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1.Title of structure (If the structure consists of several sections, please specify section(s) to be insured):

2.Leation of structure(country / province / district / city / town / village):

3.Name and address of owner:

4.Name(s) and address(es) of contractor(s)¹ who has (have) built the structure :

5.Name(s) and address(es) of subcontractor(s)¹:

Work carried out by subcontractor(s):

6.Name and address of consulting engineer:

7.Description of each section of structure: Dimensions (length, height, depth, spans, number of floors, diameter, inclination):

(please give detailed technical information) ¹:

Foundation (type, method and level of each section):

Construction methods applied:

⁽¹⁾ If necessary, on a separate sheet.





Construction materials used :						
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8.Period of construction :						
Commencement of work :						
Duration of construction :	months					
Date of completion :						
Maintenance period :	months					
9.Has the structure been insured :						
during the construction period?	Yes 🗆	No 🗖				
after the construction period ?	Yes 🗆	No 🗖				
10.Has there been any accident, loss or	damage:					
during the construction period?(If so, plea	-	of cause and amount):Yes No 🗆			
	C		, ,			
after the construction period?(If so, please	e give details of	cause and amount):	Yes 🛛 No 🗖			
	0					
11.Does any special risk or exposure ex	ist?					
Fire, explosion		Yes □	No 🗆			
Flood, inundation		Yes □	No 🗆			
Landslide		Yes □				
Storm, cyclone		Yes □				
Blasting		Yes \square				
Collision by traffic on roads or water		Yes \Box	No 🗆			
Other risks :						
Volcanism, tsunami		Yes 🗆	No 🗆			
Have earthquakes been observed in this area?	?	Yes 🗆	No 🗆			
If so, please state: intensity (Mercalli): magnitude (Richter):						
Is the design of the structure to be insu	red based on re	egulations				
regarding earthquake- resistant structures?		Yes 🗆	No 🗆			
Is the design standard higher than that	stipulated in the	relevant				
regulations?	•	Yes 🗆	No 🗆			
12.Subsoil conditions:						
rock \Box gravel \Box sand \Box clay \Box filled ground \Box						
Other subsoil conditions:						
Do geological faults exist in the vicinity?	Yes 🗆	No 🗆				
13.Topographical conditions and conf	iguration of g	round (e.g. angles	of slopes)			
(please attach plans or photographs):						





14.Ground- water level :							
15.Nearest river, lal	ke, sea, et	c :					
Name :							
Distance :							
Levels:	low wa	ter	mean wat	er H	lighest level re		
16 Dece e un mine		at for flood or		an 9(nlassa		"Page 3 of 4"	
16.Does a warning system exist for flood and inundation ?(please give details)							
17.Meteorologica	l conditi	ons :					
Rainy season from		to					
Maximum rainfall	(mm)	per hour		per day	per mont	h	
Storm hazard		□ minor		□ medium	🗖 high		
18.Is there any re	gular ma	intenance wo	rk?		Yes 🗆	No 🗆	
(If so, please give of):	105 —		
(,	-			
Do a time schedule	e and a ch	neck list exist	for mair	itenance wor	k (e.g. clearin	ng of culverts,	
bridges, under and overpasses, painting work)?							
Who is in charge of	f mainten	ance work?					
				1.2			
Are staffs being sp	ecially tra	uned for maint	enance w	ork?			
10 1- 414		1	L C				
19.Is the structure	e observe	-					
by own staff? Yes \Box No \Box							
If so, please indicate number of staff permanently present:							
20.Has major repair work taken place since completion of original construction?							
Yes \square No \square (If so, please give details):							

21.Is there any construction work in the vicinity which would affect the structure





 during the insurance period?
 Yes □
 No □
 (If so, please give details):

 22.What was the amount of the original costs for building the whole structure?

 Please give breakdown of original costs for major sections of the structure (e.g. for bridges: foundation, column, abutment & superstructure).

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23.Please state the amounts to be insured and the limits of indemnity required: (Currency:)

Items to be insured	Sums to Be Insured (state below separately)		
1.New replacement value of whole structure (breakdown as under 22):			
2.Clearance of debris (insured only up to amount indicated):			
Total Sum to Be Insured :			
Requested Special Risks for Limit of Indemnit		Limit of Indemnity ¹	
	1		

(1) Limit of indemnity in respect of each and every loss or damage and/or series of losses arising out of any one event.

Remarks :

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 & proposal forms the basis and is part of any policy issued 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.





رزیابی خسارت دادگران بیمه خراسان

The insurers undertake to deal with this information in strict confidence.

Signature and Seal :

Date :