



PROGRESSIVE INSURANCE BHD (19002-P)

7th, 9th & 10th Floor, Menara BGI, Plaza Berjaya, No. 12, Jalan Imbi 55100 Kuala Lumpur

P.O. Box 10028, 50700 Kuala Lumpur

Tel: 03-2118 8000 Fax: 03-2118 8100, 2118 8101, 2118 8102 & 2118 8103

Website: www.progressiveinsurance.com.my

Agency: _____

RANGKAIAN CAWANGAN / BRANCH NETWORK

BUTTERWORTH	2755, Ground & 1st Floor, Jalan Chain Ferry, Taman Inderawasih, 13600 Prai, Seberang Prai Tengah, Penang.	Tel: +60 4397 7128	Fax: +60 4397 7126
JOHOR BAHRU	No. 17-01, Jalan Kebun Teh 1, Pusat Perdagangan Kebun Teh, 80250 Johor Bahru, Johor.	Tel: +60 7227 0991/2	Fax: +60 7227 0996
MELAKA	13-A, Jalan Melaka Raya 24, Taman Melaka Raya, 75000 Melaka.	Tel: +60 6288 3831	Fax: +60 6288 3832
KOTA KINABALU	Ground & 7th Floor, Wisma Perkasa, Jalan Gaya, 88845 Kota Kinabalu, Sabah.	Tel: +60 8824 4216	Fax: +60 8821 8004
KUCHING	Gound Floor, Lots 216 & 217, Jalan Haji Taha, 93400 Kuching, P.O. Box 2749, 93754 Kuching, Sarawak.	Tel: +60 8225 1788	Fax: +60 8242 3960
SANDAKAN	1st Floor, Lot 1, Block 3, Bandar Indah, Mile 4, North Road, 90000 Sandakan, Sabah.	Tel: +60 8923 8810	Fax: +60 8923 7709

The Insurance Act: You are to disclose in this proposal form, fully and faithfully all the facts which you know or ought to know, otherwise the policy issued hereunder may be void.

QUESTIONNAIRE AND PROPOSAL FOR ERECTION ALL RISKS INSURANCE

1	Title of contract (if project consists of several sections, specify section (s) to be insured)	_____	
2.	Location of Erection Site	_____ _____	
3.	Proposer	Please indicate which of the Nos. 4 to 9 below is the "Proposer" of the insurance, and which parties are to be declared as "Insured" in the Policy.	
		Proposer No.:	Insured No(s):
4.	Principal	Name _____	
		Address _____	
5.	Main Contractor(s)	Name(s) _____	
		Address(es) _____	
6.	Subcontractor(s)	Name(s) _____	
		Address(es) _____	
7.	Manufacturers of main items	Name(s) _____	
		Address(es) _____	
8.	Firm supervising erection	Name(s) _____	
		Address(es) _____	
9.	Consulting Engineer	Name(s) _____	
		Address _____	
10.	Exact description of the property to be erected (If second hand items are to be erected, please state)	_____	
	In case of machines, manufacturer's name, number, type, size, capacity, weight, pressure, temperature, revolutions; in case of complete factories general drawing of plant, nature of civil engineering work (if any)	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____	
11.	Period of Insurance	From	To
		Duration of testing	weeks
		_____	_____

If Maintenance coverage required	Duration of maintenance _____ months			
12. Have plans designs and materials of the kind used in this project been used and/or tested in *Please give details of similar projects carried out by Contractor(s)	a) previous constructions	<input type="checkbox"/> yes	<input type="checkbox"/> no	
	b) previous constructions by the Contractor(s)	<input type="checkbox"/> yes*	<input type="checkbox"/> no	
13. Is this an extension of an existing plant? *Will operation of existing plant continue during erection period? (Enclose plans where available)		<input type="checkbox"/> yes*	<input type="checkbox"/> no	
		<input type="checkbox"/> yes*	<input type="checkbox"/> no	
14. Have the buildings and civil engineering works already been completed?		<input type="checkbox"/> yes	<input type="checkbox"/> no	
15. Work to be carried out by Subcontractors				
16. Is there any aggravated risk of:- *If so, give details	Please also give answers to Nos.16 to 21 as far as information obtainable:			
	fire	<input type="checkbox"/> yes*	<input type="checkbox"/> no	
	explosion	<input type="checkbox"/> yes*	<input type="checkbox"/> no	
17. Ground water level				
18. Nearest river, lake, sea etc. Levels of such river, lake, sea etc.	name	distance from site		
	low water	mean water	highest level recorded	
	Mean level of site			
19. Meteorological conditions	rainy seasons from	to		
	Max. rainfall (mm)	per hour	per day	per month
	Max. wind velocity	storm frequency	<input type="checkbox"/> low	<input type="checkbox"/> medium
			<input type="checkbox"/> high	
20. Hazards of earthquake volcanism tsunami	Is there a history of volcanism, tsunami at the site	<input type="checkbox"/> yes	<input type="checkbox"/> no	
	have earthquakes etc. been observed in this area?	<input type="checkbox"/> yes *	<input type="checkbox"/> no	
	* if so, please state intensity		magnitude	
	Is the design of the structures to be insured based on regulations regarding earthquake resistant structures?			
	<input type="checkbox"/> Rock	<input type="checkbox"/> Gravel	<input type="checkbox"/> Sand	
	<input type="checkbox"/> Clay	<input type="checkbox"/> Filled site		
	other types:			
	Do geological faults exist in the vicinity?		<input type="checkbox"/> yes	
			<input type="checkbox"/> no	
21. Estimate, if possible, the probable maximum loss, expressed as a percentage of the sum insured, in a single occurrence	a) due to earthquake		b) due to fire	
	c) due to others cause (please specify)			
22. Is coverage of Construction/ Erection equipment (scaffolding, huts, tools, etc) required? * Please give brief description and state value under No 28.3.		<input type="checkbox"/> yes*	<input type="checkbox"/> no	
23. Is coverage of Construction/ Erection machinery (excavators, cranes etc.) required? *Please attach list of major machines showing Individual new replacement values and state total value under No. 28.4		<input type="checkbox"/> yes*	<input type="checkbox"/> no	

24. Are existing buildings and/or structures on or adjacent to the site, owned by or held in care, custody or control of the Contractor(s) or the Principal, to be insured against loss or damage arising out of or in connection with the contract works? State limit under No. 28.6.		<input type="checkbox"/> yes*	<input type="checkbox"/> no
	*Exact description of these buildings/structures: _____ _____ _____		
25. Is Third Party Liability to be included? *Give brief description of surrounding and existing buildings and/or structures not belonging to the Principal or Contractors (enclose maps, if possible) State limits under No. 28, Section II.		<input type="checkbox"/> yes*	<input type="checkbox"/> No
	_____ _____ _____		
26. Do you wish cover to include extra charges (in case of loss) for:	express freight, overtime, night work, work on public holidays?	<input type="checkbox"/> yes	<input type="checkbox"/> no
	air freight?	<input type="checkbox"/> yes	<input type="checkbox"/> no
27. Give details of any special extension of cover required	_____ _____		
28. Please state hereunder the amounts you wish to insure or where applicable the limits of indemnity required (of. Policy Wording, Section 1, Memo 1 and Section II).	Currency: _____		
Section 1 — Material Damage	Items to be insured	Sums to be insured (state below separately)	
	1. Erection Works, split up as follows: 1.1. Items to be erected		
	1.2 Freight ‘		
	1.3 Customs Duties and Dues		
	1.4 Cost of erection		
	2. Civil Engineering Works		
	3. Construction/Erection Equipment		
	4. Construction/Erection Machinery		
	5. Clearance of Debris (limit of indemnity)		
	6. Property located on the Principal's premises or on the site, belonging to the Principal or held in care custody or control (Limit of indemnity-see Memo 4 of Policy)		
	Total Sum to be insured under Section 1:		
	Please indicate limits of indemnity required for the following perils:		
	Risk	Limits of indemnity ¹	
	Earthquake, volcanism tsunami		
	Storm, cyclone, flood, inundation, landslide		
Section II - Third Party Liability	Insured items	Limits of indemnity ²	
	Bodily injury — any one person		
	Bodily injury — total		
	Property Damage		

Or alternatively Combined Single
Limit of

1. Limit of indemnity in respect of each and every loss or damage and /or series of losses or damages arising out of any one event.
2. Limit of indemnity in respect of any one accident or series of accidents arising out of one event.

PEMBAYARAN BALIK PREMIUM / REFUND OF PREMIUMS

Jika sekiranya terdapat sebarang pembayaran balik premium kepada Pemegang Polisi ini, pihak Syarikat akan membayar balik bayaran tersebut melalui cara E-Bayaran ke salah satu akaun berikut:
In the event of any refund due on this policy, we will arrange remittance of the refund to the policy holder through E-Payment channel into one of the accounts below:

CARA PEMBAYARAN BALIK / PAYMENT METHOD

(a)	Nama Pihak Diinsuranskan / <i>Name of Insured Party:</i>	
(b)	Alamat Emel / <i>E-mail Address:</i>	
(c)	No. K/P / No. Pasport / K/P Askar atau Polis / No. Pendaftaran Syarikat: <i>NRIC No. / Passport No. / Army or Police ID / Business Regn. No.:</i>	
(d)	No. Akaun Simpanan: <i>Saving Account No:</i>	
	Nama Bank / <i>Name of Bank:</i> Cawangan Bank / <i>Branch of Bank:</i>	
(e)	No. Akaun Semasa: <i>Current Account No.:</i>	
	Nama Bank / <i>Name of Bank:</i> Cawangan Bank / <i>Branch of Bank:</i>	

DECLARATION BY PROPOSER

I/We declare that the above answers are true to the best of my/ our knowledge and belief and that I/ We have disclosed all particulars affecting the assessment of the risk. I/ We agree that this proposal and declaration shall be the basis of the contract between me/us and Progressive Insurance Bhd

Date:

NRIC No.

Signature of Proposer / Company Stamp

DECLARATION BY AGENT/OFFICERS

I have sighted the original NRIC and verified the identity of the proposer through the use of NRIC or other documents such as _____

Name and signature of Agent / Officer

NRIC No.

Note:

A copy of the NRIC must be obtained from the proposer, for individual insurance policies only, where the premium is more than RM50,000.00

MODE OF PAYMENT

- Payment by cash RM _____
- Payment by Cheque made payable to: **Progressive Insurance Bhd** Cheque No. _____ RM _____
- I hereby authorise Progressive Insurance Bhd to charge to my VISA / MasterCard account my premium of:

Credit Card No.

Issuing Bank

Card expiry date

Cardholder's Signature

Date