



Erection All Risks Insurance Proposal

COMPLETE IN INK IN BLOCK CAPITALS. If you require additional space use space provided on page 4.

Non Disclosure Warning – Please note that you are under duty to disclose all facts likely to influence the acceptance of your proposal. Failure to do so may prejudice the settlement of any claim or invalidate your policy. Please mention such facts or if in doubt refer to the Company.

It is recommended that you retain a copy of this proposal and any information supplied in connection with it for future reference. A photocopy will be supplied upon request

For questions requiring Yes/No answers, please tick the appropriate box.

1. Title of contract

(If project consists of several sections, specify section(s) to be insured)

2. Location of erection site

3. Name and address of Principal

4. Name(s) and address(es) of main contractor(s)

5. Name(s) and address(es) of subcontractor(s)

6. Name(s) and address(es) of manufacturer(s) of main items

7. Name and address of firm supervising erection

8. Name and address of consulting engineer

N.B. Please note that this insurance does not provide cover for professional indemnity.

9. Proposer

Please indicate which of the parties Nos. 3 to 8 above is the Proposer of the insurance and which parties are to be declared as Insured in the Policy

Proposer

Number:

Insured

Number(s):

10. Exact description of the property to be erected (if second-hand items are to be erected, please state). In case of machines: manufacturer's name, number, type, size, capacity, weight, pressure, temperature, revolutions, and year of construction of major units. In case of complete factories: general drawing of plant, nature of civil engineering work (if any).

11. Period of Insurance

Commencement of insurance:

Duration of pre storage: months
prior to beginning of erection work

Commencement of erection work:

Duration of erection/construction:
 months

Duration of testing: weeks

If maintenance coverage required:

Duration of maintenance: months

Type of coverage required

N.B. This insurance does not come into force until the Company has accepted your proposal. You must inform us of any alteration in the risk in the meantime.

12. Have plans, designs and materials of the kind used in this project been used and/or tested in

a. previous constructions?
 Yes No

b. previous constructions by the contractor(s)?
 Yes No

If Yes to any of the above, please give details of similar projects carried out by contractor(s).

13. Is this an extension of an existing plant?

Yes No

If so, will operation of existing plant continue during erection period? Enclose plans.

Yes No

14. Have the buildings and civil engineering works already been completed?

Yes No

15. Work to be carried out by subcontractors

Please also give answers to Numbers 16 to 20 as far as information obtainable:

16. Is there any aggravated risk of
fire? Yes No
explosion? Yes No

If Yes to any of the above, give details

17. Ground water level

18. How far away from the sea is the erection site (as described in 2. above)

19. Subsoil conditions

rock gravel sand
 clay filled site

other types

20. Do geological faults exist in the vicinity?

Yes No

If Yes, what type of fault(s) and what remedial measures have been taken?

21. Estimate, if possible, the probable maximum loss, expressed as a percentage of the sum insured, in a single occurrence:

a. due to earthquake
b. due to fire
c. due to other cause (please specify)

22. Is coverage of construction/erection equipment (scaffolding, huts, tools, etc) required?

Yes No

Please give a brief description and state new replacement value under No 27.3

23. Is coverage of construction/erection machinery (excavators, cranes, etc) required?

Yes No

Please attach list of major machines showing individual new replacement values and state total value.

24. 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 loss or damage arising out of or in connection with the contract works? State limit under No 27.5.

Yes No

If so, give exact description of these buildings/structures.

25. Is third party liability to be included?

Yes No

If so, give brief description of surrounding and existing buildings and/or structures not belonging to the principal or the contractor(s) (enclose maps, if possible). State limits under No.27, Section 2.

26. Do you wish cover to include extra charges (in case of loss) for:

express freight, overtime, night work, work on public holidays?

Yes No

air freight?

Yes No

27. Give details of any special extension of cover required.

28. Please state hereunder the amounts you wish to insure or where applicable the limits of indemnity required (see Policy wording, Section 1, Memo 1 and Section 2)

Section 1 – Material Damage

Item to be insured	Sums to be Insured
1. Erection work (split up as follows)	
1.1 Items to be erected	€
1.2 Freight	€
1.3 Customs duties and dues	€
1.4 Cost of erection	€
2. Civil engineering works	€
3. Construction/erection equipment	€
4. Clearance of debris (limit of indemnity)	€
5. Property located on the principal's premises or on the site, belonging to the principal or held in care, custody or control (limit of indemnity see Memo 4 of Policy)	€
Total Sum to be insured under Section 1	€

Section 2 – Third Party Liability

Item to be insured	Limit of indemnity ¹
1. Bodily injury	
1.1 Any one person	
1.2 Total	
2. Property Damage	
Total Limit under Section 2	€

¹ Limit of Indemnity in respect of any one accident or series of accidents arising out of one event.



Erection All Risks Insurance Proposal

Kindly use this section for any material information not asked for or which you could not fit in

Declaration

IMPORTANT – DO NOT SIGN THE DECLARATION BEFORE YOU HAVE READ AND UNDERSTOOD IT. If this form is being completed by someone else on your behalf please ensure that the details submitted accurately reflect what you have said.

By making a request for Insurance with Atlas Insurance PCC Limited (hereinafter “Atlas”), You accept the terms of this Statement.

You confirm that you have read or have had read to You the contents of the completed application form and agree that the above statements are, to the best of your knowledge and belief, correct and complete and will form the basis of the contract between You and Atlas. You are satisfied with the way this application has been completed and confirm that if this form has been completed on your behalf by a person (including but not limited to any employee, agent or tied insurance intermediary of Atlas), such person, for that purpose, shall be regarded as Your agent and not the agent of Atlas. You agree to read the policy and be bound by its conditions.

Data and Privacy Protection

Atlas Insurance PCC Limited and/or any other subsidiaries of Atlas Holdings Limited or any of its daughter companies (hereinafter ‘Atlas’, ‘us’, ‘our’, ‘we’) are the data controllers, as defined by relevant data protection laws and regulations, of personal data held about You or relating to You.

In completing all the forms related to your policies or claims, You confirm your understanding and acceptance of the terms in Atlas’s Data Protection and Privacy Statement.

Atlas collects and processes information about You for purposes which include preparing requested quotations, underwriting and administering the insurance proposal and policy, carrying out its contractual obligations including handling and settling of claims, and preventing or detecting crime (including fraud). Atlas may monitor calls to and from customers for training, quality and regulatory purposes.

Atlas may collect and disclose Your information from/to other entities in order to conduct our business including

- managing claims, which may require obtaining data including medical information from healthcare providers (including any public or private hospital or clinic) and/or your employers (for company schemes) and which you hereby authorise;
- administering policies with insurance brokers or other intermediaries appointed by the policyholder;
- helping us prevent or detect crime by sharing your information with regulatory and public bodies in Malta or, if applicable, overseas, including the Police, as well as with other insurance companies (directly or via shared databases such as the Malta Insurance Fraud Platform), or other agencies or appointed experts to undertake credit reference or fraud searches or investigations; and/or
- our third party suppliers or service providers to whom we outsource certain business operations.

We will retain data for the period necessary to fulfil the above-mentioned purposes unless a longer retention period is required or permitted by law.

You can withdraw your consent to Atlas processing your personal information which is processed with your consent, e.g. direct marketing, at any time. You have the right to access your personal data and ask Atlas to update or correct the information held or delete such personal data from our records if it is no longer needed for the purposes indicated above. You may exercise these and other rights held in Atlas’s Data Protection and Privacy Statement, by contacting our Data Protection Officer at The Data Protection Officer, Atlas Insurance PCC Limited, 48-50 Ta’ Xbiex Seafront, Ta’ Xbiex XBX 1021 Malta or email dpo@atlas.com.mt Please note, however, that certain personal information may be exempt from such access, correction or erasure requests pursuant to applicable data protection laws or other laws and regulations.

If You consider that the processing of personal data by Atlas is not in compliance with data protection laws and regulations, You may lodge a complaint with us and/or the Office of the Information and Data Protection Commissioner by following this link <https://idpc.org.mt/en/Pages/contact/complaints.aspx>

If You wish to view the full Atlas’s Data Protection and Privacy Statement, for a better understanding of how we use this data please visit <https://www.atlas.com.mt/legal/data-protection/>. Kindly note that this is subject to occasional changes including to comply with changing data protection laws, regulations and guidance.

SIGNATURE		DATE	
NAME			

I confirm my understanding and acceptance of the above.

With your consent we would also like to use your details to occasionally provide You with information about our other products, services, special offers, news and tips. Please tick below how You would like to receive this information:

Email **Post** **Phone** **SMS**

Your choice will not affect any of the other services we provide to you. Per above You may contact us at any time if you change your mind.



Atlas Insurance PCC Limited is a cell company authorised by the Malta Financial Services Authority to carry on general insurance business. The non-cellular assets of the company may be used to meet losses incurred by the cells in excess of their assets.

Registered Office: 48-50 Ta' Xbiex Sea Front, Ta' Xbiex XBX1021, Malta
Tel: (356) 2343 5363 - admin@atlas.com.mt - www.atlas.com.mt
Company Registration No: C5601