



Allied Insurance Company

of the Maldives Pvt Ltd

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Questionnaire and Proposal for Contractors' All Risk Insurance No

1. Title of contact
(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)¹

5. Name(s) and address(es)
of subcontractor(s)¹

5. Name and address
of consulting engineer

7. Description of contract
work²
(Please give detailed
technical information.¹)

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

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

Currency

Section I
Material damage

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 ³
Earthquake, volcanism, tsunami	
Storm, cyclone, flood, inundation, landslide	

Section II
Third party liability

Items to be insured	Limit of indemnity ⁴
1. Bodily injury	_____
1.1 Any one person	
1.2 Total	
2. Property damage	
Total limit under Section II:	

³ Limit of indemnity in respect of each and every loss or damage and / or series of losses arising out of and one event.

⁴ Limit of indemnity in respect of any one accident or series of accidents arising out of any one event.

We hereby declare that the statement 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 Insures 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 _____