

CONTRACTOR'S ALL RISKS PROPOSAL FORM

M.E / AGENT / BRANCH

POLICY NUMBER

Please note that no cover is in force until this proposal has been accepted by Amana Takaful (Maldives) PLC in writing and the Takaful contribution paid in full. (Refer Contribution Payment Warranty) All questions must be fully answered. Benefits under the policy may not be payable in the event of non-disclosure or misrepresentation of material facts.

Please complete in BLOCK CAPITALS throughout and tick (✓) boxes where appropriate.

1. DETAILS OF PROPOSER(S)

(a) Name in Full / Trade Name : Dr. / Mr. / Ms. / M/S

(b) Postal address :

(c) Business Registration No. : (d) NIC No. :

(e) Business / Occupation :

(f) Contact Details : Mobile Number : E-mail :

Fixed Line : Fax :

2. PROJECT DETAILS

(a) Title of contract (if project consists of several sections, specify section(s) to be Covered)

(b) Location of site (Please include Province / Atoll / City (Island))

(c) Name and Address of Principle

(i) Business Registration / NIC No :

3. PERIOD OF TAKAFUL

(a) Commencement of Construction : DD / MM / YY YY YY

(b) Duration of Construction (months) :

(c) Date of Completion : DD / MM / YY YY YY

(d) Maintenance Period (months) :

(e) Date of Arrival of First Consignment at Site : DD / MM / YY YY YY

4. DETAILS OF CONTRACTOR(S) AND SUBCONTRACTOR(S)

(a) Name(s) and Address(es) of Contractor(s) - If space is not sufficient, provide on a separate sheet

(i) Business Registration / NIC No :

(b) Name(s) and Address(es) of Subcontractor(s) - If space is not sufficient, provide on a separate sheet

(i) Business Registration / NIC No :

(c) Work to be carried out by Subcontractors :

(d) Name and Address of Consulting Engineer :

5. DESCRIPTION OF CONTRACT WORK (please give detailed technical information) - if space is not sufficient, provide on a separate sheet

(a) Dimensions (length, height, depth, spans, number of floors) :

(b) Foundation (method, level of deepest excavation) :

(c) Construction Methods :

(d) Construction Materials :

(e) Is the Contractor experienced in this type of work or construction methods? YES ☐ NO ☐

6. SPECIAL RISKS TO CONSTRUCTION WORKS

(a) Is there any risks to construction works from the below perils. (if "YES" please mark with a tick (✓))

☐ Fire	☐ Explosion	☐ Flood	☐ Inundation	☐ Storm / Cyclone
☐ Blasting	☐ Volcano	☐ Tsunami	☐ Landslide	☐ Other Risks

(b) Have earthquakes been observed in this area? YES ☐ NO ☐

If so, please state intensity (mercalli) Magnitude (Richter)

(c) Is the design of the structures to be covered based on the regulations regarding the earthquake resistant structures? YES ☐ NO ☐

(d) Is the design standard higher than that stipulated in the relevant regulations? YES ☐ NO ☐

(e) Has a soil test been done on the construction site? If so, attach report. YES ☐ NO ☐

☐ Rock	☐ Gravel	☐ Sand	☐ Clay	☐ Filled Ground
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(f) Do geological faults exist in the vicinity? YES ☐ NO ☐

(g) Ground - Water Level :

(h) Details of nearest: lake, river, sea, etc.

(i) Name (if any) :

(ii) Distance :

(iii) Water Level : low water level : mean water level :

(iv) Highest Level Recorded : Date :

7. SUM COVERED

(a) Please state hereunder the amounts you wish to cover and the limits of indemnity required.

SECTION I - Material Damage

Items to be covered	Sum covered (MVR / USD)
(1) Contract Work (permanent and temporary work, including all materials to be incorporated herein)	
(a) Contract Price :	
(b) Materials or items supplied by the Principle(s) :	
(c) Wages :	
(2) Construction Plant and Equipment	
(3) Construction Machinery (please provide detailed inventory with make, model, year of make, serial number, individual replacement value)	
(4) Removal of Debris (covered only up to the amount indicated)	
(5) Architects & Surveyors Fee	
(6) Extra charges for night work, work on public holidays	
(7) Damage to own properties arising out of Contract Works Provide description of these buildings / Structures below	
Total sum to be covered under Section I	0.00

(b) Description of Own Properties (if cover required)

(existing buildings and/or structures on or adjacent to the site, owned by or held in care, custody or control of the Contractor(s) or the principal)

(c) Additional Perils

On payment of an additional takaful contribution, the certificate maybe extended to cover the following perils. (Please tick (✓) against the extensions required.)

(i) ☐ Strike, Riots & Civil Commotion

(ii) ☐ Terrorism

SECTION II - Third Party Liability

Items to be covered	Sum covered (MVR / USD)
(1) Bodily Injury: (a) any one person	
(b) Total	
(2) Property Damage	
Total sum to be covered under Section II	0.00

(d) Description of Third Party Properties (if cover required)

IMPORTANT

YOU ARE REMINDED OF THE NEED TO DISCLOSE ANY FACTS WHICH THE COMPANY WOULD TAKE INTO ACCOUNT IN THE ASSESSMENT AND ACCEPTANCE OF THIS PROPOSAL. IF YOU HAVE ANY DOUBTS AS TO WHETHER CERTAIN FACTS ARE RELEVANT, PLEASE ASK YOUR INSURANCE / TAKAFUL BROKER OR AGENT OR AMANA TAKAFUL OFFICE. FAILURE TO DISCLOSE ALL RELEVANT FACTS MAY INVALIDATE YOUR CERTIFICATE OR MAY RESULT IN YOUR CERTIFICATE NOT OPERATING FULLY.

- The cover provided under this proposal is subjected to the terms and conditions of the Company's Contractor's All Risks Takaful Certificate.
- This Proposal is subjected to the 'Premium Payment Warranty'.
- Payments by cheque to be drawn in favour of Amana Takaful (Maldives) PLC and crossed A/C payee. Cash payments should be made at Amana Takaful (Maldives) PLC office. Amana Takaful (Maldives) PLC will not accept responsibility for payments in other modes unless duly acknowledged by an official receipt of the Company.
- I / We hereby agree to submit copies of any one of the following documents if requested by the Company.
 - Individuals - ID, Passport, Driving License, Letter from a recognized public authority or public servant verifying the identity of the proposer
 - Companies - Certificate of Business Registration.
 - Partnered Firms - Certificate of Registration, if registered, Partnership deed.
 - Trust & Foundations - Certificate of Registration, if registered, Power of attorney granted to transact business on its behalf, any official valid document to identify the trustees, settlers, beneficiaries and those holding power of attorney, founders, managers, directors.

DECLARATION BY PROPOSER

I/We to the best of my/our knowledge hereby confirm that the statements contained in this proposal form are true and correct and I/We have not concealed, misrepresented or mis-stated any material fact. I / We agree that the statements and declaration contained in this proposal form shall be the basis of the contract of Takaful with the Company and are deemed to be incorporated into the Takaful policy. I/We hereby agree that the Takaful contribution which I/We undertake to pay to Amana Takaful (Maldives) PLC (the Company) as Tabarru (donation) be credited into the Participants Takaful Fund (PTF) for the Company to manage the various schemes of Takaful under the General Takaful Business and pay Takaful Benefits to the participants as expressed in the Terms and Conditions of this Takaful policy in accordance with the Waqf rules governing the PTF. I/We agree that the Company take a non-refundable up to 40% of the Takaful Contribution as their fees for managing the above Takaful Operations. I/We also agree that the Company invest the said fund in a manner deemed fit by the Company and the profit from investment if any be shared in proportion of 50% to the PTF and 50% to the Company on the basis of Al-Mudharaba. Losses if any will be borne solely by the PTF.

If there is a surplus from the fund after payment of benefits to any participant who shall be entitled to such benefits under the said takaful contract and deducting the costs related to the fund, the same shall be distributed on pro rata among the participants, provided always that they have not incurred any claim and/or received any benefit under the said takaful contract whilst the same is in force.

Date: //

Proposer's Signature:

(Rubber stamp where applicable)

For Surplus refund purposes

Account Number :

Name of Account Holder :

Name of the Bank :

Proposer's Signature:

(Rubber stamp where applicable)

Unless otherwise you provide the above details and/or not reachable to deliver pay check/ not presented, I/we understand the amount will be provided as charity or credited back to the waqf fund should you not be reachable for a period of 30 days. I understand that I shall have no further claim to such surplus once it has been paid out in charity or credited back into the Waqf Fund.

