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| QUESTIONNAIRE FOR CONSTRUCTION / ASSEMBLY INSURANCE | | | | | | | |
| 1. Name of construction/assembly work (if the work consists of   several parts, list the ones  which are to be insured) | | |  | | | | |
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| 1. Place of construction   City/city district/municipality | | |  | | | | |
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| 1. Business name and registered office of the investor | | |  | | | | |
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| 1. Business name and registered office of suppliers 1 | | |  | | | | |
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| 1. Business name and registered office of   sub-contractors 1 | | |  | | | | |
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| 1. Construction work description2   (please, provide detailed  technical specifications) | | | Descriptions (length, depth, height, distances, number of floors) | | | | |
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| Construction method | | | | |
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|  | | | Building materials | | | | |
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| 1 Please continue on a separate sheet if necessary  2 As for quays, pillars, docks, tunnels, underground corridors, dams, roads, railways, sewers and water supply networks and bridges, fill out a supplementary questionnaire as well. | | | | | | | |
| 1. Does the supplier have experience in   such type of work or  construction procedures? | | | □ yes □ no | | | | |
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| 8. Insurance period | | | Start of construction | | | | |
| Duration of construction months | | | | |
| Completion date | | | | |
| Defect elimination period months | | | | |
| 1. What work will be carried out by subcontractors? | | |  | | | | |
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| 11. Special risks | Fire, explosion | | | | | | □ yes □ no |
| Flood, deluge | | | | | | □ yes □ no |
| Landslide, gale, cyclone | | | | | | □ yes □ no |
| Blasting | | | | | | □ yes □ no |
| Other risk: | | | | | |  |
|  | | | | | |  |
| Volcanic activity, tsunami | | | | | | □ yes □ no |
| Was earthquake recorded in this area? | | | | | | □ yes □ no |
| If so, state the intensity according to the EMS-98 scale | | | | | |  |
| Is the design of the building to be insured, based on regulations for earthquake-resistant buildings? | | | | | | □ yes □ no |
| Is the standard of the design higher than stipulated by relevant regulations? | | | | | | □ yes □ no |
| 1. Information about subsoil | □ bedrock □ gravel bed □ sandy □ clayey □ filled | | | | | | |
| Other type of subsoil | | | | | |  |
| Are there any geological faults nearby? □ yes □ no | | | | | | |
| 13. Groundwater | Surface level m | | | | | | |
| 1. The nearest river, lake, sea, and the like. | Name | | | | | |  |
| Distance from the place of construction/assembly | | | | | |  |
| Water surface level Low | | | | | | Medium |
| The highest recorded water surface level | | | | | | Date |
| 15. Meteorological conditions | Rainy season from | | | | | to | |
| Maximum precipitation (mm) per hour per day per month | | | | | | |
| Max. wind speed frequency of storms: □ low □ medium □ high | | | | | | |
| 1. Do you want the insurance to cover extra costs of wage supplements for overtime work, work at night, on non-working days and holidays? | □ yes □ no | | | | | | |
| Indemnity limit: | | | | | | |
| 1. Do you want the insurance to cover liability for damages caused to third parties?   Has the supplier  entered into  a separate contract for such insurance? | □ yes □ no | | | | | | |
| □ yes □ no | | | | | | |
| Indemnity limit: | | | | | | |
| 1. Detailed information about existing buildings or the nearby property, which could be affected by construction works (excavation works, underlaying, founding of piles, vibrations, reduction of the groundwater level, etc.) |  | | | |  | | |
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| 1. Do you want the existing buildings or constructions located on or near the construction site and owned, taken over or leased by the insured for the purpose of carrying out the construction work to be insured against damages directly or indirectly caused by the performance of construction works? | □ yes □ no | | | |  | | |
| Indemnity limit: | | | |  | | |
| Exact description of buildings/constructions | | | |  | | |
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| 1. List the required sums assured and indemnity limits here   **Section I** Property insurance | |  | | | | | |
| Subject-matters of the insurance | | Sums assured (currency: EUR) | | | |
| 1. Construction works (temporary and permanent parts of the construction work including all materials that should be incorporated into them) | |  | | | |
| * 1. Price of the construction work | |  | | | |
| * 1. Material and other items supplied by the investor | |  | | | |
| 1. Construction site installations | |  | | | |
| 1. Construction/assembly machinery and equipment | |  | | | |
| 1. Removal costs (removal of debris, rubble and waste) | |  | | | |
| Total sum assured for Section I: | |  | | | |
| **Special risks to be insured** | | Indemnity limit3 | | | |
| Earthquakes, volcanic activity, tsunami | |  | | | |
| Gale, cyclone, flood, deluge, landslide | |  | | | |
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| Section II **Liability for damages** | | Subject-matters of the insurance | | **Sum assured or**  **indemnity limits** 4 | | | |
| 1. Physical injury to persons | |  | | | |
| 1.1 per person | |  | | | |
| 1.2 total | |  | | | |
| 2. Property damage | |  | | | |
| Sum assured for Section II | |  | | | |
| 3 Indemnity limit for one insured event or a series of insured events caused by the same accident.  4 Indemnity limit for one insured event or a series of insured events caused by the same accident. | | | | | |

**If the space provided in this questionnaire is insufficient, write your answers on a separate sheet of paper, which will be attached to the questionnaire.**

I hereby declare that the information included in this questionnaire is complete and true. I am also aware of the fact that if I take out an insurance policy, I am obliged to inform the insurer without undue delay of any changes in facts stated in this questionnaire. If an insurance policy is taken out, this questionnaire is an integral part of the insurance policy.

Place \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_ Name and surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stamp and signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_