

# BAHAMAS FIRST GENERAL INSURANCE COMPANY LIMITED

## PROPOSAL FOR CONTRACT WORKS & THIRD PARTY LIABILITY

AGENCY: \_\_\_\_\_

UNDERWRITER: \_\_\_\_\_

**PLEASE GIVE A DEFINITE REPLY TO EACH QUESTION ON THE FORM**

No Insurance is in force until the proposal has been accepted by Bahamas First General Insurance Company Ltd.

1. Name: _____	
Postal Address: _____	E-mail Address: _____
Telephone Nos.      Work _____	Home _____ Cell _____
Period of Insurance:    From: _____	To: _____
Mortgagee(s) or Loss Payee(s)    Branch _____	

2. Name and address of Principal for whom contract is to be undertaken	..... ..... .....
3. Description of Contract Please attach a copy of the contract conditions and of the site plans, if available.	..... ..... ..... .....
4. Situation of Contract and brief details of surrounding property	..... ..... .....
5. Duration of:- (a) Construction Period  (b) Maintenance Period (if cover required for this period)	(a) From ..... to .....  (b) From ..... to .....
6. (a) Is any of the work to be sub-contracted?  (b) Is the insurance to cover the interests of sub-contractors?  (c) If so, please give the names and address of the sub-contractors	(a) .....  (b) .....  (c) .....
7. (a) Contract Price (including cost of materials)  (b) Value of contractors machinery equipment and plant to be used on contract site if to be insured.  (c) Debris Removal	(a) .....  (b) .....  (c) .....
8. Name and address of principal contractor if you are a subcontractor,	..... .....

9. Please state the following	
(a) height above sea level	(a) .....
(b) Distance of site from the sea	(b) .....
(c) Nature of sub soil at site	(c) .....
(d) If the site liable to flood? If so, what precautions are taken	(d) .....
(e) Are there any underground cables/main services on or about the site	(e) .....

**THIRD PARTY LIABILITY**

Questions 10/14 need not be answered if the policy is to cover Contract Works only.

10. Amount of indemnity required in respect of any one accident and any one period	..... .....
11. (a) Do you desire to insure your liability for claims arising from the operations of sub-contractors?  (b) If so state:- (i) nature of sub-contractor's work (ii) proportion of total contract price to be sub-contracted	(a) .....  (b) (i) ..... (ii) .....
12. Give particulars of explosives or chemical to be used	..... .....
13. Describe all Lifts, Hoists, Cranes and Locomotives, if any	..... .....
14. Total amount of wages expenditure:- (a) Own Employees  (b) Sub-contractor's employees (if it is desired to insure against claims arising from the operations of sub-contractors)	(a) .....  (b) .....

**GENERAL QUESTIONS**

15. (a) Have you ever proposed for Contract Works or Third Party Liability insurance	(a) .....
(b) If so, to whom and with what result?	(b) .....
(c) Has any such insurance ever been declined, has any renewal thereof not been invited or have any special terms or conditions been imposed?	(c) .....

16. 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
	20		
	20		
	20		

I/we hereby declare that all the above statements and particulars are true and I/we agree that this Proposal and Declaration shall form the basis of the Contract between me/us and the Insurers. I/we agree to render at the end of the period of insurance a statement to the Insurers of the actual total contract price, and to pay premium on any excess of the estimated amount.

Date \_\_\_\_\_ Proposer's Signature \_\_\_\_\_