



Republic Insurance Company Limited
রিপাবলিক ইনস্যুরেন্স কোম্পানী লিমিটেড

HR BHABAN (6TH & 9TH FLOOR), 26/1, KAKRAIL, DHAKA-1000, BANGLADESH, PABX: 88-02-58313334-8, Fax: 88-02-48318060, Web: www.ricibd.com

CENTRAL RATING COMMITTEE

CIRCULAR NO. F-88/2007
DATED : 12/02/2007

INDUSTRIAL ALL RISKS INSURANCE TARIFF

IT IS NOTIFIED FOR INFORMATION OF ALL CONCERNED THAT THE CENTRAL RATING COMMITTEE IN ITS 92ND MEETING HELD ON 31/01/2007 APPROVED **IAR TARIFF** INCLUDING RATES, TERMS, CONDITIONS, RULES, REGULATIONS, PROPOSAL FORM, POLICY WORKING WITH EFFECT FROM **1ST FEBRUARY 2007**.

ALL INSURERS ARE, THEREFORE, ADVISED FOR STRICT COMPLIANCE OF THE ABOVE TARIFF.

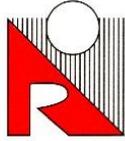
SD/
RAZIA BEGUM
DEPUTY MEMBER SECRETARY

**PROPOSAL FORM
FOR
I A R INSURANCE**

PROPOSAL NO.

POLICY NO.

REPUBLIC INSURANCE COMPANY LIMITED
HEAD OFFICE: HR BHABAN (6TH & 9TH FLOOR)
26/1, KAKRAIL, DHAKA



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01	Name and address of the insured.		
	Name of the Insured		
	Address of the Insured		
	Nature of Risk		
	Location		
02	Sum Insured. Distribution of Sum Insured (Section-wise)		
	Building		
	Machinery		
	Electric Installation		
	Work-in-Process		
	Raw Packing & Process		
	Stock of Finished goods		
	Total		
	Please use separate sheet if necessary		
	PML		
03	General Information		
3.1	When the civil construction started And when it is completed?	<input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Day	
3.2	When was the Plant put into operation?	<input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Day	
3.3	Who constructed and what is the experience of the contractor?		
3.4	Who erected the Machinery?		
3.5	Which are the Finished Products? Describe briefly.		
3.6	What Development/Modifications have been carried out?		
3.7	How many persons are employed?	<input type="checkbox"/> Skilled <input type="checkbox"/> Non-skilled <input type="checkbox"/> Expatriate	
3.8	Operating Periods?	Shifts -- ① ② ③	



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04		Location and Exposure	
4.1	Is there external exposure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(Describe Proximity)		
4.2	Whether the layout plan is drawn for the purpose of industry? (a copy of plan be attached)	<input type="checkbox"/> Good	<input type="checkbox"/> Acceptable <input type="checkbox"/> Fair <input type="checkbox"/> Poor
4.3	How are the specific plants/ units/buildings/tanks etc. spaced? (Describe)		
4.4	Is the situation easily accessible? (Add scaled plan or sketch)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
05.		Construction	
5.1	Nature of construction?		
5.2	Type:	Fire resistant : <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Describe briefly	Non-Combustible : <input type="checkbox"/> Yes <input type="checkbox"/> No	
5.3	Are there automatic/manual smoke/heat vents/defectors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.4	State of maintenance	<input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
5.5	Are buildings separated specially or divided by Fire wall and doors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Describe briefly		
5.6	Are there lighting protection systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type :
5.7	Can the risk be sub-divided into several Fire areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number :



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06		Utilities / Common Hazards	
6.1	What is the source of Power?		
6.2	What is the source of Water?		
6.3	Who supplies Electric Energy?	<input type="checkbox"/> Public Grid <input type="checkbox"/> Energy Generators	<input type="checkbox"/> Our Power Station
	Describe briefly?		
6.4	Are the Transformers protected?		
	Fixed Fire Fighting Systems	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type :
	Fire Wall separated	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type :
	Others		
6.5	Are the cable penetrations sealed?	Fire Proof Partially	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
6.6	Are there steam production facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Describe briefly		
6.7	What fuels are used for firing boilers, furnaces, heaters etc?	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Oil <input type="checkbox"/> Coal
6.8	Are there air compressor?	<input type="checkbox"/> Yes Number : Pressure :	<input type="checkbox"/> No Type :
6.9	From which sources is water supplied?	<input type="checkbox"/> Public <input type="checkbox"/> Rivers <input type="checkbox"/> Reservoir Others <input type="checkbox"/> Quantity	<input type="checkbox"/> Wells <input type="checkbox"/> Lake <input type="checkbox"/> m ³ /h
7.0	Internal transport by ?	<input type="checkbox"/> Forklift trucks	<input type="checkbox"/> Conveyor belts <input type="checkbox"/> Others
07.		Tamkage/Storage	
7.1	How are liquid raw materials/Finished goods stored?	<input type="checkbox"/> Drums <input type="checkbox"/> Above ground Tanks <input type="checkbox"/> Under ground Tanks <input type="checkbox"/> Caverns <input type="checkbox"/> Open Reservoir(s)	
7.2	Type the storage of Liquid materials?	<input type="checkbox"/> Bulk <input type="checkbox"/> Palletized <input type="checkbox"/> Solid Piling <input type="checkbox"/> Rack <input type="checkbox"/> High Rack	
7.3	Storage conditions?	Height _____m/height width _____m/clearance below sprinkling Automatic Roof Vents <input type="checkbox"/> Yes <input type="checkbox"/> No	
7.4	Fire load and combustibility? Stack stability of material stored?	<input type="checkbox"/> Good <input type="checkbox"/> High	<input type="checkbox"/> Fair <input type="checkbox"/> Medium <input type="checkbox"/> Poor <input type="checkbox"/> Low
7.5	Maximum size of storage area. (Describe briefly)		

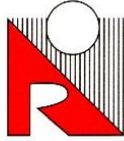


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8.0		Processes	
8.1	What are the manufacturing process involved? (Describe Fully)		
8.2	What are the resultant intermediate and final products? (Flow Chart be given)		
9.0		Special Hazards	
9.1	Process: Are there specific hazardous process? (Describe briefly)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.2	Are flammable gases/liquids used?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Quantity <input type="checkbox"/> Quantity
9.3	Are there explosive dusts?	<input type="checkbox"/> Yes <input type="checkbox"/> Type	<input type="checkbox"/> No <input type="checkbox"/> Quantity
10.		Electronic Data Processing Unit	
	Is there separation by Fire Walls from adjacent Areas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Is the location secured from external Fire, Explosion, Water Damage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11.		Management	
	How is the general standard of house keeping (order & cleanliness)	<input type="checkbox"/> Excellent <input type="checkbox"/> Fair	<input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Acceptable <input type="checkbox"/> Non-acceptable
	Is the waster disposed off regularly? At what intervals?	<input type="checkbox"/> Hourly	<input type="checkbox"/> Per Shift <input type="checkbox"/> Daily
	Is smoking controlled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Is there a strict written Hot work permission system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	How is the safety organized?	<input type="checkbox"/> Safety Engineer <input type="checkbox"/> Self inspection <input type="checkbox"/> None	<input type="checkbox"/> Safety Deptt. <input type="checkbox"/> Mutual Aid Agreement
	How is the storage order in warehouses?		



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12.		Maintenance/Inspection	
12.1	Are the Machinery/Electrical installations well maintained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12.2	Is the Alarm and Fire Fighting Equipment inspected regularly?		
13.		Fire/Explosion protection	
13.1	Fire Alarm : Are there manual alarm systems such as push buttons through out the Plant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	What other means of alerting Fire Brigades are available?	<input type="checkbox"/> Telephone <input type="checkbox"/> Radio Communication	<input type="checkbox"/> Walkie Talkies
	Are manual alarm systems connected to the nearest Fire Station?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	What types of automatic detection systems are present?	<input type="checkbox"/> Heat _____ Detectors	<input type="checkbox"/> Smoke <input type="checkbox"/> Flame <input type="checkbox"/> Gas _____ Numbers
	Which areas are covered by detectors? Describe		
	Is there a central alarm station?	<input type="checkbox"/> Fire station	<input type="checkbox"/> Gatehouse <input type="checkbox"/> Control Rooms
13.2	Fire water supplies: Is the risk connected to the public water supply?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Own water Supply?	<input type="checkbox"/> Yes <input type="checkbox"/> Tanks <input type="checkbox"/> Wells <input type="checkbox"/> Others	<input type="checkbox"/> No <input type="checkbox"/> Reservoir <input type="checkbox"/> Pond(s) <input type="checkbox"/> Elevated Tank(s)
	What is the minimum amount of fire water available?	<input type="checkbox"/> <500 m ³ <input type="checkbox"/> >1000 m ³	<input type="checkbox"/> between 500 m ³ and 1000 m ³
	Are there Fire Pumps which draw from the above mentioned water sources?	Number: <input type="checkbox"/> Manually operated <input type="checkbox"/> Electric drive	<input type="checkbox"/> Automatic <input type="checkbox"/> Diesel or Turbine driven
	What is the diameter of the Fire mains?	<input type="checkbox"/> Maximum	<input type="checkbox"/> Minimum
	Are there dry or wet risers in high structures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Number, Type and distribution of hydrants and fixed monitors? (Describe briefly)		
	Is there a ring Sectionalized main?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
	Are there hose connections with hoses and nozzles in buildings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



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13.3	Fire Extinguishers	
	What types, sizes and number of extinguishers are available	
	<input type="checkbox"/> Dry Powder <input type="checkbox"/> Number	Distribution : <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
	<input type="checkbox"/> Water <input type="checkbox"/> Number	Distribution : <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
	<input type="checkbox"/> CO ₂ <input type="checkbox"/> Number	Distribution : <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
	<input type="checkbox"/> Halon <input type="checkbox"/> Number	Distribution : <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
	<input type="checkbox"/> Others <input type="checkbox"/> Number	Distribution : <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
	How they are maintained and marked?	
	Maintenance : <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Marking : <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
	Maintained regularly by :	
13.4	Fixed installed, Automatic Fire Fighting Systems	
	Are automatic sprinkler systems installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No Type : <input type="checkbox"/> Wet <input type="checkbox"/> Dry
	Areas Protected:	
	Are water deluge systems installed with open sprinkler heads?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Areas/Units protected:	
	Are dry powder, CO ₂ and/or Halon systems installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Dry Powder <input type="checkbox"/> CO ₂ <input type="checkbox"/> Halon
	Are foam extinguishing systems installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Areas protected:	
	According to what standards have these been installed? (Describe briefly)	
13.5	Fire Brigades	
	Is there a Private Fire Brigade?	<input type="checkbox"/> Yes <input type="checkbox"/> No Full Time : <input type="checkbox"/> Yes <input type="checkbox"/> No
	Minimum per shift:	
	Can the full time fire brigade be supported by trained plant personnel?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Number of Volunteer firemen per shift?	
	Are there regular fire drills and instructions?	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> None
	Is there a Private Fire station?	<input type="checkbox"/> Yes <input type="checkbox"/> No Fire Trucks: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Number
	Is there a stock of fire fighting agents?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Powder : Quantity _____ Kg. <input type="checkbox"/> Foam concentrate : Quantity _____ Litres <input type="checkbox"/> Others :



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	Where is the nearest Public Fire Brigade?	<input type="checkbox"/> Full Time Distance: _____ KM Equipment: <input type="checkbox"/> Good	<input type="checkbox"/> Part Time Response Time : _____ Min <input type="checkbox"/> Fair <input type="checkbox"/> Poor
	Is the public fire brigade familiar with the plant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Is there a mutual aid agreement with neighboring works fire brigades?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13.6	Security		
	Is the site completely and effectively fenced?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Partially
	How many watchmen are present per shift?	Number : Location :	
	Are there security patrols?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Number of Clock Points: Recorded : <input type="checkbox"/> Yes <input type="checkbox"/> No Frequency : <input type="checkbox"/> Hourly How often per shift:	
	Is there complete site floodlit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Partially
	Are there special perimeter protection systems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Explain		
14.	Special perils [Earthquake, Flood & Landslide/Subsidence Questionnaires]		
	Have Flood ever occurred?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Frequency:
	Is the equipment/stored material sensitive to water damage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Partially
	Is the site exposed to natural hazards?"?	<input type="checkbox"/> Earthquake <input type="checkbox"/> Windstorm <input type="checkbox"/> Hail <input type="checkbox"/> Hurricane <input type="checkbox"/> Others	
	Is the risk exposed to aircraft accidents?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Remotely
		Distance to Air Port? Km	
	Is there any impact hazard due to vehicle movements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Can smoke damage equipment or materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Is the plant exposed to Strikes, Riots, Civil Commotion, Terrorism etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If YES, Explain		

