

NIGERIAN AGRICULTURAL INSURANCE CORPORATION

NAIC HOUSE
Plot 590, Zone A.O, Central Area, P.O. Box 3754,
Garki – Abuja



QUESTIONNAIRE AND PROPOSAL FOR CONTRACTORS ALL RISK INSURANCE

AN INSURANCE AGENT WHO ASSISTS ANPLICANT TO COMPLETE AN APPLICATION OR PROPOSAL FORM FOR INSURANCE SHALL BE DEEMED TO HAVE DONE SO AS THE AGENT OF THE APPLICANT

ALL QUESTIONS MUST BE ANSWERED AS FULLY AS POSSIBLE

1. Title of contract _____

2. Sum Insured: _____
3. Location of site _____

4. Name and address
of principal _____

5. Tel/GSM No: _____ E-mail _____
6. Name(s) and address
Of contractor(s) _____

7. Tel/GSM No: _____ E-mail _____
8. Description of contract works²
(please give detailed technical

Information¹⁾

9. Is the Contractor experienced in this type of work YES [] NO []

10. Period of insurance: Commencement of work _____
Duration of construction _____ months _____
Date of completion _____ months _____
Maintenance period _____

11. Work to be carried out
by subcontractors _____

12. Special risks: Fire, Explosion YES [] NO []
Flood, Inundation YES [] NO []
Landslide, storm, cyclone YES [] NO []
Blasting work YES [] NO []
Other risks: _____

Volcanism, tsunami YES [] NO []
Have earthquakes been observed in
the area? YES [] NO []

if so, please state intensity
(Mercalli) _____ Magnitude (Richter) _____

Is the design of the structure to be insured
based on regulations regarding earthquake
resistant structures? YES [] NO []

is the design standard higher than that
stipulated in the relevant regulations? YES [] NO []

13. Subsoil conditions: Rock [] Gravel [] Sand [] Clay [] Filled ground []
Other subsoil conditions _____

do geological faults exist in the vicinity? YES [] NO []

14. Meteorological conditions: rainy season from _____ to _____

 Max rainfall (mm) _____ per hour _____ per day _____ per month _____
 Storm hazard: Minor [] Medium [] High []

15. Is third party liability to be
 Included? YES [] NO []
 Has the Contractor concluded
 a separate policy for TPL? YES [] NO []
 limit of indemnity _____

16. Details of existing buildings or surrounding property possibly affected by the
 Contract works (excavating, underpinning, piling, vibrating, ground water lowering, etc)

17. Are existing buildings and/or structures on or adjacent
 To the site, owned by or held in care, custody or control
 Of the contractor(s) or the principal, to be insured against YES [] NO []
 Loss or damage arising out of or in connection with the
 Contract works? **Exact description of these buildings/structures**

18. Are cross liability between
 The various insured to be included YES [] NO []

19. Please state hereunder the amounts you wish
 To insured and the limits of indemnity required _____
 (see policy wording section 1, Memo 1, and _____
 Section II, Section I material damage. _____

We hereby declare that the statements, made by us in this Questionnaire and proposal are to the best of our knowledge and belief, complete and true, and we hereby agree that this Questionnaire and proposal forms the basis and is part of any policy insured in connection with the above risk. It is agreed that the Insurers are 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 _____ 20 _____

Signature: _____