



**PROPOSAL FORM
FOR
CONTRACT WORKS**

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BREAKDOWN OF KEY INDIVIDUAL CONTRACTS:

e) For BUILDINGS 1: Period of Construction:

i) Number of Storeys: Above ground: _____ Below ground: _____

ii) Size of building: Length: _____ Width: _____ Height: _____

iii) Describe construction methods and materials to be used:

iv) Indicate foundation type: Pad _____ Strip _____ Slab _____ Raft _____

v) Contract Price:

f) For BUILDING 2: Period of Construction:

i) Number of Storeys: Above ground: _____ Below ground: _____

ii) Size of building: Length: _____ Width: _____ Height: _____

iii) Describe construction methods and materials to be used:

iv) Indicate foundation type: Pad _____ Strip _____ Slab _____ Raft _____

v) Contract Price:

g) For BUILDING: Period of Construction:

i) Number of Storeys: Above ground: _____ Below ground: _____

ii) Size of building: Length: _____ Width: _____ Height: _____

iii) Describe construction methods and materials to be used:

iv) Indicate foundation type: Pad _____ Strip _____ Slab _____ Raft _____

v) Contract Price:

h) For BUILDING 4: Period of Construction:

i) Number of Storeys: Above ground: _____ Below ground: _____

ii) Size of building: Length: _____ Width: _____ Height: _____

iii) Describe construction methods and materials to be used:

iv) Indicate foundation type: Pad _____ Strip _____ Slab _____ Raft _____

v) Contract Price:

i) For BUILDING 5: Period of Construction:

i) Number of Storeys: Above ground: _____ Below ground: _____

ground:
ii) Size of building: Length: Width: Height:
iii) Describe construction methods and materials to be used:
iv) Indicate foundation type: Pad_____ Strip_____ Slab_____ Raft_____
v) Contract Price:
Note: For other types of contract works not covered by e), f) or g) above:
Complete a separate special purpose Proposal:
<ul style="list-style-type: none"> • For buildings to be insured on an annual declaration basis; or • For machinery, equipment or plant assembly, installation testing and commissioning:
Complete a supplementary special purpose Questionnaire for silos, earthworks, wharves, breakwaters, dams, tunnels or shafts.
j) For ALL TYPES OF WORK
i) State details of contractor' previous experience with this type of project:
ii) Indicate subsoil conditions: Rock_____ Gravel_____ Sand_____ Clay_____ Filled Ground_____ Other (describe):
iii) Will any ground-water be encountered? (Yes / No) If Yes, specify at what depth, and method of dewatering:
iv) Is the construction site subject to the action of the sea, cyclone, flood, inundation, landslip, earthquake, or any other adverse exposure or hazard? (Yes/No) If Yes, state details:
v) Is there any excavation, piling, shoring or underpinning? (Yes / No) If Yes, state details:
vi) Are there any alteration and/or additions to existing structures? (Yes / No) If Yes, state details:
vii) Is any property to be demolished? (Yes / No) If Yes, give description of property and method of demolition:
viii) Is any blasting involved? (Yes / No) If Yes, describe method of blasting and property which may be affected:

	ix) Is testing, commissioning or any other operation or any machinery, equipment or plant to be installed as part of the contract works to be included (Yes / No)
	If Yes, state details (including items affected, procedures involved and duration:
	x) Are any existing structures to be insured for damage arising from the construction work? (Yes/No)
	If Yes, give description and replacement value of existing structures (excluding contents and land)
	xi) Are extra charges for overtime, night work, work on public holidays, express freight in the event of a claim to be insured? (Yes / No)
	xii) Describe the site security measures to be take:
3. GENERAL	
a)	Is there any other insurance cover in respect of the contract works? (Yes / No)
b)	Have there been any claim(s) made by the principal(s) or contractor during the past five (5) years, related to any construction project? (Yes / No)
	If Yes, state details:
c)	Have you or any company or partnership in which the Principal(s) or contractor has been involved, been declined construction insurance, or had a construction insurance policy issued subject to special terms, conditions or restrictions? (Yes / No)
	If Yes, state details:
d)	Have effects of the Adequacy of Sum Insured (or Average Clause) been explained to you? (Yes / No)
	NOTE: Failure to fully insure may result in you having to bear part of a loss yourself.
e)	Have Statutory Notices been given to you and your obligations drawn to your Attention: (Yes / No)

4. SPECIFICATION OF ITEMS TO BE INSURED			
State the amount to be insured for each item: (state NIL for items not to be covered)			
MATERIAL DAMAGE			Sums Insured
1. Contract works (permanent and temporary works, including all materials – sum insured must be estimated full value at completion of construction)			
1.1	Contract Value		K
1.2	Materials or items supplied by the principal(s) (as described in attached list)		K
1.3	Escalation allowance (10%)		K
SUM INSURED FOR ITEM 1			K
2. Tools, equipment, temporary buildings, scaffoldings, hoardings, formwork and False-work (sums insured must be the new replacement value)			K
3. Demolishing, clearance and removal of debris (cost incurred following insured loss or damage) – 10% maximum			K
4. Architects, engineers, surveyor's and consultants' fees (incurred in connection with rectification of insured loss or damage) – 15% maximum			K
5. Construction Plant Equipment and machinery (as described in attached list – sum insured must be the new replacement value)			K
TOTAL SUM INSURED			K
LEGAL LIABILITY			
Limit of Liability	K	Property in Custody or Control	K
Worker to Worker Cover	K		
EXCESS			
Property Damage	K	Personal Injury	K
Worker to Worker All Costs	K	Vibration Removal Weakening of Support	K
Upper Storey	K	Damage to underground services	K
5. PERIOD OF INSURANCE AND PREMIUM			
Period of Insurance	From:		
	To:		4 pm
Plus: months for	Maintenance Period.		

DECLARATION

I/We the undersigned authorised proposed Insured Person(s) or Company, after enquiry declare as follows:

- a) I/we are authorised by each of the other applicants to make this proposal.
- b) I/we have read and understood the "Important Notices to the Proposed Insured" on the front of this proposal form.
- c) I/we understand that any statement made in this application will be treated as a statement made by all the people to be insured.
- d) I/we have read this proposal and the accompanying documents and acknowledge the contents of same to be true and complete.
- e) I/we understand that, up until a contract of insurance is entered into, I/ we are under continuing obligation to immediately inform Trans Pacific Assurance Limited, of any change in the particulars or statements contained this proposal or in the accompanying documents.

If accepted by Trans Pacific Assurance Limited, the proposal form and declaration, and any other material which I/we have provided to Trans Pacific Assurance Limited shall be incorporated into and form the basis of the contract of insurance with the Insurer.

Name and Position:

Signed by:

Date / / Signed by:

Date / /