



**Head Office:** PEUGOT HOUSE, OFFICE NO;2, GROUND FLOOR, UPANGA ROAD, P.O BOX 5799 ,  
DAR-ES-SALAAM Phone:[+255767 818 101] Fax: [+255 22 2122136] Website: www.firstassurance.co.tz

**CONTRACTORS' ALL RISKS INSURANCE PROPOSAL FORM**

Name \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_ Town/City \_\_\_\_\_

Occupation \_\_\_\_\_

Name of principal for whom contract is being carried \_\_\_\_\_

Situation of contract \_\_\_\_\_

Total Contract Price \_\_\_\_\_

Description of Contract \_\_\_\_\_

period of contract \_\_\_\_\_ (Months) From: \_\_\_\_\_ To: \_\_\_\_\_

Period of maintenance \_\_\_\_\_ (Months)

If Sub-Contractors will be employed, give following particulars:-

Name of sub-contractor(s) \_\_\_\_\_

Value of sub-contractor(s) \_\_\_\_\_

Nature of sub-contracted work \_\_\_\_\_

Name and Address of consulting Engineer \_\_\_\_\_

Name of Agent on Site \_\_\_\_\_

The amount to be insured:-

i. The full contract price \_\_\_\_\_

ii. (a) Estimated value of Contractors' plant & equipment on site (other than temporary buildings)

(b) Estimated value of temporary building on site including employees accommodation \_\_\_\_\_

iii) Architects & Surveyors fees \_\_\_\_\_

N.B. The sum insured should represent the Proposer's estimate of those fees which may be incurred in the reinstatement of the property insured under item 1 consequent upon its destruction or damage.

**TOTAL** \_\_\_\_\_

Give particulars of plant on site (listing individually each item of mechanically propelled or power operate plant and value of largest item of plant) \_\_\_\_\_

Give particulars of any existing Insurance covering any items of contractors' plant and equipment \_\_\_\_\_



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Approximate number of workpeople (including Sub-Contractors' employees) to be employed on site \_\_\_\_\_

Estimated annual wages of \_\_\_\_\_

- (a) Your own direct employees \_\_\_\_\_  
(b) Employees of Sub-Contractors \_\_\_\_\_

Will you provide a canteen or other catering facilities on the site? \_\_\_\_\_

If so do you wish to insure your liability for defects of deflections matter in food or drink sold or supplies? \_\_\_\_\_

Do you wish the policy to include liability for damage to the property of third parties resulting from vibration subsidence or weakening of support? \_\_\_\_\_

Will any blasting be carried out? \_\_\_\_\_

Please state the amount of the Indemnity required for any one accident or series of accidents arising out of one event \_\_\_\_\_

Are you insured against liability for accidents at work to \_\_\_\_\_

- (a) Your own direct employees? \_\_\_\_\_  
(b) The employees of sub-contractors? \_\_\_\_\_

Have you previously insured against "ALL RISKS" on contract work and liability to the public? \_\_\_\_\_

If so, state name of Company \_\_\_\_\_

#### Has any Company or Underwriter:-

- (a) Declined your proposal? \_\_\_\_\_  
(b) Refused to renew your policy? \_\_\_\_\_  
(c) Increased your premium on renewal? \_\_\_\_\_

Give particulars of any claim made by or against you during the past five years \_\_\_\_\_

#### DECLARATION

I/we desire to effect an insurance in terms of the policy to be issued by the company for this class of risk. I/we declare that the above statements are true and that I/we have not concealed or withheld any information that ought to be communicated to the company and I/we agree that this proposal and Declaration shall be the basis of the contract between me/us and the company.

Dated \_\_\_\_\_ Agency \_\_\_\_\_

Signature of Proposer \_\_\_\_\_

#### NOTE

The contract clauses, specifications and plans should accompany this proposal.