

28. Please state hereunder the amounts you wish to insure or where applicable the limits of indemnity required (cf. Policy Wording, Section I, Memo 1 and Section II)

Currency:

1 32-34

Section I –
Material Damage

Items to be insured	Sums to be insured (state below separately)
1. 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. Construction/Erection Machinery	
5. Clearance of Debris (limit of indemnity)	
6. Property located on the Principal's premises or on the site, belonging to the Principal or hel in care custody or control (Limit of indemnify-see Memo 4 of Policy)	
Total Sum to be insured under Section I:	

3 16-22
3 23-36
3 37-42

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

3 43-56

Insured items	Limits of indemnity ²
Bodily Injury – any one person	
Bodily Injury – total	
Property Damage	
Or alternatively: Combined Single Limit of	

¹ Limit of indemnity in respect of each and every loss or damage and/or series of losses or damages 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.

We hereby declare that the statements made by us in the Questionnaire and Proposal are complete and true to the best of our knowledge and belief, and we hereby agree that his Questionnaire and Proposal shall form the basis and be part of any Policy or Policies issued in connection with the above risk or risks. It is agreed that the Insurers shall be liable in accordance with the terms of the Policy only and that the Insured will not lodge any other claims of whatever nature.

The Insured undertakes to inform the Insurers of any material alteration whereby the risk is increased, and the Insurers reserve the right to modify any quotation made in the light of such alteration.

The Insurers undertake to deal with this information in strict confidence.

completed at _____ this _____ day of _____

Signature:

Full Name of Signatory

Identity Card No./ Business Regn. No. : Date of Birth :

(Identity Card/Business Regn. Doc. Verified By : _____ Signature & Name of Agent / Staff)



ក្រុមហ៊ុនធានារ៉ាប់រង កម្ពុជានីត

CAMPU LONPAC INSURANCE 柬埔寨大众伦平保險

STATEMENT PURSUANT TO ARTICLE 20 OF THE INSURANCE LAW OF THE KINGDOM OF CAMBODIA OR ANY SUBSEQUENT AMENDMENT THEREOF

You are to disclose in this proposal form, fully and faithfully, all the facts, which you know or ought to know, otherwise the policy issued hereunder may be void.

Questionnaire and Proposal for Erection All Risks Insurance No.

1 1-15
1 35-49
1 50-53

- Title of contract (if project consists of several sections, specify section(s) to be insured)
- Location of Erection Site
Country
City, town, village
- Proposer
Please indicate which of the Nos. 4 to 9 below is the "Proposer" of the insurance, and which parties are to be declared as "Insured" in the Policy.
Proposer No. Insured No(s):
- Principal
Name
Address
- Main Contractor(s)
Name(s)
Address(es) Telephone No:
- Subcontractor(s)
Name(s)
Address(es)
- Manufacturers of main items
Name(s)
Address(es)
- Firm supervising erection
Name(s)
Address(es)
- Consulting Engineer
Name
Address
- 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; in case of complete factories: general drawing of plant, nature of civil engineering work (if any)

2 25-28
2 30-35

0 00-00 as reference for coding purposes only

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11. Period of Insurance		Commencement of insurance			
1	54-65				
2	36-37	Duration of pre-storage	months		
2	38-39	Commencement of erection work			
2	40-41	Duration of erection/construction	months		
		Duration of testing	weeks		
If Maintenance coverage required		Duration of maintenance	months		
		Type of coverage required			
		Termination of insurance			
12. Have plans, designs and materials of the kind used in this project been used and/or tested in		a) previous constructions	<input type="checkbox"/> yes	<input type="checkbox"/> no	
		b) previous constructions by the Contractor(s)	<input type="checkbox"/> yes*	<input type="checkbox"/> no	
2	29	*Please give details of similar projects carried out by Contractor(s)			
13. Is this an extension of an existing plan?		<input type="checkbox"/> yes*	<input type="checkbox"/> no		
* Will operation of existing plant continue during erection period? (Enclosed plans where available)		<input type="checkbox"/> yes	<input type="checkbox"/> no		
14. Have the buildings and civil engineering works already been completed?		<input type="checkbox"/> yes	<input type="checkbox"/> no		
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	<input type="checkbox"/> yes*	<input type="checkbox"/> no	
		explosion	<input type="checkbox"/> yes*	<input type="checkbox"/> no	
* If so, give details					
17. Ground water level					
18. Nearest river, lake, sea etc. levels of such river, lake, sea etc.		name	distance from site		
		low water	mean water	highest level recorded	
		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	<input type="checkbox"/> low	<input type="checkbox"/> medium <input type="checkbox"/> high

20. Hazards of earthquake		Is there a history of volcanism, tsunami at the site				<input type="checkbox"/> yes	<input type="checkbox"/> no
		have earthquakes etc. been observed in this area?				<input type="checkbox"/> yes	<input type="checkbox"/> no
		*if so, please state intensity		magnitude			
		Is the design of the structures to be insured based on regulations regarding earthquake resistant structures?				<input type="checkbox"/> yes	<input type="checkbox"/> no
		<input type="checkbox"/> rock	<input type="checkbox"/> gravel	<input type="checkbox"/> sand	<input type="checkbox"/> clay	<input type="checkbox"/> filled site	
		other types:					
		Do geological faults exist in the vicinity?				<input type="checkbox"/> yes	<input type="checkbox"/> no
21. Estimate, if possible, the probable maximum loss, express as a percentage of the sum insured, in a single occurrence		a) due to earthquake	b) due to fire				
		c) due to other cause (please specify)					
2	42-46						
22. Is coverage of Construction/ Erection equipment (scaffolding, huts, tools, etc.) required?						<input type="checkbox"/> yes*	<input type="checkbox"/> no
*Please give brief description and state value under No. 28,3.							
23. Is coverage of Construction/ Erection machinery (excavators, cranes, etc.) required?						<input type="checkbox"/> yes*	<input type="checkbox"/> no
*Please attach list of major machines showing individual new replacement values and state total value under No. 28,4.							
24. 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 out of or in connection with the contract works? State limit under No. 28,6.						<input type="checkbox"/> yes*	<input type="checkbox"/> no
		* Exact description of these buildings/structures:					
25. Is Third Party Liability to be included?							
*Give brief description of surrounding and existing buildings and/or structures not belonging to the Principal or Contractors (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, work on public holidays?	<input type="checkbox"/> yes		<input type="checkbox"/> no		
		air freight?	<input type="checkbox"/> yes <input type="checkbox"/> no				
27. Give details of any special extension of cover required							
2	52-53						
2	72						