



Contractors' 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.

Proposer's Details

1. Proposer's full name
(if a company state company name)
2. Postal Address (including postcode)
3. Telephone/Mobile/Fax Numbers
4. E-mail
5. Company Registration or Identity Card Number
6. Full description of the business
7. Number of years in business



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Description of Contract Work

(please give detailed technical information)

1. Please provide a detailed description of the contract work to be undertaken

2. Please attach a copy of the following documents with this Insurance Proposal, as applicable:

Perit's work method statement for:

- a) demolition works in accordance with the 4th schedule*
- b) excavation works in accordance with the 5th schedule*
- c) building works in accordance with the 6th schedule*

Perit's condition report(s) in respect of contiguous third party properties in accordance with the 7th schedule*

*Please note that each schedule forms part of Legal Notice 136 of 2019 "Avoidance Of Damage To Third Party Property Regulations, 2019"

3. Location of Site of Construction, including if in proximity of the sea

4. Name(s) and address(es) of principal
(to be completed only if different from the Proposer as stated above)

5. Name(s) and address(es) of contractor(s) including Licence Number(s) for demolition, excavation and building works, if different

6. Name(s) and address(es) of subcontractor(s) including Licence Number(s) for demolition, excavation and building works, if different

7. Has the contractor(s) and/or sub-contractor(s) concluded a separate policy for third party liability?
☐ Yes ☐ No

If Yes, please confirm the applicable Limit of Indemnity:

€

8. Name(s) and address(es) of consulting Perit for demolition, excavation and building works, if different

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

9. Name(s) and address(es) of site technical officer for demolition, excavation and building works, if different

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



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10. Details of subsoil

- ☐ rock ☐ gravel ☐ sand ☐ clay ☐ filled ground
- ☐ other, please specify

11. Do geological faults exist in the vicinity?

- ☐ Yes ☐ No

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

12. Detail of existing buildings or surrounding property possibly affected by the contract work, including excavating, underpinning, piling, vibrating, ground water lowering, etc...

13. Are existing buildings and/or structures on or adjacent to the Site of Construction, owned by or held in care, custody or in 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

If Yes:

- a) please specify the Limit of Indemnity required: €
- b) please provide the exact description of these buildings and/or structures:



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Period of Insurance

Commencement of contract works:

Duration of contract works:

months

Date of completion:

Maintenance period:

months

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.

Statement of Sums to be Insured and Limit of Indemnity Required

Section 1 – Material Damage

Item 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

civil work €

finishing work €

1.2 Materials or items supplied by the principal

civil work €

finishing work €

2. Construction plant and equipment

€

3. Construction machinery

(please attach list)

€

4. Clearance of debris

€

Total Sum Insured under Section 1

€

Section 2 – Third Party Liability

Item to be insured

Limit of indemnity¹

1. Bodily injury

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 and in the aggregate



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General

1. From which date do you wish this insurance to commence?

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

2. Are you currently insured against any of the risks proposed?

☐ Yes ☐ No

3. Has any insurer declined to insure you or required special terms to insure you or any director or partner (in this or any other name under which you or they may have been trading) cancelled or refused to extend any insurance of a type you are now applying for?

☐ Yes ☐ No

4. Have you or any director, partner or other official of the company or firm been declared bankrupt, been a director of any company in liquidation, been found guilty of arson, illegal gambling, criminal deception, fraud, forgery, theft or any crime of violence associated with these or any other crime against property?

☐ Yes ☐ No

5. In the last 5 years have you or any director, partner or official (in this or any other name under which you may have been trading) suffered any loss or had any claims made against you in respect of any of the covers you are now applying for?

☐ Yes ☐ No

6. Is there any other fact that has/has not been asked for in this proposal which you think the Company should be aware of?

☐ Yes ☐ No

If YES to any of questions 2-6 please give details below

7. How did you get to know about Atlas?

Please specify your preferred form of contact with Atlas?



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



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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, 419 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.

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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 under the Insurance Business Act 1998 to carry on general insurance business and is regulated by the Malta Financial Services Authority. The non-cellular assets of the company may be used to meet losses incurred by the cells in excess of their assets.

Registered Office: 419 Ta' Xbiex Sea Front, Ta' Xbiex XBX1021, Malta

Tel: (356) 2343 5363 - admin@atlas.com.mt - www.atlas.com.mt

Company Registration No: C5601