

**CONTRACTORS' ALL RISKS PROPOSAL FORM**

**I. GENERAL INFORMATION**

1. Name of Principal \_\_\_\_\_
2. Name of Contractor \_\_\_\_\_
3. Title of Contract \_\_\_\_\_
4. Location of Contract Works \_\_\_\_\_
5. Consulting Engineer/Architect \_\_\_\_\_
6. i) Total Contract Price \_\_\_\_\_  
ii) Please provide a breakdown (calculation) of the Contract Price  
\_\_\_\_\_  
\_\_\_\_\_
7. Is there any existing plant/structure or surrounding property in your possession care, custody or control at the site or adjacent?  Yes  No  
If so, please specify including values.  
\_\_\_\_\_  
\_\_\_\_\_
8. Value of materials supplied free to Contractor (not included in 6 and 7 above)  
\_\_\_\_\_
9. Please provide the Bar Chart or time schedule giving phase of work
  - i) Construction Period From \_\_\_\_\_ To \_\_\_\_\_
  - ii) Maintenance Period \_\_\_\_\_ months
  - iii) If there will be any testing, please provide period and nature.  
\_\_\_\_\_  
\_\_\_\_\_
  - iv) If there will be any sectional/phased handover, please outline.  
\_\_\_\_\_  
\_\_\_\_\_

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10. Please provide the value and details of major sub-contracts.

Sub-Contract Type	Name of Sub-Contractor	Value

11. Please provide details of fire fighting facilities

	Yes	No	Date that it will be functional/serviceable
- Sprinkler	<input type="checkbox"/>	<input type="checkbox"/>	_____
- Fire Extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	_____
- Yard Hydrants	<input type="checkbox"/>	<input type="checkbox"/>	_____
- Hosereel	<input type="checkbox"/>	<input type="checkbox"/>	_____
- Fire Alarm	<input type="checkbox"/>	<input type="checkbox"/>	_____
- Others: _____			

Is the fire alarm connected to:

- Smoke detector	<input type="checkbox"/>	<input type="checkbox"/>	_____
- Heat detector	<input type="checkbox"/>	<input type="checkbox"/>	_____
- Watchman service	<input type="checkbox"/>	<input type="checkbox"/>	_____
- In house fire brigade	<input type="checkbox"/>	<input type="checkbox"/>	_____

## II. GROUND CONDITIONS

12. Full details of substrata including minimum and average depth of water table (please supply copy of geotechnical report if available).

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13. Will there be any underground workings in the area?  Yes  No If so, please specify.

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14. Please give details of any bodies of water in the vicinity of the works along with distance therefrom.

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15. Details of flood history.

16. Other hazards/unusual features

**III. EXCAVATION WORKS**

17. i) Measurements

Average depth \_\_\_\_\_ Maximum depth \_

Average width \_\_\_\_\_ Minimum width \_\_\_\_\_

Maximum width \_\_\_\_\_

ii) Will any excavations take place below the level of the water table?

Yes  No

iii) What precautions are being taken against collapse?

iv) Total value of earthwork \_\_\_\_\_

v) Will any blasting take place?  Yes  No If so, cost? \_\_\_\_\_

vi) Will any demolition take place?  Yes  No If so, cost and method? \_\_\_\_\_

**IV. FOUNDATION WORKS**

18. Nature of foundation

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19. Will any piling be performed?  Yes  No If so, please answer as follows

i) Method

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ii) Dimensions of piles

iii) Maximum and Average depth driven

iv) Total number of piles

v) Contract value for piling works

20. Please describe any underpinning to be performed

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**V. BUILDING WORKS**

21. Height of building/stories/# of units

22. Type of Construction

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23. Type of scaffolding to be used

24. Brief description of the intended business or service activities in the proposed structure.

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25. Other relevant details

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**VI. THIRD PARTY INSURANCE**

26. Limit of indemnity required \_\_\_\_\_

27. i) Distance from site to nearest property \_\_\_\_\_

ii) Type of above property/age/condition/use  
\_\_\_\_\_  
\_\_\_\_\_

28. Particulars of relevant road or railways (adjacent/involved in contract works)  
\_\_\_\_\_  
\_\_\_\_\_

29. Please describe any experimental or prototype designs/techniques to be used.  
\_\_\_\_\_  
\_\_\_\_\_

**VII. PLEASE ATTACH:**

- insurance and indemnity sections of the contract
- site plan
- cross sectional drawings

We hereby declare that the statements made by us in this Questionnaire are, to the best of our knowledge and belief, complete and true and we hereby agree that this Questionnaire forms the basis of any Policy issued in connection with the above risk(s). The Insurers undertake to deal with this information in strict confidence.

Executed at \_\_\_\_\_ Date \_\_\_\_\_ Proposer Name / Signature / Company Stamp \_\_\_\_\_

Producer Name: \_\_\_\_\_ Code: \_\_\_\_\_ Contact: \_\_\_\_\_

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