Guardian Group
Guardian General Insurance Limited

Head Office: Newtown Centre, 30-34 Maraval Road, Newtown, 190133, Trinidad & Tobago
Telephone: (868) 226-myGG (6944) ▪ Fax: (868) 622-9994
Website: www.myguardiangroup.com

PROPOSAL FOR CONTRACTORS' ALL RISKS INSURANCE

EACH OF THESE QUESTIONS MUST BE ANSWERED COMPLETELY

1. (a) Proposer: _____ _____
   (b) Postal Address: _____
   (c) Trade or Business: _____
   (d) Tel. No: (Cell) _____ (Home) _____ (Work) _____
   (e) Email: _____ (f) Form of I.D. _____

2. Is the Proposer the **Contractor** or the **Principal**? _____
   (a) If the Proposer is the Contractor, state the name of the Principal for whom work is to be carried out _____
   (b) If the Proposer is the Principal, state the name of the Contractor _____

3. If the Proposer is a sub-contractor for the work, give the name and address of the main contractor.
   _____

4. Has any insurer ever:

   (a) declined your proposal? YES ☐ NO ☐
   (b) increased your premium? YES ☐ NO ☐
   (c) imposed special conditions on your policy? YES ☐ NO ☐
   (d) refused to continue or renew your policy? YES ☐ NO ☐
   (e) cancelled your policy? YES ☐ NO ☐

   If 'YES' to any of these, please give details _____
   _____
   _____
   _____

5. Do you have any other insurances in force with us? YES ☐ NO ☐

   If "YES", please give details _____
   _____
   _____
   _____

SECTION 1 – MATERIAL DAMAGE

6. (a) Describe the general nature of the work to be undertaken

_____

_____

(b) Location of the Contract Site

_____

_____

(c) Period of Contract (i) Construction Period _____ months from _____

(ii) Maintenance Period _____ months thereafter

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7. If the Contract is on a form approved by a professional organization, e.g., The Institution of Civil Engineers, state name of organization and edition of form. If not, attach a copy of the Contract conditions, and write "see attached"

_____

_____

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8. If Construction Period is more than 12 months give brief details of works programme. If a plan of the work is available, please submit a copy with this Proposal.

_____

_____

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9. Give details, including dates, of any similar work undertaken by you

Date	For Whom Undertaken	Nature Of Work	Amount

SUM TO BE INSURED

10.(a) Contract Price ("The Contract Works") ..... $ _____

(b) Clearance of Debris ..... $ _____

(c) Existing Property ..... $ _____

(d) Value of Contractors' Plant, Machinery and Equipment to be used on site.. $ _____

(e) Temporary Works ..... $ _____

(f) Professional Fees ..... $ _____

TOTAL SUM INSURED _____

11.(a) Nature of subsoil at situation of the Contract _____

(b) Is the Contract Works sited on:

(i) Reclaimed land? YES ☐ NO ☐

(ii) Recently levelled land? YES ☐ NO ☐

(iii) A hillside or steep incline? YES ☐ NO ☐

(c) Distance from sea _____

(d) Height above sea level _____

(e) Give details of any rivers, streams, canals or other water in the area and state distance therefrom.

_____

_____

(f) Has the area been subject to flooding in the past? YES ☐ NO ☐

If "YES", please give details _____

_____

(g) State whether region is subject to weather conditions such as monsoons, typhoons, hurricanes and the like and the months when they are expected _____

(h) Are there any mines or disused workings in the vicinity? YES ☐ NO ☐

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12. (a) State depth of excavations

(i) Average depth _____

(ii) Maximum depth _____

(b) At present, are there any underground main services on or about the situation of the contract? YES ☐ NO ☐

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If "YES", please give details _____

_____

(c) Will any blasting be carried out at or near the situation of the contract? YES ☐ NO ☐

If "YES", please give details _____

_____

(d) Describe any special features of the work to be undertaken at the situation of the contract.

_____

_____

(e) Will any Piling be carried out at or near the situation of the Contract? YES ☐ NO ☐

If "YES", please give details _____

_____

13. Give details of any Mortgage or other such interest _____

_____

14. Give particulars of all loss or damage sustained on contracts on which you have been working during the past three years.	DATE	CAUSE OF LOSS OR DAMAGE	AMOUNT

SECTION 2 – THIRD PARTY LIABILITY

15. (a) Amount of indemnity required for any one accident $ _____

(b) Amount of indemnity required for any one Policy $ _____

16. (a) Is the Principal's liability to be included in the cover? YES ☐ NO ☐

(b) Is the Subcontractor's liability to be included in the cover? YES ☐ NO ☐

17. Give particulars of all claims made on you during the past three years for bodily injury to or damage to property of Third Parties.	DATE	CAUSE OF LOSS OR DAMAGE	AMOUNT

DECLARATION

I/We wish to effect Insurance with Guardian General Insurance Limited on the Terms, Conditions and Exclusions of the Policy to be issued by the Company. I/We warrant that the statements and particulars given by me/us in this Proposal are to the best of my/our knowledge and belief true and complete and no material fact has been misrepresented mis-stated suppressed or withheld and that the premises is/are in good condition and repair. I/We agree that this Proposal and Declaration shall form the basis of the contract between me/us and Guardian General Insurance Limited and shall be deemed as incorporated in the Policy issued.

Dated _____ Signature _____

mm/dd/yy If Company, please affix Company stamp

THIS INSURANCE WILL NOT BE IN FORCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED BY THE COMPANY.