

## <u>ሕብረት ኢንሹራንስ አማ</u>

## THE UNITED INSURANCE COMPANY SC

Tewodros Square,<UNIC-ETHIOPIA>BLDG Sub City: Arada, Woreda: 01, House No. 220. E-mail:united.insurance@ethionet.et, Addis Ababa, Ethiopia

| Questionnaire and Proposals for           |    |      | <u> </u> | • |
|-------------------------------------------|----|------|----------|---|
| Contractors' All Risks Insurance N        | 0. |      |          |   |
| 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                      |    | <br> |          |   |
|                                           |    |      |          |   |
| 4. Name (s) of                            |    |      |          |   |
| address (es) of                           |    |      |          |   |
| Contractor (s)                            |    |      |          |   |
| Use separate sheet if                     |    |      |          |   |
| necessary                                 |    |      |          |   |
| 5. Name (s) and address (es) of           |    |      |          |   |
| Contractor (s)'                           |    |      |          |   |

| 6.Name and address of                            |                              |                                                |
|--------------------------------------------------|------------------------------|------------------------------------------------|
|                                                  |                              |                                                |
| consulting Engineer                              |                              |                                                |
|                                                  |                              |                                                |
| 7. Description of contract                       |                              |                                                |
| work² (Please                                    |                              |                                                |
| give detailed technical information)             |                              |                                                |
| water                                            |                              | roads, airports, railway facilities, serge and |
| Supply Systems and k                             | Type of foundation and level |                                                |
|                                                  | Type of foundation and level | or deepest exervation                          |
|                                                  |                              |                                                |
|                                                  | Construction method          |                                                |
|                                                  |                              |                                                |
|                                                  | Construction Materials       |                                                |
|                                                  |                              |                                                |
| 8. Is the contractor experienced in this type of | Yes                          | No                                             |
| work of construction method?                     |                              |                                                |
| 9 Period of Insurance                            | Commencement of work         |                                                |
|                                                  | Duration of construction     | Months                                         |
|                                                  | Date of completion           |                                                |
|                                                  | Maintenance period           | Months                                         |
| 10. What work will be done by subcontractors?    |                              |                                                |
|                                                  |                              |                                                |
|                                                  |                              |                                                |
|                                                  |                              |                                                |

| 11. Special Risks                                                                       | Fire, Explosion? YesNo                                                                                        |
|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
|                                                                                         | Flood, Inundation?YesNo                                                                                       |
|                                                                                         | Landside, storm, cyclone?YesNo                                                                                |
|                                                                                         | Blasting work?YesNo                                                                                           |
|                                                                                         | Others risks                                                                                                  |
|                                                                                         | Volcanism, tsunami? Yes No                                                                                    |
|                                                                                         | Have earthquakes been observed in this area? Yes No                                                           |
|                                                                                         | If so, please state intensity (McCalli) magnitude (Richter)                                                   |
|                                                                                         | Is the design of the structure to be insured based on regulations for earthquake-resistant structures? Yes No |
| 12. Details of subsoil                                                                  | Rock gravelsand clay filled ground                                                                            |
|                                                                                         | Others subsoil conditions                                                                                     |
|                                                                                         | Do geological faults exist in the vicinity? Yes No                                                            |
| 13. Ground water                                                                        | Level below grade: In metres: If feet::                                                                       |
| 14. Nearest rive, lake, sea etc.                                                        | Name                                                                                                          |
|                                                                                         | Distance                                                                                                      |
|                                                                                         | Levels Lower water Mean water                                                                                 |
|                                                                                         | Highest ever recorded Date                                                                                    |
| 15. Meteorological conditions                                                           | Rainy season from to                                                                                          |
|                                                                                         | Max. rainfall (mm) (in) per hour per day per months                                                           |
|                                                                                         | Storm hazard minor mediumhigh                                                                                 |
| 16. Are extra charges for overtime, night work, work on public holidays to be included? | YesNo                                                                                                         |
|                                                                                         | 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 contractor work (excavating, ground water lowering etc)                                                                                                                          |                                                                                                     |                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--------------------|
| 19. Are existing buildings and/or structure on or adjacent to the site, owned by or held in care, custody or control of the contractor(s) or the principal to be insured against loss or damage arising as a direct or indirect consequence of the contractor work? | Exact description of these buildings/structures                                                     | of indemnity       |
| 20. State hereunder the Amounts you wish to insure and the limits of indemnity required (see policy working, Section I Memo 1, and Section II)                                                                                                                      | Currency                                                                                            |                    |
| Section I:                                                                                                                                                                                                                                                          | Items to be insured                                                                                 | Sums to be insured |
| Material Damage                                                                                                                                                                                                                                                     | 1. Contract work (permanent and temporary work, including all materials to be incorporated here in) |                    |
|                                                                                                                                                                                                                                                                     | 1.1. Contact price                                                                                  |                    |
|                                                                                                                                                                                                                                                                     | 1.2. Materials or items supplied by the principals(s)                                               |                    |
|                                                                                                                                                                                                                                                                     | 2. Constructi0n plan and equipment                                                                  |                    |
|                                                                                                                                                                                                                                                                     | 3. Construction machinery (please attach list)                                                      |                    |
|                                                                                                                                                                                                                                                                     | 4. Clearance of debris                                                                              |                    |
|                                                                                                                                                                                                                                                                     | Total sum to be insured under Section I                                                             |                    |

|                                                                                      | Special risk to be insured                                                                                                                                                                                                                                                                 | Limit of indemnity <sup>3</sup>                                          |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
|                                                                                      | Earthquake, volcanism, tsunami                                                                                                                                                                                                                                                             |                                                                          |
|                                                                                      | Storm, Cyclone, flood, inundation, landslide                                                                                                                                                                                                                                               |                                                                          |
|                                                                                      | Items to be insured                                                                                                                                                                                                                                                                        | Limit of indemnity                                                       |
| Section I<br>Third Party liability                                                   |                                                                                                                                                                                                                                                                                            |                                                                          |
|                                                                                      | 1. Bodily Injury                                                                                                                                                                                                                                                                           |                                                                          |
|                                                                                      | 1.1 Any of person                                                                                                                                                                                                                                                                          |                                                                          |
|                                                                                      | 1.2 Total                                                                                                                                                                                                                                                                                  |                                                                          |
|                                                                                      | 2. Property damage                                                                                                                                                                                                                                                                         |                                                                          |
|                                                                                      | Total limit under section II                                                                                                                                                                                                                                                               |                                                                          |
| 3. Limit of indemnity in resp<br>any one event.                                      | pect of each and every loss or damage and/or series of lo                                                                                                                                                                                                                                  | sses arising out of                                                      |
| 4. Limit of indemnity in resp                                                        | pect of any one accident or series of accidents arising our                                                                                                                                                                                                                                | of any one event.                                                        |
| DECLARATION:                                                                         |                                                                                                                                                                                                                                                                                            |                                                                          |
| to the best of our knowle<br>forms the basis and is p<br>that Insurers are liable in | he statements made by us in this Questionnaire and dge and belief, compete and true, and we hereby agreement of any policy issued in connection with the about accordance with the terms of the policy only and taken along the matter of whatever nature. The insurers undertaked idence. | ee that this Proposal<br>ve risk,. It is agreed<br>that the insured will |
| Dated this                                                                           | day of                                                                                                                                                                                                                                                                                     |                                                                          |
|                                                                                      |                                                                                                                                                                                                                                                                                            |                                                                          |
|                                                                                      |                                                                                                                                                                                                                                                                                            |                                                                          |