



Allied Insurance Company

CONTRACTORS' ALL RISK INSURANCE PROPOSAL FORM

މަސައްސަރާ ފަސަޅުކުރުމަށް ހިންގާ ބިނާއި ފަސަޅުކުރުމުގެ ފަންނުގެ ދަށުން ހިންގާ ބިނާއި ފަސަޅުކުރުމުގެ ފަންނުގެ ދަށުން

Proposal no. _____

Policy no. _____

<input type="checkbox"/> Individual ފަރާތް ފަސަޅުކުރުމުގެ ފަންނުގެ ދަށުން Occupation: _____ ބަނޑުގެ ވަޅުމުގެ ފަންނުގެ ދަށުން Company/Office/Applicant's Name: _____ ފަރާތް/ފަސަޅުކުރުމުގެ ފަންނުގެ ދަށުން/ފަރާތް/ފަސަޅުކުރުމުގެ ފަންނުގެ ދަށުން Date of Birth: <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/> <input type="checkbox"/> Male <input type="checkbox"/> Female ފަސަޅުކުރުމުގެ ފަންނުގެ ދަށުން <input type="checkbox"/> ފަރާތް <input type="checkbox"/> ފަރާތް Permanent Address (as in ID card): _____ (ފަސަޅުކުރުމުގެ ފަންނުގެ ދަށުން ފަސަޅުކުރުމުގެ ފަންނުގެ ދަށުން) Postal Address (fill below): _____ ފަސަޅުކުރުމުގެ ފަންނުގެ ދަށުން House/Building name: _____ ފަރާތް/ފަސަޅުކުރުމުގެ ފަންނުގެ ދަށުން Road: _____ District: _____ ފަސަޅުކުރުމުގެ ފަންނުގެ ދަށުން ފަސަޅުކުރުމުގެ ފަންނުގެ ދަށުން Postal Code: _____ Atoll, Island: _____ ފަސަޅުކުރުމުގެ ފަންނުގެ ދަށުން ފަސަޅުކުރުމުގެ ފަންނުގެ ދަށުން	<input type="checkbox"/> National ID Card <input type="checkbox"/> Registration Certificate ފަސަޅުކުރުމުގެ ފަންނުގެ ދަށުން ފަސަޅުކުރުމުގެ ފަންނުގެ ދަށުން <input type="checkbox"/> Work Permit <input type="checkbox"/> Passport ފަސަޅުކުރުމުގެ ފަންނުގެ ދަށުން ފަސަޅުކުރުމުގެ ފަންނުގެ ދަށުން ID No. _____ ފަސަޅުކުރުމުގެ ފަންނުގެ ދަށުން Reg No. _____ ފަސަޅުކުރުމުގެ ފަންނުގެ ދަށުން Nationality: _____ ފަސަޅުކުރުމުގެ ފަންނުގެ ދަށުން Contact Name: _____ ފަސަޅުކުރުމުގެ ފަންނުގެ ދަށުން Contact No: _____ ފަސަޅުކުރުމުގެ ފަންނުގެ ދަށުން Email: _____ ފަސަޅުކުރުމުގެ ފަންނުގެ ދަށުން Fax: _____ ފަސަޅުކުރުމުގެ ފަންނުގެ ދަށުން
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1. Title of contract (if project consists of several sections, specify section(s) to be insured)	_____
2. Site Country/Province/District City/Town/Village	_____ _____ _____
3. Name and address of principal	_____ _____ _____
4. Name(s) and address(es) of contractor(s)	_____ _____ _____
5. Name(s) and address(es) of subcontractor(s)	_____ _____ _____
6. Name and address of consulting engineer	_____ _____ _____

Allied Insurance Company of the Maldives Pvt. Ltd. (C-43/84), Orchid, Ameeru Ahmed Magu, Male', 20095, Maldives

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A subsidiary of State Trading Organization Plc.

7. Description of contract work (Please give detailed technical information)

Dimensions (length, height, depth, spans, number of floors)

Type of foundation and level of deepest excavation

Construction method

Construction materials

8. Is the contractor experienced in this type of work or construction method?

Yes

No

9. Period of insurance

Commencement of work

Duration of construction

months

Date of completion

Maintenance period

10. What work will be done by subcontractors?

11. Special risks

Fire, explosion

Yes

No

Flood, inundation

Yes

No

Landslide, storm, cyclone

Yes

No

Blasting work

Yes

No

Other risks

Volcanism, tsunami

Yes

No

Have earthquakes been observed in this area?

Yes

No

If so, please state intensity (Mercalli)

magnitude (Richter)

Is the design of structure to be insured based on regulations for earthquake-resistance structures?

Yes

No

Is the design standard higher than that stipulated in the relevant regulations?

Yes

No

12. Details of subsoil rock gravel sand clay filled ground

Other subsoil conditions _____

Do geological faults exist in the vicinity? _____

13. Ground Water Level below grade m
ft

14. Nearest river, lake, sea, etc

Name _____

Distance _____

Levels	low water	mean water
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Highest ever recorded _____ date _____

15. Meteorological conditions

Rainy season from _____ to _____

Max. rainfall (mm) (in)	per hour	per day	per month
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Storm hazard minor medium high

16. Are extra charges for over time, night work work on public holidays to be included? Yes No

Limit of indemnity _____

17. Is third party liability to be included? Yes No

Has the contractor concluded a separate policy for TPL? Yes No

Limit of indemnity _____

18. Details of existing buildings or surrounding property possibly affected by the contract work (excavating, underpinning, piling, vibrating, ground water lowering, etc)

19. 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) to be insured against loss or damage arising as a direct consequence of the contract work? Yes No

Limit of indemnity _____

Exact description of these buildings / structures _____

State hereunder the amounts you wish to insure and the limits of indemnity required

Section I

Material damage

currency

Items to be insured	Sums to be insured
1. Contract work (permanent and temporary work, including all materials to be incorporated herein)	
1.1. Contract price	
1.2. Materials or items supplied by the principal(s)	
2. Construction plant and equipment	
3. Construction machinery (please attach list)	
4. Clearance of debris	
Total sum to be insured under Section I:	

Special risk to insured	limit of indemnity
Earthquake, volcanism, tsunami	
Storm, cyclone, flood, inundation, landslide	

Section II

Third party liability

Items to be insured	limit of indemnity
1. Bodily injury	
1.1 Any one person	
1.2 Total	
2. Property damage	
Total limit under Section II:	

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

Documents required with the Proposal: Registry Copy (If applicable) BOQ ID. Card/Company's registration copy

وثائق مطلوبة مع العرض: نسخة من سجل السجل (إن وجد) قائمة الكميات بطاقة الهوية / بطاقة التسجيل للشركة

Declaration: I/We confirm that the above answers, statements, particulars and additional information are true to the very best of my/our knowledge and belief. I/We also confirm that I/We have disclosed all information and material facts that may alter the Insurer's view of the risk, or affect their assessment of the exposures they are covering under the Policy. I/We agree that this proposal shall be basis of the contract and part of the insurance between myself / ourselves and the company.

إشهادي: أنا/نحن نؤكد أن الإجابات والبيانات والبيانات الإضافية أعلاه صحيحة تماماً وفقاً لأفضل ما نعرفه أو نؤمن به. أنا/نحن نؤكد أيضاً أننا قد قمنا بالإفصاح عن جميع المعلومات والحقائق المادية التي قد تغير رأي المؤمن به في المخاطر، أو تؤثر على تقييمه لتعرضاتهم التي يغطيها تحت السياسة. أنا/نحن نوافق على أن هذا العرض سيكون أساس العقد وجزء من التأمين بيني/بيننا وبين الشركة.

Signature: _____ Date: _____

Office use only

Rate: _____ Premium: _____ Agent's Name: _____

THIS INSURANCE WILL NOT BE IN FORCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED BY THE COMPANY
(Acceptance of Proposal means Insurance policy issued and premium collected.)