



TRINIDAD AND TOBAGO INSURANCE LIMITED
HEAD OFFICE: 11 MARAVAL ROAD, PORT OF SPAIN

Policy No:
Producer Name:
Producer No:
Branch:
Commission:

PROPOSAL FOR CONTRACTORS ALL RISKS INSURANCE

Please give complete answers (no blanks or dashes) to all questions. Note that where applicable in the context of this proposal, the singular shall include the plural. (Where applicable please tick (✓) the appropriate box).

1. Full Name:	
2. Postal Address:	Tel: Work: (e-mail):
3. Description of works e.g. construction of 3-storey office complex:	
4. Location of Site:	
5. Name and Address of Principal:	Tel: Work: (e-mail):
6. Name and Address(s) of Contractor(s):	Tel: Work: (e-mail):
7. Name and Address(s) of Sub-Contractor(s):	Tel: Work: (e-mail):
8. Name and Address of Consulting Engineer:	Tel: Work:
9. Approximate distance from: (a) Nearest river, ravine or main drain, if under 500ft: (b) Nearest roadway: (c) Nearest building:	
10. Will the site be fenced during construction: Yes () No () Type of Fence: Chain Link () Galvanize/Aluzinc () Plywood Sheets () Other ()	
11. Details of Security on Site: () 24 hour () Night time only	
12. Is Contractor experienced in the construction methods employed: Give brief details:	
13. Work to be carried out by Sub-Contractors:	

