

CRESCENT STAR INSURANCE LIMITED

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QUESTIONNAIRE AND PROPOSAL FOR ERECTION ALL RISKS INSURANCE

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|--|--|
| 1. Title of contract (if project consists of several sections, specify sections(s) to be Insured) | |
| 2. Location of Erection Site City town, Village, Country | |
| 3. 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): _____ |
| 4. Principal: Name & Address: | |
| 5. Main Contractor(s) Name(s) & Address(es) | |
| 6. Subcontractor(s) Name(s) & Address(es) | |
| 7. Manufacturers of main items Name(s) & Address(es) | |
| 8. Firm supervising erection Name(s) & Address(es) | |

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|---|---|
| 9. Consulting Engineer Name(s) & Address(es) | |
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| 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; in case of complete factories; general drawing of plant, nature of civil engineering work (if any) | |
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| 11. Period of Insurance | Commencement of insurance |
| | Duration of Pre-storage Months |
| | Commencement of erection work |
| | 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 *Please give details of similar projects carried out by Contractors(s) | a) Previous Constructions: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | b) Previous constructions by contractor(s) <input type="checkbox"/> Yes* <input type="checkbox"/> No |
| | |
| 13. Is this an extension of an existing plant? *Will operation of existing plant continue during erection period? (Enclose plans where applicable) | <input type="checkbox"/> Yes* <input type="checkbox"/> No |
| | <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? | |
| 16. Is there any aggravated risk of: *If so give details: | Please also give answers to Nos. 16-21 as far as information obtainable |
| | Fire <input type="checkbox"/> Yes* <input type="checkbox"/> No |
| | Explosion <input type="checkbox"/> Yes* <input type="checkbox"/> No |
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| 17. Ground Water Level | |
| 18. Nearest river, lake, sea etc Levels of such rivers, lakes etc | Name: _____ Distance from site: _____ |
| | Low Water: _____ Mean Water: _____ Highest recorded level: _____ |
| | 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, volcanism, tsunami | Is there any 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 |
| Subsoil Conditions: | <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, expressed as a percentage of the sum insured, in a single occurrence: | a) Due to Earthquake: _____ b) Due to Fire: _____ |
| | c) Due to other causes (Please specify) _____ |
| 22. Is coverage of construction /erection equipment(scaffolding ,huts, tools etc) required? *Please give brief description and state value under No. 28, 3 | <input type="checkbox"/> Yes* <input type="checkbox"/> No |
| 23. Is coverage of construction /erection machinery(excavators, cranes, etc) required? *Please attach list of major machines showing individual new replacement values and state total value under 28,4 | <input type="checkbox"/> Yes* <input type="checkbox"/> No |
| 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 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 | <input type="checkbox"/> Yes* <input type="checkbox"/> No |
| | _____ |
| | _____ |

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

Currency & Amount: _____

| 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 Custom Duties and Dues | |
| | 1.4 Cost of Erection | |
| | 2. Civil Engineering Works | |
| | 3. Construction/ Erection Equipment | |
| | 4. Construction/ Erection Machinery | |
| | 5. Clearance of Debris | |
| | 6. 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 No. 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: | |

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. Limits 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 this 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.

Executed:

Date: _____

Signature: _____