FEDERAL INSURANCE TIMOR S.A

CONTRACTORS ALL RISKS PROPOSAL FORM

Agent: Policy Number: ☐☐ ☐☐☐☐☐☐☐☐ ☐☐☐

YOUR DUTY OF DISCLOSURE

You must tell us of all information you know (or could reasonably be expected to know) which would influence the judgement of a prudent underwriter whether or not to accept your application, and if it is accepted, on what terms and at what cost.

Examples of information you may need to disclose:

* Anything that increases the risk of an insurance claim.
* Any criminal record.
* If another insurer has cancelled or refused to renew insurance or has imposed special terms on your policy.
* Any insurance claim you have made in the past.

Examples of information you do not need to disclose:

* Anything that reduces the risk of an insurance claim.
* Anything we say you do not need to tell us about.
* Anything that is common knowledge.
* Anything you have already told us, or that we should be expected to know in the ordinary course of our business.

These examples are a guide only. If you are unsure whether you should disclose a particular piece of information, please ask.

WHEN IN DOUBT – DISCLOSE. ALL INFORMATION WILL BE TREATED CONFIDENTIALLY

NOTE: The completion of this form is to enable Federal Insurance Timor (FIT) to establish the nature of the proposers operations, the extent of the cover required, the conditions that are in existence and the rules and the procedures which will apply during the currency of the proposed insurance. The completion and/or signing of this form does not bind the proposer or FIT to the making of a contract of insurance. However, should such a contract be made then the information contained herein shall constitute a part of that contract. Alterations and/or variations of any of the answers given to any of the questions in this proposal form can only be made with the prior advice to, and approval of, FIT.

DETAILS OF APPLICANT(S)

Principal Owner_____

Postal Address_____

Phone _____ Mobile _____ Email _____

Contractor_____

Postal Address_____

Phone _____ Mobile _____ Email _____

Notices to be sent to Principal ☐ Contractor ☐

The Insured is to be the Principal, Contractor, and

Interested Parties _____

Contract location _____

Period of Insurance From _____ To _____ at 4pm plus 30 days Maintenance Period

Maintenance/Defects Liability Period required _____ months

ITEMS INSURED

It is a requirement that the Sums Insured stated are total replacement costs and advisable that due allowance be made for inflation during the contract period

	Item	Sum Insured
1	Contract Price (including temporary work)	$_____
2	Material supplied by the Principal or free to Contractor	$_____
3	Demolition & removal of debris after loss (including preparation costs for replacement work)	$_____
4	Architects, engineers and consultants fees	$_____
5	Existing structure (where contract involves extensions or alterations to these) Age/years _____	$_____
6	Contractors temporary buildings/site huts (state number) _____	$_____
7	Contractors plant and machinery (complete note ii)	$_____
8	Employees hand tools (complete note iii)	$_____
	TOTAL:	**$_____**

OPTIONAL EXTENSIONS:

Testing and commissioning of plant	Yes ☐	No ☐
Transit of items to be included in construction works	Yes ☐	No ☐
Cyclone & Natural Disaster	Yes ☐	No ☐

i. DO NOT include items 5 to 8 if they are covered by any other insurance policy during the period of construction works.

ii. Please state type and quantity of **construction plant & equipment** together with the value per item and its age, (item 7) e.g. diggers, bulldozers, hoists, etc.

Item of Construction, Plant or Equipment	Age of Item	Market Value
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____

iii. **Employees hand tools** (e.g. sawbench, bandsaw). The sum insured is calculated by multiplying the total number of named employees below by the maximum limit for any one claim per employee

Name(s) of employee(s) _____

_____

_____

Total no. of employees: _____ x maximum claim limit per employee: $_____ = $_____

Is any of the plant listed above hired e.g. scaffolding, planks, shutters? Yes ☐ No ☐ If "Yes" please give details below

Item	Sum Insured
_____	$_____
_____	$_____
_____	$_____
_____	$_____

CONTRACT CONDITIONS

1. What are the conditions of the Construction Works contract? Please provide a copy

   _____

   _____

2. Have any variations been made to the standard conditions of contract? Yes ☐ No ☐ If "Yes", attach a copy.
3. If progressive handover is to apply, please give details of areas, dates and values.

   _____

   _____

4. Is the project to be undertaken on a "Labour only" basis? Yes ☐ No ☐
5. Is the contract a:
   a. lump sum? Yes ☐ No ☐
   b. schedule rate? Yes ☐ No ☐
   c. cost plus? Yes ☐ No ☐
6. If the contract is a fixed price, is it subject to inflation adjustment? Yes ☐ No ☐

   If "Yes": adjustable, has this been allowed for in the sum insured? Yes ☐ No ☐ If "No", please state reason

   _____

   _____

7. Name any Sub-contractors and the work they will be doing

   _____

   _____

CONSTRUCTION WORK DETAILS

1. Description of construction works: (For construction works exceeding $250,000, plans and specifications must be provided)

   _____

   _____

a. Foundations: Type _____ Level of deepest excavation _____

b. Piles: Type _____ Value $_____ Number _____ Depth _____

c. Construction methods (i.e. timber frame, portal frame, tilt slab, etc.) _____

_____

_____

d. Construction materials: Floors _____ Walls _____ Roof _____

Ceilings: Flat ☐ Raked ☐

e. Dimensions (lengths, widths, heights): _____

f. Number of floors _____ Number of basements _____

Height per story – ground _____ Others _____

2. Give full details (as far as applicable) regarding the following:

a. Geological and subsoil conditions _____

_____

b. Will the contract involve laying of a drainage system? Yes ☐ No ☐

If "Yes" give full details and value _____

_____

c. Ground water level _____

d. Name of and distance to nearest river, lake or sea_____

e. Height above such river, lake or sea: Low water _____ High water _____

f. What precautions are taken to prevent the site from flooding? _____

_____

_____

3. Is cover to apply at premises other than the site of the contract? Yes ☐ No ☐

If "Yes" give full details _____

_____

4. Does work involve alterations or additions to existing buildings? Yes ☐ No ☐

If "Yes":

a. Who is responsible if existing buildings are damaged?_____

b. Who is to insure existing buildings and contents? _____

c. Is the value you have stated in the schedule of items for Existing Building:

Indemnity value (current) ☐ New replacement value ☐ Other ☐

5. If this contract is an extension to a house, will it be habitable during the contract period? Yes ☐ No ☐

LEGAL LIABILITY TO OTHERS

Item	Description			Sum Insured
1	Do you require your legal liability to others to be insured?	Yes ☐	No ☐	$_____
2	Do you require your legal liability to others from defective design to be insured?	Yes ☐	No ☐	$100,000

If "Yes" to 1, what property surrounds the construction site and what public services, cables or drains (other than those incorporated in the construction) cross the site?

_____

_____

Are explosives to be used? Yes ☐ No ☐

If "Yes, give full details of any blasting operations including the method of firing, class of explosive and quantity to be used, average weight of charges, warning methods employed and location of work and storage in relation to Third Party property.

_____

_____

Do any public services or roads cross the site or does the line of construction cross (whether through, over or under) any public services (telephone and electricity services) or roads or any Third Party property? Full details of the method of crossing and the volume of traffic involved must be given.

_____

_____

If work is carried out in existing premises or installations or as an addition thereto, give full details of the nature and construction of the premises, their value and category of business carried on therein.

_____

_____

If you are the main contractor and are using sub-contractors, do you require them to give you an indemnity in the same way that you have given one to the principal?

Yes ☐ No ☐

GENERAL QUESTIONS

1. Does anyone (other than the Insured) have a financial interest in any property? Yes ☐ No ☐

   If "Yes", give details of interested party: _____

   Name: _____

   Address:_____

2. Have you:

   a. ever been imprisoned for any criminal offence, or
   b. ever had any other conviction for any other criminal offence in the last 7 years, or — Yes ☐ No ☐
   c. any prosecution pending for any criminal offense?

   If "Yes", please give full details _____

   _____

   _____

BACKGROUND INFORMATION ON ALL THE INSUREDS

1. Give details of similar work undertaken by any Insured, together with values:

   _____

   _____

2. Has any Insured had previous construction insurance? Yes ☐ No ☐

3. Has any insurance company declined, cancelled, refused to renew or imposed special terms on any construction risks policy in which any Insured has had an interest? Yes ☐ No ☐

   If "Yes", please give full details _____

   _____

   _____

4. a. In the last 5 years has any Insured (or officer of any Insured) been prosecuted for any building or construction offence? Yes ☐ No ☐

   b. In the last 5 years has any Insured (or officer of any Insured) been prosecuted for any occupational, safety or health offence by a Government department? Yes ☐ No ☐

   c. Has any Insured (or officer of any Insured) ever been bankrupted? Yes ☐ No ☐

   d. Has any Insured (or officer of any Insured):
      i) Ever been imprisoned for any criminal offence, or
      ii) Had any conviction for any other criminal offence in the last 7 years, or
      iii) Any prosecution pending for any criminal offence? Yes ☐ No ☐

   If "Yes" to any of the questions in 4 above, please give full details (add extra page if needed): _____

   _____

   _____

5. Give details of any claims any Insured has made against any construction risks policy or any public liability policy in the last 5 years. (Show: date, damage, cause, amount of claim, type of policy and insurance company involved.)

   _____

   _____

6. Give details of any loss or damage or public liability claims made against any Insured exceeding $500 sustained on construction works undertaken by an insured during the last 5 years, whether insured or not.

   _____

   _____

AGREEMENT

I agree that:

1. *Material facts*

(a) All information given to FIT (whether oral or written) is true and correct, and

(b) All material facts have been disclosed (see "Your Duty of Disclosure")

2. *Terms of Policy*

The terms of FIT policy are accepted

3. *Agency*

Anyone who assists me to complete this Application Form is acting as my agent only

Important Information

- We gather information about you (including your claims history) to consider your application for insurance. If you refuse to provide it, your application may be declined.
- This information is held by FIT and you may access it. It may be passed to other insurers you deal with and mortgagees, etc.

Applicants signature _____ Position/Title _____ Date _____

Full Name _____

Applicants signature _____ Position/Title _____ Date _____

Full Name _____