



THE NEW INDIA ASSURANCE CO. LTD
P.O. BOX 2907, P.C.112, RUWI
SULTANATE OF OMAN

ERECTION ALL RISK INSURANCE

PROPOSAL FORM

1. NAME AND ADDRESS OF PRINCIPAL	
2. NAME AND ADDRESS OF CONTRACTOR	
3. NAME AND ADDRESS OF SUB-CONTRACTOR	
4. NAME AND ADDRESS OF CONSULTING ENGINEER	
5 A) HAVE THE PLANS DESIGNS & MATERIAL ALREADY BEEN TESTED IN ANY PREVIOUS CONSTRUCTION? B) IS THE PROPERTY TO BE ERECTED ON ANY PART THEREOF OF A NEW DESIGN C) ARE THERE ANY SPECIAL RISKS OF EARTH QUAKE, FLOOD, FIRE OR EXPLOSION AT THE SITE OF ERECTION? IF SO, GIVE DETAILS	
6. ARE YOU THE MANUFACTURER, IMPORTER, BUYER OF CONTRACTOR OF THE PROPERTY?	

7. IS THE PROPERTY BRAND NEW OR IS IT SECOND- HAND?	
8. WILL THE ERECTION BE CARRIED OUT BY YOUR OWN PERSONNEL? IF NOT BY WHOM?	
9 SITE OF ERECTION	
10 EXACT DESCRIPTION OF PROPERTY TO BE ERECTED	

SECTION-I- MATERIAL DAMAGE

11. TOTAL VALUE OF PLANT AND MACHINERY	RO
12. COST OF ERECTION	RO
13. CIVIL ENGINEERING WORKS 1) PERMANENT 2) TEMPORARY	RO RO
14. COMPLETELY ERECTED VALUE (TOTAL SUM INSURED)	RO
15. WHEN DOES THE ERECTION BEGIN?	DATE_____ MONTH
16 WHAT IS THE ESTIMATED DURATION OF ERECTION INCLUDING ONE MONTH TESTING PERIOD	
17. MAINTENANCE PERIOD	

SECTION 11- THIRD PARY LIABILITY

LIMIT OF INDEMNITY IN RESPECT OF ANY ONE ACCIDENT OR SERIES OF ACCIDENTS ARISING OUT OF ONE EVENT	
TOTAL LIMIT OF SECTION -11 DURING POLICY PERIOD	

PLACE :

SIGNATURE OF THE INSURED WITH STAMP