



**CONTRACTORS ALL RISK PROPOSAL FORM**

1. Parties to the contract Name and address to be insured under the policy

- a. Principal \_\_\_\_\_
- b. Main contractor \_\_\_\_\_
- c. Postal Address: \_\_\_\_\_ Tel. No.: \_\_\_\_\_
- d. Sub contractors \_\_\_\_\_
- f. Consulting Engineer \_\_\_\_\_

2. Name and title of project: \_\_\_\_\_

3. a. Description and details of contract works: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- b. Location \_\_\_\_\_
- c. Dimensions: number of storeys \_\_\_\_\_
- d. Foundation (methods, level of excavation) \_\_\_\_\_
- e. Level of ground water, if dewatering necessary: \_\_\_\_\_

4. Date and Periods:

- a. Construction period: \_\_\_\_\_ Months from \_\_\_\_\_ to \_\_\_\_\_
- b. Maintenance period: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_
- c. Type of maintenance: \_\_\_\_\_ visits \_\_\_\_\_ extended

5. Sums to be insured: Amount (a)

a. Contract works (including Permanent and Temporary works) \_\_\_\_\_

\_\_\_\_\_

b. Specify and indicate value of materials supplied by Principal  
(not included under (a) above)

(b) \_\_\_\_\_

c. Clearance of debris (limit of indemnity) (c)  
\_\_\_\_\_

d. Architects, Surveyors & Consulting Engineers' Fees (d)  
\_\_\_\_\_

e. Total sum insured for works (e)  
\_\_\_\_\_

f. Construction equipment and installations such as scaffolding, supports,  
sheet piles, stages for bridges, tools, tackles, etc. (f)  
\_\_\_\_\_

g. Construction machinery (g)  
\_\_\_\_\_

(Please enclose list of items showing their new replacement values)

6. Excesses (envisaged for each and every occurrence)

a. for contract works and equipment arising out of major events such as  
earthquake, storm, subsidence, landside and any water damage  
\_\_\_\_\_

b. any other cause  
\_\_\_\_\_

c. for construction machinery  
\_\_\_\_\_

7. Existing Buildings:

Are existing buildings and/or structures on or adjacent to the site,  
owned by or held in care, custody or control of the Principal or any  
Contractor to be insured against loss or damage arising out of or  
in connection with the contract works ?

Yes No

If yes, indicate limit of indemnity. For these building or structures indicate - value \_\_\_\_\_

- type of construction \_\_\_\_\_

- Condition \_\_\_\_\_

8. Third Party Liability to be included? Yes No

If yes, what limits arising out of one event are required? a. Bodily injury

I. For any one person \_\_\_\_\_

ii. per event \_\_\_\_\_

b. Property damage per event \_\_\_\_\_

c. Total limit for any one event \_\_\_\_\_

d. In connection with surroundings not belonging to the Insureds give description of type, size, conditions and value of neighbouring building and other construction and indicate importance of streets and existence of railways (enclose maps and layouts) \_\_\_\_\_

e. Cross Liability Are the Insureds (contractor, sub-contractor, Principal) to be considered as Third Parties? Yes No

We hereby declare that the statements made by us in this proposal are complete and true to the best of our knowledge and belief and we hereby agree that this proposal shall form the basis and be part of the Policy to be issued in connection with the above risk or risks. It is agreed that Best Assurance Company Ltd shall be liable in accordance with the terms of the Policy only and that the Insured will not lodge any other claims of whatever nature. The Company undertakes to deal with this information in strict confidence.

Date: ..... Signature of Proposer: .....

Agent ..... No: .....



**PUBLIC LIABILITY PROPOSAL FORM**

**A. PROPOSERS DETAILS**

1. Full Name of Insured: .....
2. Postal Address: .....
3. Tel.: .....4. Business or Occupation: .....
4. Trade and/or Occupancy: Please describe your Business and Operations for which this insurance is required.....
5. Please State the Period of insurance required: From: ..... To.....
6. Limit of Indemnity .....
7. How long have you been established in the business to which this proposal applies.....

**Schedule of Risks to be Covered**

*(Please study this list carefully and make sure you are taking out a policy giving fullest protection)*

| RISK   | COMPLETE THIS COLUMN WHERE COVER REQUIRED  |
|--|--|
| (a) General Premises risk<br><br>(Including liability for fire and explosion except liability for injury except liability for injury or damage Policy) | Description of premises (workshop, warehouse,etc).....<br>.....<br>.....<br>Estimated number of employees working at Insurable by a Boiler Premises .....<br>Annual wage roll..... |
| (b) <i>Work away from your premises</i><br><br>(Including liability for fire and explosion expect liability for injury or damage by a Boiler Policy)   | Where will the work be carried out?<br>.....<br>What kind of work will it be?<br><br>Estimated number of employees working away from the premises .....<br>Annual wage roll.....   |
| (c) Employees of Sub-Contractors   | Nature of work sublet.....<br>Estimated amount of sub- contracts.....  |
| (d) Does your trade involve any risk (other than as described in (a) to (c) above of injury to third parties or damage to their properties             |  |

1. Give full particulars and details of any machinery and electrical appliances used:
  - (a) At your own premises.....
  - (b) On outside work .....
2. Are all your premises and appliances in a sound state of Repair? .....
3. Have any other person other than your own employees occasion to use or come in contact with :
  - (a) your lifts, hoists, etc. .... (Or)
  - (b) any other .....

Please give particulars.....

4. How long have you been in business and what claims have been made on you during that period (or are pending ) in respect of risks to be covered by this Insurance? Please furnish full particulars.....

Personal injury number: No..... Cost.....  
 Damage to property: No.....Cost.....  
 Number of years in business: .....

- 5.(a) Are you at present insured: .....Name of Company.....

Or

(b) Have you ever proposed for insurance in respect of the said Liabilities? .....  
 Name of Company.....

6. Has any proposal or renewal ever been

(a) Declined .....

(b) Withdrawn.....

(c) Charged an increased rate or subjected to special restrictions.....

- 7 (a) Are you at present insured: ..... If yes, Name of Company .....

Or

(b) Have you ever proposed for insurance in respect of the said Liabilities? .....  
 If Yes, Name of Company.....

8. Has any proposal or renewal ever been

(a) Declined?

(b) Withdrawn?.....

(c) Charged an increased rate or subjected to special restrictions .....

We/I declare that to the best of our/my knowledge and belief the statements made by us/me are true and complete and should constitute the basis of the contract of this Insurance.

Date .....

Agent.....

Signature of Proposer.....



**WORKMEN’S COMPENSATION INSURANCE PROPOSAL FORM**

**A. PROPOSERS DETAILS**

1. Full Name of Insured: .....
2. Postal Address: .....
3. Tel.: .....
4. Business or Occupation: .....
5. Trade and/or Occupancy: Please describe your Business and Operations for which this insurance is required .....
6. Please State the Period of insurance required: From: ..... To.....
7. How long have you been established in the business to which this proposal applies.....

**B. EMPLOYEE OCCUPATION AND REMUNERATION/WAGE DETAILS**

1. Please be as specific as possible concerning the different types of occupation or work performed by your employees

2. The different types of work should be categorised and the wage details entered for each.

3. The wages figure must include all forms of remuneration.

N/B: Please You Can Add additional Sheet for No. Of Employees if it exceed The below Space Provided

| TYPE OF OCCUPATION/WORK | NO. OF EMPLOYEES | TOTAL ANNUAL WAGES/EARNINGS(GH¢) |
|-------------------------|------------------|----------------------------------|
|                         |                  |                                  |
|                         |                  |                                  |

|               |  |  |
|---------------|--|--|
|               |  |  |
|               |  |  |
|               |  |  |
|               |  |  |
|               |  |  |
|               |  |  |
| <b>TOTALS</b> |  |  |

**C. PREVIOUS CLAIMS/ LOSSES**

Please detail below all incidents involving employee injuries during the last 3 years. This must include all injuries which were not insured if you did not have a workmen’s compensation insurance policy at the time

| DATE OF INJURY | EMPLOYEE’S NAME | TYPE OF INJURY | COMPENSATION PAID OR OUTSTANDING |
|----------------|-----------------|----------------|----------------------------------|
|                |                 |                |                                  |
|                |                 |                |                                  |
|                |                 |                |                                  |
|                |                 |                |                                  |
|                |                 |                |                                  |

Are you at present insured, or have you ever proposed for an insurance in respect of your liability to your Employees? .....

(a) If so, please state name of Company.....

(b) Has any such proposal or renewal ever been declined or withdrawn? .....

If **yes**, please state the reason. ....

We, the undersigned, desire to effect an insurance as above stated in terms of the Policy to be issued by **BEST ASSURANCE COMPANY LTD**

I/We agree to keep a proper Wages Book and to render at the end of each period of insurance a statement in the form required by the company of all wages actually paid and to pay premium on any wages paid in excess of the amount estimated above. I/We hereby declare that all the above statements and particulars which I/We have read over and checked are true, and I/We have not suppressed, misrepresented or mis-stated any material fact, I/We have fairly estimated my/our total wages and salaries expenditure and I/We agree that this declaration shall be the basis of the contract between me/us and Best Assurance Company Ltd

Date.....

Signature of Proposer.....





**PLANT AND MACHINERY (CPM)**

1. FULL NAME OF PROPOSER.....  
 .....

2. ADDRESS..... TELEPHONE NO.....

3. TRADE OR BUSINESS.....  
 FAX.....

4. Insurance  on annual basis  
 For \_\_\_\_\_ months  
 \_\_\_\_\_  
 years(specify period) Geographical scope  
 of cover

5. Has there been any previous CPM insurance? Yes  No  If so, for which item(s) of the specification and by what companies?  
 .....

6. Have the plant and machinery to be insured(partly or in total)been hired Yes  No  If so, please specify the owners name and address  
 .....  
 .....  
 .....

7. Are the plant and machinery highly exposed to special hazards?  Fire, explosion  Earthquake, volcanic activity, tsunami  
 \_\_\_\_\_  
 Storm, cyclone Flood, inundation  
 \_\_\_\_\_  
 Landslide Blasting  
 \_\_\_\_\_

Employment in the mountainous terrain  
underground

Employment

Others

8. Do you wish the cover to

include extra charges for  
No

overtime, night work, work on public holidays?

Yes

Limited of indemnity for such extra charges:

9 Do you wish the cover to  
please specify

Yes

No

If so,

include inland transport

.....

Maximum value transported by one means of transport

**DECLARATION**

WE hereby declare that the statement made b us in this Questionnaire and proposal are, to the best of our knowledge and belief, complete and true, and we hereby agree that this Questionnaire and proposal forms the basis and is part of any policy issued in connection with the above risk. It is agreed that the insurers are liable in accordance with the terms of the policy only and that the insured will not lodge any other claims of whatever nature. The insurers undertake to deal with this information in strict confidence.

Date.....

Signature.....

Agency.....

.....

