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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  
CONTRACTORS' ALL RISKS INSURANCE**

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) <sup>1</sup>	
5. Name (s) and address (es) of Sub-Contractor (s) <sup>1</sup>	
6. Name and address of Consulting Engineer	
7. Description of contract work <sup>2</sup> (Please give detailed technical information. <sup>1</sup> )	Dimensions (Length, Height, Depth, Spans, number of Floors)

<sup>1</sup> If necessary, on a separate sheet

<sup>2</sup> For harbors, piers, docks, tunnels, galleries, dams, roads, railway facilities, sewerage and water supply systems and bridges, see additional questionnaires.

	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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Period of Insurance	Commencement of work
	Duration of construction months
	Date of completion
	Maintenance period months
10. What will be done by subcontractors?	
11. Special Risks	Fire, Explosion? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Flood, Inundation? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Landslide, Storm, Cyclone? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Blasting Work? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Others risks
	Volcanism, Tsunami? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Have earthquakes been observed in this area? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If so, please state intensity (Mercalli) magnitude (Richter)
	Is the design of the structure to be insured based on regulations for earthquake-resistant structures? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Is the design standard higher than that stipulated in the relevant regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No
12. Details of subsoil	<input type="checkbox"/> Rock <input type="checkbox"/> Gravel <input type="checkbox"/> Sand <input type="checkbox"/> Clay <input type="checkbox"/> Filled ground
	Other subsoil conditions

	Do geological faults exist in the vicinity? <input type="checkbox"/> Yes <input type="checkbox"/> No
13. Ground water	Level below grade:      In meters:      In feet:
14. Nearest river, lake, sea etc.	Name
	Distance
	Levels                      Low water                      Mean water
	Highest ever recorded                      Date
15. Meteorological conditions	Rainy season from                      to
	Max. rainfall (mm) (in)                      per hour      per day      per month
	Storm hazard <input type="checkbox"/> minor <input type="checkbox"/> medium <input type="checkbox"/> high
16. Are extra charges for overtime, night work, work on public holidays to be included?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Limit of indemnity
17. Is third party liability to be included?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Has the contractor concluded a separate policy for TPL?  <input type="checkbox"/> Yes <input type="checkbox"/> 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) or the principal, to be insured against loss or damage arising as a direct or indirect consequence of the contract work?	<input type="checkbox"/> Yes <input type="checkbox"/> No                      Limit of indemnity
	Exact description of these buildings/structures:
20. State here the amounts you wish to insure and the limits of indemnity required (see policy wording, Section 1, Memo 1, and Section 2)	

**Section 1:  
Material Damage**

<b>Items to be insured</b>	<b>Sums to be insured (Currency )</b>
1. Contract work (permanent and temporary work, including all materials to be incorporated herein)	
1.1. Contact 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 1:	

<b>Special risks to be insured</b>	<b>Limit of indemnity<sup>3</sup></b>
Earthquake, volcanism, tsunami	
Strom, Cyclone, flood, inundation, landslide	

**Section 2  
Third Party liability**

<b>Items to be insured</b>	<b>Limit of indemnity<sup>4</sup></b>
1. Bodily Injury	
1.1 Any one person	
1.2 Total	
2. Property damage	
Total limit under section 2	

We hereby declare that the statements made by us in this Questionnaire and Proposal Form are, to the best of our knowledge and belief, complete and true, and we hereby agree that this forms the basis and is part of any policy issued in connection with the above risk. It is agreed that 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 treat this information in strict confidence.

**Executed at** \_\_\_\_\_ **Date** \_\_\_\_\_ **Signature** \_\_\_\_\_

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

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