if any)

i) Name: \_\_\_\_\_

ii) Distance: \_\_\_\_\_

iii) Levels: Low water \_\_\_\_\_ Mean water: \_\_\_\_\_

iv) Highest level ever recorded: \_\_\_\_\_ Date: \_\_\_\_\_

- d. Meteorological conditions

i) Rainy season: From: \_\_\_\_\_ To: \_\_\_\_\_

- ii) Max rainfall

	Per hour	Per day	Per month
mm			
in			

### 7. Operational information (continued)

- e. 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 as a direct or indirect consequence of the contract work?  Yes  No

If Yes, Limit of indemnity: \_\_\_\_\_

Exact description of these buildings/structures and surrounding:

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### 8. Cover information

- a. The insurance excludes terrorism risks totally. Do you require a quotation for terrorism cover?  Yes  No

- b. Have you in the past 5 years had any claims under any section you are proposing in respect of any similar project you executed?  Yes  No

If Yes, please provide details: \_\_\_\_\_

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- c. Has the proposal been at any time declined by this or any other office?  Yes  No

- d. Loss record for similar projects in the last 3 years: \_\_\_\_\_

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**9. Additional informations**

Please attach a copy of the following:

- a. Scope of work
- b. Work method statement
- c. Site layout
- d. Bar chart
- e. Breakdown of contract value
- f. Loss prevention and minimization measures
- g. Details of Third Party and principal existing property

**10. Additional information**

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## Annexure

### 1. General information

- a. Type of foundation and level of deepest excavation: \_\_\_\_\_
- b. Will any piling be performed?  Yes  No  
If so, please answer as follows:
- i) Method: \_\_\_\_\_
- ii) Dimensions of piles: \_\_\_\_\_
- iii) Maximum and average depth driven: \_\_\_\_\_
- iv) Total number of piles: \_\_\_\_\_
- v) Contract value for piling works: \_\_\_\_\_
- c. Please describe any underpinning to be performed:  
\_\_\_\_\_  
\_\_\_\_\_
- d. Height of building/stories/no. of units: \_\_\_\_\_
- e. Type of construction: \_\_\_\_\_
- f. Construction materials: \_\_\_\_\_
- g. Other relevant details: \_\_\_\_\_
- h. Is the contractor experienced in this type of work or construction method?  Yes  No

### 2. Special risks aggravated

- a. Fire, explosion?  Yes  No
- b. Flood, inundation?  Yes  No
- c. Landslide, storm, cyclone?  Yes  No
- d. Blasting work?  Yes  No
- e. Other risks  Yes  No
- f. Volcanism, tsunami?  Yes  No
- g. Have earthquakes been observed in this area?  Yes  No

If so, please state intensity (Mercalli): \_\_\_\_\_



## 2. Special risks aggravated (continued)

h. Is the design of the structure to be insured based on regulations for earthquake-resistant structures?

Yes  No

i. Is the design standard higher than that stipulated in the relevant regulations?

Yes  No

## 3. Subsoil

a. Details of subsoil:

Rock  Gravel  Sand  Clay  Filled ground

b. Other subsoil conditions: \_\_\_\_\_

c. Do geological faults exist in the vicinity?

Yes  No

d. Storm hazard:

Minor  Medium  High

## 4. Building/Property

Details of existing buildings or surrounding property possibly affected by the contract work as excavating, underpinning, piling, vibrating ground, water lowering.

(Description of the neighborhood of the site)

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Executed at \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

## Declaration

**I/We hereby declare that the statements/information given by me/us in the Proposal Form are full, accurate and true. It is hereby understood and agreed that the statements, answers and particulars provided in this Proposal Form and as per the attachments are the basis on which the insurance policy is being issued/effectuated. If after the insurance policy is effectuated, it is found that any fact in the statements, answers or particulars in this Proposal Form is incorrect, untrue, inaccurate, misrepresented or non-disclosed in any material respect, ADNIC shall have no liability under the insurance policy and/or shall have the right to terminate the insurance policy from inception.**

Name of Proposer: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Stamp: \_\_\_\_\_

Date: \_\_\_\_\_

**Note:** Please note that each page of the proposal form should be signed by the Proposer or its legal representative