



SWICO

STATEWIDE INSURANCE COMPANY

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(INCORPORATED IN UGANDA)

QUESTIONNAIRE AND PROPOSAL FOR CONTRACTORS' ALL RISKS INSURANCE

The Company undertakes to deal with this information in strict confidence.

1. (a) Name and address of principal	
(b) Name and address of contractor	
(c) Name(s) and address(es) of sub-contractor(s)	
(d) Name and address of consulting Engineer.	
2. Location of site	
3. Title and description of contract (Please attach necessary informative documents and plants)	
4. (a) Contract value (please attach Schedule of Quantities) (b) Replacement value of construction equipment, e.g. Scaffolding, auxiliary bridges, timbering and casing, tools and tackles, power generating sets, water supply and sewage installations, temporary buildings, fuels etc. (c) Replacement value of construction machinery (please enclose list of the various items) N. B. Answer necessary only if damage to construction machinery is to be covered.	
5. Work to be carried out by sub-contractors	
6. (a) Estimated construction period from....., to..... (b) Period of contract includingmonths maintenance period from..... to.....	
7. (a) Please give full details (as far as applicable) regarding earthquake hazard, (b) geological conditions, including sub-soil (c) ground-water level	

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| (d) name of and distance to nearest river, lake, sea, etc
(e) levels of such river, lake or sea
(i) low water
(ii) mean water
(iii) highest level ever recorded
(f) level of deepest excavation | |
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8. Are any of the existing buildings affected by the work to be carried out under this contract, e.g. by extensions, changes, under pinning, etc.

(please forward details)

9. Are extra charges for overtime, night-work, work on public holidays, express freight, etc to be included?

10. Is Public Liability to be included? If so, which limit of Indemnity is required?

We hereby declare that the statements made by us in this Questionnaire are true to the best of our knowledge and belief and we hereby agree that this Questionnaire shall form the basis and part of the policy.

Dated atthis.....

Day of20.....

Signature.....