

CONTRACTORS "ALL RISKS" INSURANCE QUESTIONNAIRE

1	Contractor				
2	(a) Employer				
	(b) Full Address				
	(a) Talanhana Contact(a)	Work Cell	Home		
2	(c) Telephone Contact(s)				
3	Full description and location of contract works				
4	Mortgagee: Name & Address				
5	Is any site or any part thereof near to the seashore or	Yes	No		
	otherwise exposed to any risk of water damage? If so, give details along with distance from water's edge and height above sea level.				
6	Is insurance of temporary works to be included? If	Yes	No		
	so, give details and value				
7	Total Contact Price	\$			
8	Details of any work sublet				
9	(a) Date construction commenced				
	(b) Date insurance commenced				
	(c) Completion Date/Total Period				
	(d) Maintenance Period required	Yes	No		
		From:	To:		
10	Give details of any hazards which are not normally present in work of this nature	I			
11	Does work involve use of explosives or any demolition?	Yes	No		
12	Under what conditions of contract is work to be carried out?				
13	What is the Limit of Public Liability Insurance required?	\$			
14	What Excess is desired?	\$			
15	Additional information				
Proposer's Signature: Date:					

Please use the reverse side of this form if necessary

FOR OFFICE	OR OFFICE USE ONLY				
Date:			Premium Quoted:		
Cover Confirmed:	Yes	No	If "Yes", Date:		

02/04