

Contractor's Insurance

PART 1 DETAILS OF OF THE PROPOSER (Contractor)

1. a) Name _____
 b) Mailing Address _____
 c) Email Address _____
 d) Contact Numbers: Home: _____ Cellular: _____ Fax: _____
2. a) Years of experience in business _____
 b) Examples of recent contracts completed:

Name of Principal	Nature of Work	Completion Date	Contract Price	Location
			\$	
			\$	
			\$	
			\$	

3. a) Specify if you are the Main Contractor OR Subcontractor
 If Subcontractor, please give the name of the Main Contractor _____
 b) Specify if you are a General Contractor OR Specialist
 If Specialist, please state your specialisation (e.g. roofer, plumber, electrician, etc.) _____
4. In the box below, provide particulars of all claims made against you in the last five years for loss or damage on contract sites on which you have been working or claims made against you for personal injury or damage to property by employees or third parties:

Date	Nature of Claim	Amount
		\$
		\$
		\$
		\$

PART 2 DETAILS OF THE CONTRACT TO BE INSURED

1. Name and address of the Principal/Employer: _____
2. Location/Address of the Contract Work _____
3. Contract details:
 - a) New build OR Alteration
 - b) Type of property (e.g. house, apartment block, shop, etc.) _____
 - c) General construction OR Specialisation
 If Specialisation, please state nature of contract (roofing, a/c engineering, etc.) _____
 - d) Construction materials: Walls _____ Roof _____
 - e) Number of storeys _____
 - f) Contract price \$ _____
 - g) Contract conditions: Form used _____ (attach copy)
 - h) Period of Contract
 - i) Construction period* is From: _____ To: _____
 - ii) Maintenance period is From: _____ To: _____

*If Construction Period is more than 12 months, please attach details of the works programme submitting a plan if available.

Contractor's Insurance

PART 3 **DETAILS OF THE INSURANCE REQUIRED**

Sum Insured

Item 1: Contract Works.....\$ _____
 Defined as permanent and temporary works including material and all other objects intended for incorporation in the Works supplied by or for the Insured whilst on the insured Contract Site(s) in connection with the insured contract(s).

Item 2a: Temporary Buildings and Equipment.....\$ _____
 Defined as temporary buildings, tools, equipment, scaffolding and constructional plant excluding Mechanically Propelled Plant, trailers and accessories which are the property of the Insured whilst on the insured Contract Site(s). Limit any one item \$75,000.

Item 2b: Mechanically Propelled Plant.....\$ _____
 Defined as all mechanically propelled vehicles and trailers as shown in the Schedule and their accessories whilst on the insured Contract Site(s) during the Period of Insurance, excluding:

- a. any vehicles registered and/or insured for road use or used in circumstances where compulsory motor insurance is necessary;
- b. any items not designed for use as a tool of trade;
- c. any vehicle which is otherwise insured;
- d. any waterborne vessel;
- e. any item not specified in the Schedule;
- f. damage to tyres unless the vehicle incurs Damage at the same time.

Limit any one vehicle or trailer (including accessories) \$75,000.

List details of each vehicle and trailer to be insured:

Make	Model/Type/Use	Age	Size/ Capacity	Registration or Serial Number	Insured Value
					\$
					\$
					\$

Item 3: Property in the Proposer's custody or control\$ _____
 Defined as the structure, fixtures, fittings and contents of the building or portion of the building shown in the Schedule:

- a. other than construction/erection equipment, plant or machinery;
- b. which is located on or adjacent to the insured Contract Site(s);
- c. and held in the care, custody or control of the Principal(s) or the Insured;
- d. the extension or alteration of which forms the subject matter insured by this Policy.

The insurance on this property is limited to Damage resulting from an accident arising directly out of any construction, erection or testing which forms part of the performance of the insured contract(s) and excludes any part of the property which is being worked upon.

State exact building or portion of building to be insured: _____

Supplementary Insurances: If you wish to insure the following, please indicate by inserting the value.

- a. Materials in transit.....\$ _____
 - b. Materials in off-site storage.....\$ _____
- Address of off-site storage _____

Contractor's Insurance

Specify any individual items to be insured under Section I and included above which are valued at more than \$75,000

Description	Serial Number	Insured Value
		\$
		\$
		\$

Public Liability: Indemnity limit required (\$1M max): \$ _____

Employers Liability: Indemnity Limit required (\$1M max): \$ _____

PART 4 CONTRACT SITE DETAILS

- Nature of subsoil _____
- Distance from the sea _____
- Height above sea level _____
- Details of any harbours, bays, canals or other water in the area including the distance therefrom _____
- Has the area been subject to flooding in the past? Yes No
If Yes, please give full details: _____
- Excavations: a. Average depth: _____
b. Maximum depth (no insurance is available for excavations below 2 metres): _____
- Details of any underground or overhead mains services (e.g. electric, telephone or gas) _____
- Give details of any blasting to be carried out on or near contract site: _____
- Describe any special/unusual features of the contract or contract site: _____
- Do you check and record the insurance of your subcontractors? Yes No

PART 5 DECLARATION

Has any Insurer at any time declined to insure you or the Contractor for Contractor's, Public or Employer's Liability Insurance? Yes No

If Yes, please give details including name of Insurer: _____

What other insurance do you have with Coralisle? _____

I/We wish to effect insurance with Coralisle Insurance Company Ltd. I/We declare that the above statements and particulars are complete and correct and no material fact has been misrepresented, misstated or withheld. I/We agree that this Proposal shall form the basis of the contract between me/us and Coralisle and I/we agree to accept Coralisle's usual form of policy for insurances of this nature. If this Proposal has been written by anyone else, that person is my agent for that purpose and not the agent of Coralisle. (If you have not personally completed the answers to the questions, you should check them carefully before signing this declaration).

Signature _____ Date _____

NB: LIABILITY OF THE INSURERS DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED BY THE INSURERS.

Coralisle Insurance Company Ltd. Jardine House, 33-35 Reid Street, Hamilton HM 12, Bermuda
PO Box HM 1559, Hamilton HM FX, Bermuda | Tel 441 296 3700 | Fax 441 295 1367 | www.CG.Coralisle.com

Personal and Business Insurance

INSURANCE | HEALTH | PENSIONS | LIFE

A member of Coralisle Group Ltd.

Rev. 08-20