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Head Office: Comet Building, Haile G/Selassie Avenue, Addis Ababa

QUESTIONNAIRE AND PROPOSAL FOR ERECTION ALL RISKS INSURANCE

| 1. Title of contract (If project consists of several sections, specify section(s) to be insured) | |
|--|---|
| 2. Location of erection site | |
| Country | |
| City , Town, Village | |
| 3. Principal | |
| Name and address | |
| 4. Main contractor (s) | |
| Name(s) and address(es) | |
| 5. Subcontractor(s) | |
| Name(s) and address(es) | |
| 6. Manufacturer(s) of main items | |
| Name(s) and address(es) | |
| 7. Firm supervising erection | |
| Name and address | |
| 8. Consulting Engineer | |
| Name and address | |
| 9. Proposer | Please indicate which of the parties Nos 3 to 8 above is the Proposer of the insurance and which parties are to be declared as Insured in the Policy. |
| | Proposer No. Insured No(s) |
| 10. Exact description of the property to be erected (if | |
| second-hand items are to be erected, please state). In case | |
| of machines: manufacturer's name, number, type, size, | |
| capacity, weight, pressure, temperature, revolutions, | |
| year of construction of major units. | |
| In case of complete factories: general drawing of plant, | |
| nature of civil engineering work (if any). | |
| | |

| 11. Period of Insurance | Commencement of Insurance | | | | |
|---|--|--|-------------------|--|--|
| | Duration of pre-storage months prior to beginning of erection work | | | | |
| | Commencement of erection work | | | | |
| | Duration of erection/con | struction | months | | |
| | Duration of testing | | weeks | | |
| If maintenance coverage required | Duration of maintenance months | | | | |
| | Type of coverage required | d | | | |
| | Termination of Insurance | e | | | |
| 12. Have plans, designs and materials of the kind used in this project been used and/or tested in | a. Previous Construction | ? \(\sum \text{Ye} | s 🗆 No | | |
| | b. Previous construction | by the contractor(s) | ? □ Yes □ No | | |
| If so, please give details of similar projects carried out by contractor(s). | | | | | |
| 13. Is this an extension of an existing plant? | □ Yes □ No | | | | |
| | If so, will operation of ex During erection period? | | e □ Yes □ No | | |
| Have the buildings and civil engineering works already | □ Yes □ No | | | | |
| been completed? | | | | | |
| 15. Work to be carried out by subcontractors | | | | | |
| | | | | | |
| Please also give answers to Nos 16 to 21 as far as information obtainable. | | | | | |
| 16. Is there any aggravated risk of | Fire? | □ Yes | □ No | | |
| | Explosion? | □ Yes | □ No | | |
| If so, give details. | | | | | |
| | | | | | |
| 17. Ground water level | | | | | |
| 18. Nearest river, lake, sea, etc | Name distance from site | | | | |
| Levels of such river, lake, sea, etc | Low Water | w Water mean water highest level recor | | | |
| | Mean level of site | | | | |
| 19. Meteorological conditions | Rainy seasons from | to | | | |
| | Max rainfall (mm) | per hour | per day per month | | |

| | | Max wind velocity storm frequency \square Low \square medium \square high |
|--|--|--|
| 20. | Hazards of earthquake, volcanism, tsunami | Is there a history of volcanism, tsunami at the site? \Box Yes \Box No |
| | | Have earthquakes, etc been observed in this area? \Box Yes \Box No |
| | | If so, please state intensity magnitude |
| | | Is the design to the structures to be insured based on $\ \square$ Yes $\ \square$ No regulations regarding earthquake resistant structures? |
| | Subsoil conditions | □ rock □ gravel □ sand □ clay □ filled site |
| | | other types |
| | | Do geological faults exist in the vicinity? \Box Yes \Box No |
| 21. | Estimate, if possible the probable maximum loss, | a. due to earthquake b. due to fire |
| | expressed a percentage of the sum insured, in a single occurrence | c. due to other cause (please specify) |
| | | |
| 22. | Is coverage of construction/ erection equipment | □ Yes □ No |
| (scaffolding, huts, tools, etc) required? | | Please give brief description and state new replacement value under No.28.3. |
| 23. | Is coverage of construction/ erection machinery | □ Yes □ No |
| | (excavators, cranes, etc) required? | Please attach list of major machines showing individual new replacement values and state total value. |
| 24. | 24. Are existing buildings and/or structures on or adjacent to | □ Yes □ No |
| | the site, owned by or held in care, custody or control of the | If so, give exact description of these building/structures. |
| | contractor(s) or the principal, to be insured against loss or | |
| | damage arising out of or in connection with the contract | |
| | with the contract works? State limit under No. 28.5 | |
| 25. | Is third party liability to be included? | □ Yes □ No |
| | If so, give brief description of surrounding and existing | |
| | buildings and/or structures not belonging to the principal | |
| or contractor (s) (enclose maps, if possible). State limits under No 28, Section II. | | |
| 26. | Do you wish cover to include extra charges (in case of loss) for | express freight, overtime, night work, \Box Yes \Box No work on public holidays? |
| | | air freight? |
| 27. | Give details of any special extension of cover required. | |

| where applicable the limits of it | ase state hereunder the amounts you wish to insure or currency: ere applicable the limits of indemnity required (see Policy rding, Section I, Memo 1 and Section II): | | | | |
|---|---|---|--|--|--|
| Section I - Material damage | Items to be insured | Sums to be insured (state below separately) | | | |
| | Erection works, split up as follows: 1. 1 Items to be erected | (| | | |
| | 1. 2 Freight | | | | |
| | 1. 3 Customs duties and dues | | | | |
| | 1. 4 Cost of erection | | | | |
| | 2. Civil engineering works | | | | |
| | 3. Construction/erection equipment | | | | |
| | 4. Clearance of debris (limit of indemnity) | | | | |
| | 5. Property located on the principal's premises or on the site, belonging to the principal or held in care, custody or control (limit of indemnity see Memo 4 of Policy) | | | | |
| | Total sum to be insured under Section I | | | | |
| | Please indicate limits of indemnity required for the following perils: | | | | |
| | Risk | Limits of indemnity ¹ | | | |
| | Earthquake, Volcanism, tsunami | | | | |
| | Storm, cyclone, flood, inundation, landslide | | | | |
| Section II - Third party liability | Insured items | Limits of indemnity ² | | | |
| | Bodily injury - any one person | | | | |
| | Bodily injury - total | | | | |
| | Property damage | | | | |
| | Or alternatively Combined single limit of | | | | |
| our knowledge and belief, complete forms the basis and is part of any Insurers are liable in accordance w | ents made by us in this Questionnaire e and true, and we hereby agree that to policy issued in connection with the with the terms of the Policy only and the le Insurers undertake to deal with this in | this Questionnaire and Proposal above risk. It is agreed that the at the Insured will not lodge any | | | |
| Executed at | | Signature | | | |

¹ Limit of indemnity in respect of each and every loss or damage and/or series of losses or damage arising out of any one event.
² Limit of indemnity in respect of any one accident or series of accidents arising out of one event.