

Broker:
Coverage:
<input type="checkbox"/> Construction All Risk C.A.R.

## 1. Policy Holder

a. Last name and first names	b. Date of birth
c. Occupation	d. Collection Address
e. Residing address	f. Residence
g. Telephone number	h. Email address

## 2. Project description

a. Describe the work that will be performed	
b. New construction	c. Renovation of existing building
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 3. Project address

a. Address	
b. Area	c. Island
e. How many levels does the project include?	

## 3.Contract Amount

What is the total contract sum for the completed work?
<input type="checkbox"/> XCG. <input type="checkbox"/> USD.

## 4. Desired Coverage(s)

A. Section 1: The Work	B. Section 2: Liability
<input type="checkbox"/> XCG. <input type="checkbox"/> USD.	<input type="checkbox"/> XCG. <input type="checkbox"/> USD.
C. Section 3: Existing Properties	D. Section 4: A: Tools / Equipment
<input type="checkbox"/> XCG. <input type="checkbox"/> USD.	<input type="checkbox"/> XCG. <input type="checkbox"/> USD.
E. Section 4 B: Personal Property	
<input type="checkbox"/> XCG. <input type="checkbox"/> USD.	

## 5. Construction Period

a. Start date of work/ project

b. Duration of work /project

c. What is the maintenance period

- ☐ 3 months      ☐ 6 months      ☐ 12 months  
☐ According to specifications      ☐ According to the work description

## 6. Precautionary Measures

a. How are the building materials stored?

b. What security measures are taken?

c. Has the area been secured

☐ Yes   ☐ No

How?

d. Is there any type of surveillance after working hours?

☐ Yes   ☐ No

Company?:

## 7. Claims History

a. Have you or any other interested party under this insurance previously suffered any damage. That would be relevant for this insurance.

☐ Yes   ☐ No

Explain:

b. Type of damage

c. Claim amount?

☐ XCG.   ☐ USD.

d. At the time you were insure with which company?

## 8. Contractor

a. Is the house insured under another policy

b. Address

c. Telephone number

d. Email

e. Does the Contractor have a Liability Insurance?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Coverage Amount:	
f. With which Insurance Company	

**9. Beneficiary**

Name	
Address	
(Stamp)	

**10. Additional Information**

Do you have any additional information that would be relevant for the acceptance of this insurance risk?

Applicants' declaration: The applicant confirms that the information provided is true and accurate at the best of his/her knowledge and understands that any false statements or misleading information may lead to any claim that this claim may be denied by SaBeé Insurance.

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Place:

\_\_\_\_\_  
Signature Policy Holder.

\_\_\_\_\_  
Date: