

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.

1. Proposal details

a. Name of the proposer (in full):

Trading name (if different from business name): _____

Physical address: _____

Postal address: _____ Contact person: _____

Telephone no.: _____ Landline: _____

Mobile: _____ Fax no: _____

Email address: _____

b. VAT Tax Registration Number (if applicable): _____

c. Contract name: _____

(If project consists of several sections, specify sections(s) to be insured)

d. Location of erection site: _____

Country: _____

City, town, village: _____

e. Principal: _____

Name and address: _____

f. Main contractor(s): _____

Name(s) and address(es): _____

g. Subcontractor(s): _____

Name(s) and address(es): _____

1. Proposal details (continued)

h. Manufacturer(s) of main items: _____

Name(s) and address(es): _____

i. Firm supervising erection: _____

Name and address: _____

j. Consulting engineer: _____

Name and address: _____

k. Proposer: _____

Please indicate which of the parties from nos 1d. to 1i. above is the Proposer of the insurance and which parties are to be declared as Insured in the Policy.

Proposer no.: _____ Insured no(s).: _____

l. 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, year of construction of major units. In case of complete factories: general drawing of plant, nature of civil engineering work (if any).

2. Insurance and limits of indemnity

Please state hereunder the amounts you wish to insure or where applicable, the limits of indemnity required (see Policy wording, Section I and Memo 1 and Section II):

Currency: _____

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	Cost of erection	
	2.	Civil engineering works	
	3.	Construction/erection equipment	
	4.	Clearance of debris (limit of indemnity)	
	5.	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 the Policy)	
	Total sum to be insured under Section I		
	Please indicate limits of indemnity required for the following perils:		
	Risk		Limits of indemnity ¹
	Earthquake, volcanism, tsunami		
	Storm, cyclone, flood, inundation, landslide		

2. Insurance and limits of indemnity (continued)

Section II – Third Party Liability	Insured items	Limits of indemnity ²
	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 damage 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.	

3. Insurance and coverage

a. Period of insurance

- i) Commencement of insurance: _____
- ii) Duration of pre-storage _____ months prior to beginning or erection work.
- iii) Commencement of erection work: _____
- _____

b. If maintenance coverage required:

- i) Duration of erection/construction: _____ months
- ii) Duration of testing: _____ weeks
- iii) Duration of maintenance: _____ months
- iv) Type of coverage required: _____
- v) Termination of insurance: _____

4. Project details

a. Have plans, designs, and materials of the kind used in this project been used and/or tested in

i) Previous constructions?

Yes No

ii) Previous constructions by the contractor(s)?

Yes No

If so, please give details of similar projects carried out by contractor(s): _____

b. Is this an extension of an existing plant?

Yes No

If so, will operation of existing plant continue during erection period?
Please enclose plans.

Yes No

c. Have the buildings and civil engineering works already been completed?

Yes No

d. Details of work to be carried out by subcontractor. Also provide the values of the work to be carried out.

5. Risk and hazard information

Please answer questions 5a. to 5g. to the best of your ability.

a. Is there any

i) Fire risk?

Yes No

ii) Aggravated risk of explosion?

Yes No

If so, please give details: _____

b. Please provide details of ground water level: _____

5. Risk and hazard information (continued)

c. Nearest river, lake, sea, etc.

i) Name: _____

ii) Distance from site: _____

d. Levels of such river, lake, sea, etc.

i) Low water: _____

ii) Mean water: _____

iii) Highest level recorded: _____

iv) Mean level of site: _____

e. Meteorological conditions

i) Rainy seasons: From: _____ To: _____

ii) Max rainfall (mm): Per hour: _____ Per day: _____ Per month: _____

iii) Max wind velocity: _____

iv) Storm frequency Low Medium High

f. Hazards of earthquake, volcanism, tsunami

i) Is there a history of volcanism, tsunami at the site? Yes No

ii) Have earthquakes, etc. been observed in this area? Yes No

If so, please state the intensity magnitude: _____

g. Subsoil conditions

i) Is the design of the structures to be insured based on regulations regarding earthquake resistant structures? Yes No

ii) Rock Gravel Sand Clay Filled site

iii) Other types: _____

iv) Do geological faults exist in the vicinity? Yes No

5. Risk and hazard information (continued)

h. Estimate, if possible, the probable maximum loss, expressed as a percentage of the sum insured, in a single occurrence.

i) Due to earthquake: _____

ii) Due to fire: _____

iii) Due to other cause (please specify): _____

6. Insurance requirements

a. Is coverage of construction/erection equipment (scaffolding, temporary site offices, tools, etc.) required? Yes No

Please give a brief description and state the new replacement value under question 2 Section 1 pt 3:

b. Is coverage of construction/erection equipment (excavators, cranes, etc.) required? Yes No

Please attach a list of major machines showing individual new replacement values and state total value:

c. 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 question 2 Section 1 pt 5.

Yes No

If so, give exact description of these buildings/structures: _____

6. Insurance requirements (continued)

d. Do you wish cover to include extra charges (in case of loss) for express freight, airfreight, overtime, nightwork, work on public holidays? Yes No

e. Give details of any special extension of cover required: _____

7. Additional information

Please attach a copy of the following:

- Scope of work
- Work method statement
- Site layout
- Bar chart
- Breakdown of contract value
- Loss prevention and minimization measures
- Details of surrounding and existing buildings and/or structures not belonging to the principal or contractor(s) (enclose maps)
- Any other documents regarding the risk

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/effected. If after the insurance policy is effected, 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