



PROGRESSIVE INSURANCE BHD (19002-P)

6th, 9th & 10th Floor, Menara Cosway, Plaza Berjaya, No. 12, Jalan Imbi, 55100 Kuala Lumpur. P.O. Box 10028, 50700 Kuala Lumpur.
Tel: 03-21188000 Fax: 03-21188100 (Claims), 21188101/02 (Finance/MIS/Technical), 21188103 (HRA) & 21188098 (KLO/H&S)
Website: www.progressiveinsurance.com.my

Agensi / 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, P.O. Box 13936, 88845 Kota Kinabalu, Sabah.	Tel: +60 8824 4216	Fax: +60 8821 8004
KUCHING	Sublot 11 & 12, Lots 9966 & 9967, First Floor, Premier 101, Jalan Tun Jugah, 93350 Kuching, Sarawak.	Tel: +60 8257 2019/30/31	Fax: +60 8257 2013
SANDAKAN	1st Floor, Lot 1, Block 3, Bandar Indah, Mile 4, North Road, 90000 Sandakan, Sabah.	Tel: +60 8923 8810	Fax: +60 8923 7709

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 Subsoil conditions:	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"/> yes <input type="checkbox"/> no <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: <hr/> <hr/> <hr/> <hr/>																																	
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	<hr/> <hr/> <hr/> <hr/>																																	
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	<hr/> air freight? <input type="checkbox"/> yes <input type="checkbox"/> no																																	
27.	Give details of any special extension of cover required	<hr/>																																		
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: _____																																	
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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.

UNDERWRITING INFORMATION / CHECKLIST

- | | |
|---|---|
| <input type="checkbox"/> Letter of award | <input type="checkbox"/> Layout plans |
| <input type="checkbox"/> Detailed breakdown of contract value | <input type="checkbox"/> Drawings of structure |
| <input type="checkbox"/> Scope of work | <input type="checkbox"/> Details of surrounding property |
| <input type="checkbox"/> Time schedule | <input type="checkbox"/> Soil conditions / Type of land |
| <input type="checkbox"/> Detailed description of the work involved (mega risks) | <input type="checkbox"/> Names, background and history of Consultants and Contractors |
| <input type="checkbox"/> Site plan | |

DECLARATION BY PROPOSER

We hereby declare that the statements made by us in this Questionnaire and Proposal are complete and true to the best of our knowledge and belief, and we hereby agree that this Questionnaire and Proposal shall form the basis and be part of any policy issued in connection with the above risk or risks. It is agreed that the Insurers 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 Insurers undertake to deal with this information in strict confidence.

Executed at this day of 20

Signature of Proposer/Company chop

NOTE: It is important that a complete answer be given for every question and no Insurance is in force until the proposal has been accepted by the Insurers.

FOR OFFICE USE / PREMIUM CALCULATION

Rate : Annual Premium : _____

No. of days covered : _____

Excess :AOG/Collapse : _____

Others : _____

TPPD : _____

U/G Services, VRWS : _____

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 / Name of Insured Party:	
(b)	Alamat Emel / E-mail Address:	
(c)	No. K/P / No. Pasport / K/P Askar atau Polis / No. Pendaftaran Syarikat: NRIC No. / Passport No. / Army or Police ID / Business Regn. No.:	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
(d)	No. Akaun Simpanan: Saving Account No:	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; padding: 5px;"> Nama Bank / Name of Bank: Cawangan Bank / Branch of Bank: </div>
(e)	No. Akaun Semasa: Current Account No.:	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; padding: 5px;"> Nama Bank / Name of Bank: Cawangan Bank / Branch of Bank: </div>

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.*

Name and signature of Agent / Officer *NRIC No.*

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: _____ RM _____

 Credit Card No. _____ Issuing Bank _____

 Card expiry date _____ Cardholder's Signature _____ Date _____