



NLG INSURANCE COMPANY LTD.

P.O. Box No. 20600, Lazimpat, Kathmandu, Nepal

CONTRACTOR'S ALL RISKS INSURANCE PROPOSAL

1. a) Name and address of the Contractor: Trade of business:	a)
b) Name and address of the Principal: Trade of business:	b)
c) Name and address of the Sub-Contractor, if any: Trade or business:	c)
2. Whose interest are to be insured, i.e. Contractor's Principal's or Sub-Contractor's ?	
3. Description of Contract Please attach a copy of the contract conditions and of the site plans, if available	
4. Situation of Contract site	
5. Duration of a) Constructional Period b) Maintenance Period (if cover required for this period	a) From to b) From to
6. Please state, if you require additional cover of: a) Removal of debris b) Payment of expenses for express delivery, overtime & holiday rates of wages in con nection with repairs and/or replacement ?	<input type="checkbox"/> Yes/No. <input type="checkbox"/> Amount Rs. <input type="checkbox"/> Yes/No. <input type="checkbox"/> Amount Rs.
7. a) Total Contract Price i.e. value of the perma- nent and temporary works and all meterails and other things to be incorporated into the said works. b) Value of tools, tackle and Contractor's plant not forming part of the Contract works but to be used on Contract Site.	a) Rs. b) Rs.
8. Maximum value of any one machine, tool or price of apparatus.	

THIRD PARTY LIABILITY			
9. Amount of indemnity required in respect of:			
a) any one accident		Rs.	
b) during the period of insurance		Rs.	
10. a) Do you desire to insure your liability for claims arising from the operations of sub-contractors ?		a)	
b) If so, please state:		b)	
i) Nature of sub-contractor's work		i)	
ii) Proportion of total contract price to be sub-contracted,		ii)	
11. Describe all lifts, Hoists, Cranes and Locomotives, if any.			
12. have you ever proposed for Contract Works or Third Party Liability insurance ? If so, to whom and with what result ? Has any such insurance ever been:			
a) declined ?		a)	
b) renewal thereof no been invited ?		b)	
c) any special terms or conditions imposed ?		c)	
13. Please give details of all losses sustained by you during the last three years in respect of the contingencies now proposed for insurance.	Year	Description of Claim	Cost

DECLARATION

I/We hereby declare that the particulars stated above are true, and I/We agree that this Declaration and the answers given above shall be the basis of the Contract between me/us and the Insurance Company.

Date:

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Signature of the Proposer

Agency:

Policy No.:



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COMPANY LTD.**

**C.A.R. INSURANCE
(PROPOSAL FORM)**