



**PROJECT CARGO INSURANCE
AND
PROJECT CARGO DELAY IN START UP**

Please complete, or have your authorised insurance broker complete on your behalf, and return this proposal form to underwritingteam@acisunderwritingagencies.com

| APPLICANT DETAILS |
|---|
| Company Name |
| Company Head Office Address |
| Contractor(s) |
| Sub-Contractor(s) |
| Trustee(s) |
| Other, to be agreed by insurers prior to attachment. |
| DETAILS OF THE PROJECT |
| Nature/description of plant/project |
| Location of project |
| Period of project |
| Total value of equipment to be shipped (specify basis of valuation) |
| Identify any equipment for which the applicant is not required to provide Cargo Insurance |
| Country(ies) of origin for all equipment |

Packing specifications for all cargoes (i.e. Palletized, containers, break bulk, etc.)

List all equipment which may require "On Deck" stowage

Will there be any shipments by barge? If so, please provide details (values, limits, load & discharge ports)

Specify limit(s) required for a) Vessel _____ b) Air _____ c) Truck _____

Will there be any waivers of subrogation or recourse, with any of the carriers? Yes or No . If "Yes" please provide details.

Provide name, telephone & fax number of Project Manager.

Please attach full Shipping schedule for all cargoes, including name of supplier, method of transportation, ports of loading & discharge with shipping date & scheduled arrival at site.

At what point is the transit insurance to attach?

At what point is it to cease?

What is the date that testing is scheduled to begin?
_____ How long will testing last?

(applied for coverage of consequential loss)

What is the scheduled "start-up" or, commissioning date of the plant/project?

(applied for coverage of consequential loss)

In case of damage,
a) can repairs be done locally?
b) can they be done by Assureds personnel?

Is any of the machinery or other items subject to Import License restrictions?
Yes or No .

If "Yes" please provide full details.

Is any of the machinery or plant used equipment?

Yes or No .

If "Yes" please provide full details.

Provide details (name, address, & limits required) of any location(s) which may be used for consolidation temporary storage or, storage at destination, if applicable.

Please provide details of any special exposure/hazard at the project site (for example, flood, landslide, earthquake, difficult access to construction site, or other unusual installation problems).

Will a Deferred Unpacking clause be required? If yes, for what period of time?

Is a 50/50 clause agreement with a C.A.R. policy to be included in this cover?

Consequential Loss Limit requested:

_____ (applied for coverage of consequential loss)

Indemnity period requested:

_____ (applied for coverage of consequential loss)

Time deductible requested:

_____ (applied for coverage of consequential loss)

CONSEQUENTIAL LOSS WORKSHEET

| | TOTAL EXPOSURE | AMOUNT OF INSURANCE REQUESTED |
|------------------------|----------------|-------------------------------|
| LOSS OF PROFIT | | |
| STANDING CHARGES | | |
| RENTS | | |
| TAXES | | |
| INTEREST | | |
| CHARGES FOR POWER | | |
| SPECIAL CHARGES | | |
| OTHER (please specify) | | |
| TOTAL | | |

| SCHEDULE OF CRITICAL EQUIPMENT | | | | | | | |
|--------------------------------|----------------------|---------------|--|-------------------|-----------------------------------|----------------------------|--|
| description of critical items | name of manufacturer | value of item | shipping date (include source country) | mode of transport | estimated date of arrival at site | installation time required | manufacturers stated replacement time (including fabrication if necessary) |
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Declaration and Signature

On behalf of all proposed insureds, I/we declare and agree that:

- ⤴ all information provided in this proposal and attachments is true and complete in every respect and that no material facts remain undisclosed;
- ⤴ it is understood that the insurer(s) require this information in order to evaluate this proposal and that the Privacy Act 1993 entitles me/ us to have access to and request the correction of any information retained;
- ⤴ the insurer(s) is authorised to disclose information to its advisers, reinsurers, other insurers and parties with a financial interest in the subject matter of this proposal;
- ⤴ the insurer(s) is authorised to check details against the insurance claims register and to place information on the insurance claims register which other insurers can access;
- ⤴ the insurer(s) is authorised to obtain from other parties any information which may be relevant to acceptance of this risk;
- ⤴ the signing of this proposal does not bind either party to complete the contract and that no cover will be in force until confirmed by the insurer(s). However, if this risk is accepted, such information will be incorporated into and form the basis of the contract of insurance.

Signature: _____

Date: _____

Company Stamp: