



Prodomou & Makriyiannis
Lloyd's Coverholder



Lumen Insurance, a trade name on of GasanMamo Insurance Ltd. Regulated by the Malta Financial Services Authority. Registered in Malta, Msida Road, Gzira GZR 1405, Malta
www.gasanmamo.com

Cyprus Agents & Attorneys: Prodomou & Makriyiannis Insurance Underwriting Agencies & Consultants Ltd, 20 Homer Ave., 3rd Floor, 1097 Nicosia Cyprus P.O.Box 25045, 1306 Nicosia

Tel.: +357 22353625 Fax: +357 22353516 e-mail: info@pua.com.cy www.pua.com.cy

PROPOSAL FORM FOR CONTRACTORS' ALL RISKS INSURANCE

1.	Title of contract (if project consists of several sections, specify section(s) to be insured)	
2.	Address of Site	
3.	Name and address of principal	
4.	Name(s) and address (es) of contractors(s)	
5.	Name(s) and address(es) of subcontractor(s)	
6.	Name and address of consulting engineer	
7.	Description of contract work (please give detailed technical information)	
	<ul style="list-style-type: none">• Dimensions (length, height, depth, spans, number of floors)	
	<ul style="list-style-type: none">• Type of foundation and level of deepest excavation	
	<ul style="list-style-type: none">• Construction Method	
	<ul style="list-style-type: none">• Construction Material	

8.	Is the contractor experienced in this type of work or construction method	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.	Period of Insurance		
	• Commencement of work		
	• Duration of construction		months
	• Date of completion		
	• Maintenance period		months
10.	What will be done by the subcontractors		

11.	Special Risks		
	Fire, explosion?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Flood, inundation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Landslide, storm, cyclone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Blasting work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Other risks	C.A.R.	
	Volcanism, tsunami?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Have earthquakes been observed in the area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If so, please state:		
	• Intensity (Mercalli)		
	• Magnitude (Richter)		
	Is the design of the structure to be insured based on regulations for earthquake – resistant structures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Is the design standard higher than that stipulated in the relevant regulations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

12.	Details of subsoil NOT APPLICABLE	
<input type="checkbox"/> Rock <input type="checkbox"/> Gravel <input type="checkbox"/> Sand <input type="checkbox"/> Clay <input type="checkbox"/> Filled Ground		
	Other subsoil conditions	
	Do geological faults exist in the vicinity?	<input type="checkbox"/> Yes <input type="checkbox"/> No

13.	Ground Water	Level below grade ft
------------	--------------	---------------------------

14.	Nearest river, lake, sea, etc. NOT APPLICABLE	
	• Name	
	• Distance	
	• Levels	
	• Highest ever recorded	(Date)

15.	Meteorological conditions	
	Rainy season from OCTOBER to APRIL	
	Max. rainfall	mm <input type="checkbox"/> per hour <input type="checkbox"/> per day <input type="checkbox"/> per month
	Storm hazard	<input type="checkbox"/> Low <input type="checkbox"/> medium <input type="checkbox"/> high

16.	Are extra charges for overtime, night work, work on public holidays to be included?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	○ Limit of indemnity	
17.	Is third party liability to be included?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Has the contractor concluded a separate policy for TPL?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	○ Limit of indemnity	

18.	Details of existing buildings or surrounding property possibly affected by the contract work (excavating, underpinning, piling vibrating, ground water lowering, etc.)	
19.	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 as a direct or indirect consequence of the contract work?	
<input type="checkbox"/> Yes		<input type="checkbox"/> No
Limit of Liability (€)		
Exact description of these buildings/ structures (€)		

20.	State hereunder the amounts you wish to insure and the limits of indemnity required (see policy wording, Section I, Memo 1, and Section II)	
------------	--	--

	Items to be insured	Sums to be insured (€)
Section I Material Damage	1. Contract work (permanent and temporary work, including all materials CONSULTANTS FEES 10% ON CONTRACT VALUE	
	1.1 Contract price	
	1.2 Materials or items supplied by the principal(s)	
	2. Construction plant and equipment	
	3. Construction machinery (please attach list)	
	4. Clearance of debris	
	Total sum to be insured under Section I:	

Special risk to be insured	Limit of indemnity in respect of each and every loss or damage and/or series of losses arising out of any one event (€)
Earthquake, volcanism, tsunami	
Storm, cyclone, flood, inundation, landslide	

Section II Third Party Liability	Item to be insured	Limit of indemnity in respect of any one accident or series of accidents arising out of any one event (€)
	1. Bodily injury	
	1.1 Any one person	
	1.2 Total	
	2. Property damage	
	Total limit under Section II	

As a valued customer you are right to expect fairness and a swift and courteous service at all times. We recognise that sometimes you may be dissatisfied with our service. What you can do should you have a complaint:

Step 1..... You can speak to your usual insurance advisor or your Lumen Insurance contact.

Step 2..... If you remain dissatisfied or you feel your complaint remains unsolved you can write to the Agent of the Company in the Republic of Cyprus: The Managing Director, Prodromou & Makriyiannis Insurance Underwriting Agencies & Consultants Ltd 20, Homer Street, 3rd Floor, 1097 Nicosia giving us your policy or claim number in any correspondence.

Step 3..... If you are still not satisfied you may wish to write to The Managing Director, Lumen Insurance, GasanMamo Head Office, Msida Road, Gzira GZR 1405, Malta.

Following these procedures will not affect your right to take legal action.

DECLARATION:

Please read, sign and date the following.

Please note that any omission or mis-statement of material fact in the Proposal Form could affect payment under this Policy or make the Policy invalid. A material fact is one that is likely to influence the assessment and acceptance of this Proposal. If you are in doubt about whether or not a fact is material, you should disclose it.

I/We declare that the answers given in the Proposal are true to the best of my/our knowledge and I/we have withheld no information whatever which might influence the decision of the Insurer regarding the Proposal.

I/We agree that if any information has been given by any person other than myself/ourselves that person is my/our agent for that purpose.

I/We agree that the Proposal shall be incorporated in and shall form the basis of the contract between me/us and the Insurer and I/we shall accept a policy in the form issued by the Insurer for the Insurance now proposed.

I/We agree to inform the Insurer of any material change in the risk.

The Processing of Personal Data (Protection of Individuals) Law 138(I) of 2001

In accordance with the provisions of the above Law, the Underwriters and their associates, in their capacity as Controller within the meaning of the Law, wish to advise the Proposer that in order to issue the Insurance Contract it is necessary to collect and process personal data. The personal data will be recorded in an electronic or any other form to the personal data filing system, within the meaning of the Law, maintained by the Underwriter and/or his associates. The recipients of the personal data shall be the duly authorised personnel of the Insurers and/or their associates. The insurers are obliged to send such data to the Director of Social Insurance in accordance with the provisions of Article 15A of the Law 174/89, of the compulsory Employers Insurance. The Proposer has the right of access to and rectification of the data relating to him as well as the right of objection to the processing of such data.

I acknowledge and declare that the Underwriters and/or their associates have informed me of the provisions of this Law. Furthermore, by signing this Declaration I hereby grant my express consent to the Insurers and/or their associates to collect and process data relating to myself, which may also include sensitive data, and to maintain such data in their personal data filing system, within the meaning of the Law.

Signature:

Date:

Note: The cover does not commence until the Proposal is accepted by the Insurer and the First Premium is paid.

Executed at

Date:

Signature