



# SERENE INSURANCE COMPANY LIMITED

Head office: First Sky Tower, Com 25 Junction, After Kpone Barrier  
P.O. Box PMB CO 90, Tema, Ghana  
Telephone No. 0302-917444/6/7

## CONTRACTOR'S ALL RISK INSURANCE PROPOSAL FORM

Proposer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Post Office: \_\_\_\_\_

Tel No: \_\_\_\_\_ Alt. Tel No.: \_\_\_\_\_

Email: \_\_\_\_\_

Name the Sub-Contractor, if any, Trade or Business: \_\_\_\_\_

Address of the Sub-Contractor: \_\_\_\_\_

\_\_\_\_\_ Post Office: \_\_\_\_\_

Tel No: \_\_\_\_\_ Alt. Tel No.: \_\_\_\_\_

Email: \_\_\_\_\_

### 1. THE INSURED INTERESTS

Whose interests are to be insured?  Contractor  Sub-Contractor  Principal

### 2. THE CONTRACT WORKS

Full description of the Contract: \_\_\_\_\_

Please Give Details

i. Building (type of construction, no. of storeys etc.): \_\_\_\_\_

ii. Blasting operation: \_\_\_\_\_

iii. Excavation work: \_\_\_\_\_



- iv. Pile driving: \_\_\_\_\_
- v. Tunnelling: \_\_\_\_\_
- vi. Dam construction or diversion of water: \_\_\_\_\_
- vii. Others (specify): \_\_\_\_\_

**(Note - A site plan of contract works may be enclosed)**

Is this a Contract/ Sub-contract forming part of an overall construction project?  Yes  No

If 'Yes' give the name of the project: \_\_\_\_\_

Will the construction be carried out by your own personnel?  Yes  No

If 'No', by whom?

Past experience of the Contractor:

Will any sub-contractors be taking part in the construction work?  Yes  No

If 'Yes' / what is their position as regards this insurance?

**3. THE CONTRACT SITE**

Location of Contract site: \_\_\_\_\_

Nearest Port and/or Railway Station and distance: \_\_\_\_\_

**(Note – A complete layout of the site may be enclosed)**

**Are any Special Risks of one or more of the following involved?**

Earthquake - Fire & Shocks:	Landslide/Rockslide/Subsidence	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Flood/
Inundation:	Storm/Tempest/Hurricane/Typhoon/Cyclone	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	
Collapse:	Water Damage for 'Wet' risk i.e. Contract involving Construction in rivers, canals, lakes or sea	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Is there any record of the construction site ever having been affected by any of the major perils specified above?  Yes  No



State distance from the nearest river, lake, reservoir or sea – the names and particulars to be given\_\_\_\_\_

Elevation of construction site above normal river, lake, reservoir or sea level:\_\_\_\_\_

Give full details regarding geological condition including sub soil:\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Brief description of the arrangements made for storage of construction materials and equipment-whether in open or closed premises:\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Will there be a watchman or security guard around the clock? Yes  No

If 'No', what precautions will be taken against theft, malicious damage etc.?

**4. THE INSURANCE**

I. Estimated construction period excluding maintenance period:

Months from\_\_\_\_\_ To \_\_\_\_\_

(Cover to commence from date of first arrival of consignment material at the site or commencement of work whichever is earlier)

II. Cover required during maintenance period, if any

Months from\_\_\_\_\_ To \_\_\_\_\_

III. Probable date on which construction is expected to be completed:\_\_\_\_\_ IV.

Period of insurance required

Month's from\_\_\_\_\_ To \_\_\_\_\_

Have you approached other insurance company for insurance cover in respect of this proposal?  Yes  No

If 'Yes' please state name of the insurance company\_\_\_\_\_

Has any such proposal been: Declined?  Yes  No



Withdrawn? Yes No  
Accepted subject to an increase in rate or special conditions?  Yes  No 5.

**SUM INSURED**

Contract Works: \_\_\_\_\_

**Note- please attach schedule of quantities and rates and/or values  
(Permanent & Temporary works including all materials to be incorporated therein)**

- a) Contract Price \_\_\_\_\_
- b) Materials or items supplied by the principal \_\_\_\_\_
- c) Any additional items not included In (a) and (b) above \_\_\_\_\_
- d) Landed cost of imported items as at construction site \_\_\_\_\_  
at Exchange Rate. (Please specify whether include in (a) and/or (b) above)

**TOTAL VALUE OF CONSTRUCTION**

- i. Construction Plant & Machinery to be used at the construction site \_\_\_\_\_  
(please attach individual values of Plant & Machinery) ii. Clearance & removal of debris \_\_\_\_\_
- iii. Insureds own Surrounding Property
- iv. Extra charges for Express Freight (excluding Air Freight) \_\_\_\_\_  
Overtime, Sunday & Holiday rates of wages if required
- v. On increased Replacement Value for (a)(b)& (d) above  
If required ( \_\_\_\_\_ %)
- vi. **Third Party Liability**
  - For any one accident \_\_\_\_\_
  - For all accidents during the period \_\_\_\_\_  Do you  wish to opt for higher amounts of Deductible Excess? Yes No

If 'Yes', how many times? 2times 5 times 10 times 20times

**Declaration**

I/We hereby declare that the statements made by me/us in this proposal form are true to best of me /our knowledge and I/we hereby agree that this declaration shall form the basis of the contract between me/us and **Serene Insurance Company Limited**. If any additions or alterations are carried out in the risk proposed after the submission of this proposal form the same should be conveyed to the insurers immediately.

Signature of Proposer: \_\_\_\_\_ Date: \_\_\_\_\_