

## Contractor's Insurance

### PART 1 DETAILS OF OF THE PROPOSER (Contractor)

1. a) Name \_\_\_\_\_  
 b) Mailing Address \_\_\_\_\_  
 c) Email Address \_\_\_\_\_ d) Requested Policy Currency  KYD  USD  
 e) Contact Numbers: Home: \_\_\_\_\_ Cellular: \_\_\_\_\_ Fax: \_\_\_\_\_
2. a) Years of experience in business \_\_\_\_\_ b) Examples of recent contracts completed:

Name of Principal	Nature of Work	Completion Date	Contract Price	Location
			\$	
			\$	
			\$	
			\$	

3. a) Specify if you are the  Main Contractor OR  Subcontractor  
 If Subcontractor, please give the name of the Main Contractor \_\_\_\_\_  
 b) Specify if you are a  General Contractor OR  Specialist  
 If Specialist, please state your specialisation (e.g. roofer, plumber, electrician, etc.) \_\_\_\_\_
4. In the box below, provide particulars of all claims made against you in the last five years for loss or damage on contract sites on which you have been working or claims made against you for personal injury or damage to property by employees or third parties:

Date	Nature of Claim	Amount
		\$
		\$
		\$
		\$

### PART 2 DETAILS OF THE CONTRACT TO BE INSURED

1. Name and address of the Principal/Employer: \_\_\_\_\_
2. Location/Address of the Contract Work \_\_\_\_\_
3. Contract details:
  - a)  New build OR  Alteration b) Name of Mortgagee/Lending Institution \_\_\_\_\_
  - c) Type of property (e.g. house, apartment block, shop, etc.) \_\_\_\_\_
  - d)  General construction OR  Specialisation  
 If Specialisation, please state nature of contract (roofing, a/c engineering, etc.) \_\_\_\_\_
  - e) Construction materials: Walls \_\_\_\_\_ Roof \_\_\_\_\_
  - f) Number of storeys \_\_\_\_\_
  - g) Contract price \$ \_\_\_\_\_
  - h) Contract conditions: Form used \_\_\_\_\_ (attach copy)
  - i) Period of Contract
    - i) Construction period\* is From: \_\_\_\_\_ To: \_\_\_\_\_
    - ii) Maintenance period is From: \_\_\_\_\_ To: \_\_\_\_\_

\*If Construction Period is more than 12 months, please attach details of the works programme submitting a plan if available.

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**PART 3**    **DETAILS OF THE INSURANCE REQUIRED**

**Sum Insured**

**Item 1:** Contract Works.....\$ \_\_\_\_\_  
 Defined as permanent and temporary works including material and all other objects intended for incorporation in the Works supplied by or for the Insured whilst on the insured Contract Site(s) in connection with the insured contract(s).

**Item 2a:** Temporary Buildings and Equipment.....\$ \_\_\_\_\_  
 Defined as temporary buildings, tools, equipment, scaffolding and constructional plant excluding Mechanically Propelled Plant, trailers and accessories which are the property of the Insured whilst on the insured Contract Site(s). Limit any one item \$75,000.

**Item 2b:** Mechanically Propelled Plant.....\$ \_\_\_\_\_  
 Defined as all mechanically propelled vehicles and trailers as shown in the Schedule and their accessories whilst on the insured Contract Site(s) during the Period of Insurance, excluding:

- a. any vehicles registered and/or insured for road use or used in circumstances where compulsory motor insurance is necessary;
- b. any items not designed for use as a tool of trade;
- c. any vehicle which is otherwise insured;
- d. any waterborne vessel;
- e. any item not specified in the Schedule;
- f. damage to tyres unless the vehicle incurs Damage at the same time.

Limit any one vehicle or trailer (including accessories) \$75,000.

List details of each vehicle and trailer to be insured:

Make	Model/Type/Use	Age	Size/ Capacity	Registration or Serial Number	Insured Value
					\$
					\$
					\$

**Item 3:** Property in the Proposer's custody or control .....\$ \_\_\_\_\_  
 Defined as the structure, fixtures, fittings and contents of the building or portion of the building shown in the Schedule:

- a. other than construction/erection equipment, plant or machinery;
- b. which is located on or adjacent to the insured Contract Site(s);
- c. and held in the care, custody or control of the Principal(s) or the Insured;
- d. the extension or alteration of which forms the subject matter insured by this Policy.

The insurance on this property is limited to Damage resulting from an accident arising directly out of any construction, erection or testing which forms part of the performance of the insured contract(s) and excludes any part of the property which is being worked upon.

State exact building or portion of building to be insured: \_\_\_\_\_

**Supplementary Insurances:** If you wish to insure the following, please indicate by inserting the value.

- a. Materials in transit.....\$ \_\_\_\_\_
  - b. Materials in off-site storage.....\$ \_\_\_\_\_
- Address of off-site storage \_\_\_\_\_

## Contractor's Insurance

Specify any individual items to be insured under Section I and included above which are valued at more than \$75,000

Description	Serial Number	Insured Value
		\$
		\$
		\$

**Public Liability:** Indemnity limit required (\$1M max): ..... \$ \_\_\_\_\_

**Employers Liability:** Indemnity Limit required (\$1M max): ..... \$ \_\_\_\_\_

### PART 4 CONTRACT SITE DETAILS

1. Nature of subsoil \_\_\_\_\_
2. Distance from the sea \_\_\_\_\_
3. Height above sea level \_\_\_\_\_
4. Details of any harbours, bays, canals or other water in the area including the distance therefrom \_\_\_\_\_
5. Has the area been subject to flooding in the past?  Yes  No  
If Yes, please give full details: \_\_\_\_\_
6. Excavations:   a. Average depth: \_\_\_\_\_  
                      b. Maximum depth (no insurance is available for excavations below 2 metres): \_\_\_\_\_
7. Details of any underground or overhead mains services (e.g. electric, telephone or gas) \_\_\_\_\_
8. Give details of any blasting to be carried out on or near contract site: \_\_\_\_\_
9. Describe any special/unusual features of the contract or contract site: \_\_\_\_\_
10. Do you check and record the insurance of your subcontractors?  Yes  No

### PART 5 DECLARATION

Has any Insurer at any time declined to insure you or the Contractor for Contractor's, Public or Employer's Liability Insurance?  Yes  No

If Yes, please give details including name of Insurer: \_\_\_\_\_

What other insurance do you have with BritCay? \_\_\_\_\_

I/We wish to effect insurance with British Caymanian Insurance Company Limited ("CG BritCay"). I/We declare that the above statements and particulars are complete and correct and no material fact has been misrepresented, misstated or withheld. I/We agree that this Proposal shall form the basis of the contract between me/us and CG BritCay and I/we agree to accept CG BritCay's usual form of policy for insurances of this nature. If this Proposal has been written by anyone else, that person is my agent for that purpose and not the agent of CG BritCay. (If you have not personally completed the answers to the questions, you should check them carefully before signing this declaration).

**Data Protection Declaration:**

By signing this form, I confirm/understand that:

- In order to administer the policy and plan CG BritCay may process any and all of the personal data provided.

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- I consent to CG BritCay processing my personal data, in accordance with CG BritCay's Privacy Policy (<https://international.cgcoralisle.com/privacy-policy/>). For additional information on your rights and how to exercise them, please access or request this Policy.
- I confirm that any personal data I provide to CG BritCay in respect of any third party, is done with that third party's consent and knowledge of CG BritCay processing of their personal data.
- I have the right for my personal data to be processed in accordance with the rights of Data Subjects under the relevant jurisdictional privacy legislation.
- I understand that this form shall be incorporated into and shall constitute a part of the policy contract between me/us and the Company.

Signature \_\_\_\_\_ Date \_\_\_\_\_

NB: LIABILITY OF THE INSURERS DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED BY THE INSURERS.