

Title of contract (if project consists of several sections, specify section(s) to be insured.)

Site _____

Name of principal _____

Address of principal _____

Name(s) & Address of Contractor(s)

| Name(s) | Address(es) |
|---------|-------------|
| | |
| | |
| | |

Name & Address of subcontractor(s)

| Name(s) | Address(es) |
|---------|-------------|
| | |
| | |
| | |

Name of consulting engineer _____

Address of consulting engineer _____

Description of contract work (please give technical information)

| | |
|---------------------------------------------------------------|--|
| Dimension (length, height, depth, spans, number of floors) | |
| Type of foundation and level of deepest excavation | |
| Construction method | |
| Construction materials | |

Is the contractor experienced in this type of worked or construction method? Yes No

Commencement of work _____ Duration of construction _____ months

Date of completion _____ Maintenance period _____ months

What work will be done by subcontractors? _____

Are extra charges for overtime, night work, work on public holidays to be included? Yes No Limit of indemnity _____

Is third party liability to be included? Yes No

Has contractor concluded a separate policy for TPL? Yes No Limit of indemnity _____

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 as a direct or indirect consequence of the contract work? Yes No Limit of indemnity _____

Exact description of these building/ structures.

State hereunder the amounts you wish to insure and the limits of indemnity required

Section I Material damage

| Items to be insured | Sums to be insured |
|----------------------------------------------------------------------------------------------------|--------------------|
| 1. Contract work (permanent and temporary work, including all materials to be incorporated herein) | |
| 1.1 Contract price | |
| 1.2 Materials or items supplied by the principal(s) | |
| 2. Construction plant and equipment | |
| 3. Construction machinery | |
| 4. Clearance of debris | |
| Total sum to be insured under Section I : | |

Section II Third party liability

| Item to be insured | Limit of indemnity |
|-------------------------------|--------------------|
| 1. Bodily injury | |
| 1.1 Any one person | |
| 1.2 Total | |
| 2. Property damage | |
| Total limit under Section II: | |

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| <p>Important Notes: Any other facts know to you which are likely to influence the acceptance and assessment of the insurance proposal must be disclosed. If you are in any doubt about facts considered materials, you should disclose them. We recommend that you keep a record of all information provided (including copies of letters) for future reference. A copy of this proposal form will be supplied upon your request with a period of three months after its completion. For your own interest, please make sure that all materials facts are disclosed to us failing which your policy may be not afford the cover you require or may even become void. This proposal form only contains a summary of the coverage. For more details about the terms, conditions and exclusion, please refer to the policy wordings. A policy specimen will be supplied on request.</p> <p>Declaration : I/We declare that the statements and particulars given in this proposal are, to the best of my/our knowledge and belief, true and complete and that this proposal shall form the basis of my/our contract with MIN XIN INSURANCE CO.,LTD. I/We agree that the insurance will not be in force until the proposal has been accepted by the Company.</p> | <p>Personal Information Collection Statement : The information you provide to us is collected to enable us to carry on insurance business and may be used for the purpose of : <ul style="list-style-type: none"> - any insurance of financial related product or services or any alterations, variations, cancellation or renewal of such product or services; - any claim or investigation or analysis of such claim; and - exercising any right of subrogation This information may be transferred to : <ul style="list-style-type: none"> - any related company or any other company carrying on insurance or reinsurance related business or an intermediary or other services provider providing services relevant to insurance business for any of the above or related purposes; - any association, federation or similar organization of insurance companies ("Federation") that exists or is formed time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation; and - any members of the "Federation" by the "Federation" for any of the above or related purposes. Moreover, MIN XIN INSURANCE CO., LTD. is hereby authorized to obtain access to and/or to verify any of your data with the information collected by the Federation from the insurance industry. You have the right to obtain access to and to request correction of any personal information concerning yourself by the Company.</p> |
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Proposer's Signature: _____

Authorised Agent/Broker: _____

Date: _____