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LION INSURANCE COMPANY (S.C.)

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Head Office: Comet Building, Haile G/Selassie Avenue, Addis Ababa

QUESTIONNAIRE AND PROPOSAL FOR ERECTION ALL RISKS INSURANCE

1. Title of contract (If project consists of several sections, specify section(s) to be insured)	
2. Location of erection site Country City , Town, Village	
3. Principal Name and address	
4. Main contractor (s) Name(s) and address(es)	
5. Subcontractor(s) Name(s) and address(es)	
6. Manufacturer(s) of main items Name(s) and address(es)	
7. Firm supervising erection Name and address	
8. Consulting Engineer Name and address	
9. Proposer	<p>Please indicate which of the parties Nos 3 to 8 above is the Proposer of the insurance and which parties are to be declared as Insured in the Policy.</p> <p>Proposer No. Insured No(s)</p>
10. 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).	

11. Period of Insurance	Commencement of Insurance		
	Duration of pre-storage	months prior to beginning of erection work	
	Commencement of erection work		
	Duration of erection/construction	months	
	Duration of testing	weeks	
If maintenance coverage required	Duration of maintenance	months	
	Type of coverage required		
	Termination of Insurance		
12. Have plans, designs and materials of the kind used in this project been used and/or tested in If so, please give details of similar projects carried out by contractor(s).	a. Previous Construction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	b. Previous construction by the contractor(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Is this an extension of an existing plant?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If so, will operation of existing plant continue During erection period? Enclose plans.		<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Have the buildings and civil engineering works already been completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
15. Work to be carried out by subcontractors			
Please also give answers to Nos 16 to 21 as far as information obtainable.			
16. Is there any aggravated risk of If so, give details.	Fire?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Explosion?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. Ground water level			
18. Nearest river, lake, sea, etc Levels of such river, lake, sea, etc	Name	distance from site	
	Low Water	mean water	highest level recorded
	Mean level of site		
19. Meteorological conditions	Rainy seasons from		to
	Max rainfall (mm)	per hour	per day per month

28. Please state hereunder the amounts you wish to insure or where applicable the limits of indemnity required (see Policy wording, Section I, 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 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	

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	

We hereby declare that the statements made by us in this Questionnaire and Proposal are, to the best of our knowledge and belief, complete and true, and we hereby agree that this Questionnaire and Proposal forms the basis and is part of any policy issued in connection with the above risk. It is agreed that the Insurers are liable in accordance with the terms of the Policy only and that the Insured will not lodge any other claims of whatever nature. The Insurers undertake to deal with this information in strict confidence.

Executed at _____ **Date** _____ **Signature** _____

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.

