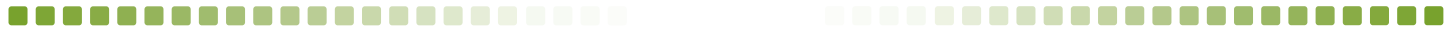


Details of Risk

Please complete this form and send it to your This Insurance office, together with any relevant plans. Section 1 should be completed in every case; other sections as applicable. For many contracts, it will be possible to provide a quotation on receipt of the completed form. However if a survey is necessary, we shall advise you immediately.

Section 1 - your requirements

- 1. Name and address of main contractor
2. Name and address of employer
3. Address of contract site
4. Contract value
5. Limit of Indemnity required
6. i. Period of contract, ii. Defects liability
7. Edition of contract if not JCT 1980 Edition incorporating 1986 amendments
8. Name, position and telephone no. of person whom surveyor should contact, if necessary
9. Description of work to be carried out



10. Description of all surrounding property not forming part of the Contract Works - continue on a separate sheet, if necessary. Please attach copy of location plan, if available.

10a. Address(es) and description

- i. ....
- ii. ....
- iii. ....
- iv. ....

10b. Approximate distance from site

- i. ....
- ii. ....
- iii. ....
- iv. ....

10c. Approximate age

- i. ....
- ii. ....
- iii. ....
- iv. ....

10d. Name of occupation

- i. ....
- ii. ....
- iii. ....
- iv. ....

11. Have any schedules of condition been drawn up for surrounding property? If 'Yes' give details or attach copy

.....

.....

Section 2 - demolition

1. What is being demolished? (state if internal demolition only and if so, whether load-bearing)

|               |                      |
|---------------|----------------------|
| Details ..... | No. of storeys ..... |
| .....         | .....                |
| .....         | .....                |
| .....         | .....                |

2. Method of demolition

.....

.....

.....



3. Distance from nearest property (where demolition not internal only)

.....  
.....  
.....

4. Is any demolition below ground level? Yes  No

If yes state both: i. maximum depth .....  
ii. minimum distance from nearest property .....

5. Will shoring / propping be necessary? Yes  No

If yes give details .....  
.....  
.....

Section 3 - construction and extensions

1. Foundations

General description of ground conditions  
.....  
.....  
.....

2. Please indicate if any of the following will be undertaken:

2a. Excavation Yes  No

If yes state:  
i. depth .....  
ii. minimum distance from nearest property .....  
iii. means of supporting excavation .....

2b. Piling Yes  No

If yes state:  
i. type .....  
ii. number and maximum depth .....  
iii. maximum distance from nearest property .....



2c. Underpinning / mini piling Yes  No

If yes state:

i. overall length involved .....

ii. maximum depth .....

iii. maximum length any bay .....

2d. Ground stabilisation Yes  No

If yes state:

i. method .....

ii. minimum distance from nearest property .....

2e. Dewatering Yes  No

If yes give details: .....

.....

.....

.....

3. New building(s)

i. number of storeys including ground floor .....

ii. will the basement be included .....

iii. nature of construction .....

.....

.....

4. Extensions - please give details of method of 'tie-in' with existing building if applicable .....

.....

.....

Section 4 - alteration and repair

1. Description of property to be altered / repaired

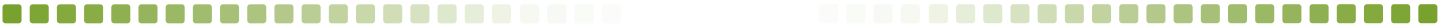
i. Approximate age .....

ii. General condition .....

.....

.....

.....



iii. Current occupation

.....  
.....

iv. Is it subject to a preservation order?

Yes  No

v. Nature or alteration / repair

.....  
.....

2. Please give details of:

2a Any underpinning that is necessary

i. overall length involved

.....

ii. maximum depth

.....

iii. maximum length any bay

.....

2b Any work on columns, beams, slabs, or load bearing walls requiring temporary propping or support

.....  
.....  
.....

**Declaration**

I/We declare that, to the best of my/our knowledge and belief the above statements are true and complete and will form part of the contract between me/us and the Company.

Please read through the proposal form and check that all relevant questions are answered.

Proposer(s) signature(s): .....

Date: DD / MM / YYYY .....

(Signing this form does not bind you to complete the insurance)

We recommend that you should keep a record, including copies of letters and this proposal form, of all information supplied to us for the purpose of entering into this insurance contract.

Please let us know if you would like a copy of this proposal sent to you.