

| | |
|---|--|
| 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 SaBéé Insurance.

Name:

Place:

Signature Policy Holder.

Date: