



**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:	

14a. Details of excavation, if any: .....

14b. Details of trenching, if any: .....

14c. Details of Piling, if any: .....

15. Have all relevant approvals been obtained: If No, give details:

**16. Details of Insurances required:**

- a. Contract Price.....
- b. Removal of Debris .....
- c. Professional Fees.....
- d. Existing Property (state limit required).....
- e. Tools, Machinery and Equipment.....  
(Please provide list with values)

**Sums Insured**

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**TOTAL**.....

**OFFICE USE**

Rate:

Rate:

Excess:

**17. Section 11 (Third Party Damages)**

- a. Bodily Injury.....
- b. Property Damage.....
- c. Aggregate Limit.....

**TOTAL**.....

**18. EXTENSIONS REQUIRED**

- a. Riots and Strikes
- b. Earthquake
- c. Property in Care Custody and Control of the Insured
- d. Property in Transit (state Limit)
- e. Maintenance Cover
- f. Off-site storage (if yes , Please state value)

Yes	NO
( )	( )
( )	( )
( )	( )
( )	( )
( )	( )
( )	( )

19. Details of any claims/losses incurred or suffered by the insured or interested parties in the last five (5) years

**20. Period of Insurance:**

- Commencement Date: .....
- Duration: .....
- Estimated Completion Date: .....
- Maintenance Period: .....

**Declaration:**

We hereby declare that the statements made by us in this Proposal are complete and true to the best of our knowledge and belief, and we hereby agree that this 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 \_\_\_\_\_

SIGNATURE:.....