



J. S. JOHNSON & COMPANY, LIMITED

**INSURANCE AGENTS &
BROKERS**

**CONTRACTORS' "ALL RISKS"
PROPOSAL FORM**

Please answer each question fully - **do not leave blanks**

1. THE CLIENT

(A) Name: _____ (B) Occupation: _____

(C) Street Address: _____

(D) P.O. Box _____ (E) Tel. No. _____ (F) Fax No. _____

*(G) Do you have any other insurance with us? **YES/NO**

*(H) Have you had any losses or made previous claims during the past three years? (Include premises other than this one.) **YES/NO**

*(I) Has any insurer declined to insure you, or cancelled or refused to renew your policy? **YES/NO**

** If you have answered "YES" to any of these questions, please give full details (use other side of page , if necessary)*

2. THE CONTRACT SITE

(A) Street Address: _____ (B) Distance from Sea _____

(C) Lot No.: _____ (D) Block No. _____ (E) Intended Occupancy (e.g., Private House, Office, etc.) _____

(F) Construction of Walls: _____ (G) Construction of Roof _____ (H) No. of Storeys _____

(I) What is the elevation of the Site? _____ (J) Is Site fenced? **YES/NO** (K) Does the public have access to the Site? **YES/NO**

3. THE CONTRACT

(A) Estimated Construction Period: From _____ To _____

(B) Date the work started _____ Loss Payee: _____

		Sums Insured	
		B\$	US\$
Section 1			
Item I	Contract Works and temporary works and the materials, i.e. Contract Price	\$	_____
Item II	Constructional plant, tools, equipment, temporary buildings, being the property of the Insured or for which he is responsible	\$	_____
Item III	Debris Removal	\$	_____
Item IV	Architects', surveyors' and consulting engineers' fees necessarily incurred in reinstatement.	\$	_____
Section 2	Public Liability Limit (if required)	\$	_____

4. DECLARATION

I declare that the above answers and statements are true and accurate to the best of my knowledge and belief, and form the basis of the contract between myself and the Insurer. I declare that there are no other material facts of which the Insurer should be advised.

Signed: _____ Dated: _____

FOR OFFICE USE ONLY

Area: 1 2 Construction: A B C Insurer: _____ Rate: _____