

PROPOSAL FOR CONTRACT WORKS -THIRD PARTY INSURANCE

Vat No.:

1. Details of Principal

- (a) Name
- (b) Address
- (c) Telephone No.: (h) (w) (c)
- (d) Email:

2. Details of Contractor (if different)

- (a) Name
- (b) Address
- (c) Telephone No..... (w) (c)
- (d) Email:

3. Details of Contract

- (a) Alterations New Construction Other
- (b) Address of Risk
- (c) Type of construction of dwelling - walls/roof
- (d) Period of contract
- (e) Length of Maintenance period (if any)
- (f) State security precautions to be taken on site (storage, fencing, watchman, etc.)

4. Calculation of sum insured

Total contract value	\$
•Add % for Architect, Surveyors, Engineers	\$
•Add % for Debris Removal	\$
•Add% for Increased costs of reconstruction if Contractors damaged construction plant/equipment/tools etc.	\$
Total:	\$

5. DO YOU WISH COVER FOR THE FOLLOWING:

- (a) Construction Materials in Transit? Yes No
- (b) Third Party Liability? Yes No
Please tick limit required:-
\$100,000.00 \$250,000.00 \$500,000.00
- (c) Employers Liability for Workmen? Yes No
- (d) State Total Labour Wages for Contract \$
- (e) Employees' Tools and Personal Effects? Yes No
(\$250.00 per employee)

The information contained herein will form the basis upon which the premium will be computed and the policy issued.

Signed:

Dated: