



Erection All Risks Insurance Proposal

COMPLETE IN INK IN BLOCK CAPITALS. If you require additional space use space provided on page 5.

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

Description of Erection Work (please give detailed technical information)

- 1a. Please provide the exact description of the property to be erected (if second-hand items are to be erected, please state).

- 1b. In case of machines please submit: manufacturer's name, number, type, size, capacity, weight, pressure, temperature, revolutions, and year of construction of major units

- 1c. In case of complete factories please submit: general drawing of plant, nature of civil engineering work (if any)

Furthermore, please attach a copy of the following documents with this Insurance Proposal:

- i. Engineer's works method statement
- ii. Architect's report(s) in respect of contiguous third party properties (if applicable)

2. Location of Site of Erection, including if in proximity of the sea

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

4. Name(s) and address(es) of contractor(s) including Licence Number(s)

5. Name(s) and address(es) of subcontractor(s) including Licence Number(s)

6. 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:

€

7. Name(s) and address(es) of firm(s) supervising erection

8. Name(s) and address(es) of manufacturer(s) of main items

9. Name(s) and address(es) of consulting engineer(s)

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

10. Have plans, designs and materials of the kind used in this project been used and/or tested in:

a. previous constructions? Yes No

b. previous constructions by the contractor(s)? Yes No

If Yes to any of the above, please give details of similar projects carried out by the contractor(s)

11 a. Is this an extension of an existing plant? Yes No

11 b. If Yes, will operation of existing plant continue during the erection period? Yes No

If Yes, please enclose plans

12. Have the buildings and civil engineering works already been completed?

Yes No

13. Please specify what work will be carried out by subcontractor(s)

14. Is there any aggravated risk of
fire? Yes No
explosion? Yes No

15. Details of subsoil

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

16. Do geological faults exist in the vicinity?

- Yes No

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

17. Is coverage for construction/erection equipment (scaffolding, huts, tools, etc...) required?

- Yes No

If Yes, please provide:

- a brief description below and
- state the new replacement value under Statement of Sums to be Insured and Limit of Indemnity Required

18. Is coverage for construction/machinery (excavators, cranes, etc...) required?

- Yes No

If Yes, attach a list of major machines showing individual new replacement values and state the total value

€

19. Is third party liability to be included?

- Yes No

If Yes, provide a brief description of surrounding and existing buildings and/or structures not belonging to the principal or the contractor(s). Enclose site maps, if possible.

20. Are existing buildings and/or structures on or adjacent to the site, 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 out of or in connection with the erection work?

- Yes No

If Yes:

- a) please specify the limit required under Statement of Sums to be Insured and Limit of Indemnity Required
- b) please provide the exact description of these buildings and/or structures below

Period of Insurance

Commencement of insurance:	
Duration of pre-storage:	months prior to beginning of erection work
Commencement of erection work:	
Duration of erection/construction:	months
Duration of testing:	weeks
If maintenance coverage required duration of maintenance:	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****Items to be insured****Sums to be Insured**

1. Erection work (split up as follows)	
1.1 Items to be erected	€
1.2 Freight	€
1.3 Customs duties and dues	€
1.4 Cost of erection	€
2. Civil engineering works	€
3. Construction/erection equipment	€
4. Clearance of debris (limit of indemnity)	€
5. Property located on the principal's premises or on the site, belonging to the principal or held in care, custody or control (limit of indemnity see Memo 4 of Policy)	€
Total Sum to be 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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Kindly use this section for any material information not asked for or which you could not fit in

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, 48-50 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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If You wish to view the full Atlas’s Data Protection and Privacy Statement, for a better understanding of how we use this data please visit <https://www.atlas.com.mt/legal/data-protection/>. Kindly note that this is subject to occasional changes including to comply with changing data protection laws, regulations and guidance.

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.

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