

CONSTRUCTION

Annual Contract Works and Construction Liability Proposal Form



Important Information

Please read these notices before completing the Proposal.

Duty of Disclosure

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know that may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If you do not tell us something

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Average/Underinsurance

The additional insured items for Existing Structure and for items of Equipment and Hoists, Cranes and Mobile Construction Plant are subject to average / underinsurance. The Named Insured must insure for Existing Structure the full replacement value and for items of Equipment and Hoists, Cranes and Mobile Construction Plant the current market value and if the Named Insured does not the Insurer will only pay the proportion of the claim that the Sum Insured bears to that market value.

Complaints Handling

Any enquiry or complaint relating to this insurance should be referred to Pen Underwriting in the first instance. If you are dissatisfied with a decision Pen Underwriting makes, our service, the service of others we appoint to discuss insurance matters with you, or a claim settlement, we have an internal dispute resolution process to assist you. It is Allied World's intention to always supply a first-class standard of service, if Pen Underwriting are unable to resolve the matter or you are not satisfied with the way a complaint has been dealt with, you should write to:

Allied World Insurance

Level 21, Australia Square, 264 George Street

Sydney NSW 2000

Telephone: (02) 8015 2500

Email: auscompliance@awac.com

Privacy

Pen Underwriting handles your personal information with care and in accordance with the Privacy Act 1988 and the Australian Privacy Principles. We collect personal information about you to provide you with insurance and insurance related services. We may disclose your personal information to third parties for the purposes described in our Privacy Policy, including related entities, insurers, reinsurers, agents and service providers, some of whom may be located in the United States of America, United Kingdom and India. By asking us to provide you with insurance and insurance related services, you consent to the collection, use and disclosure (including overseas disclosure) of your personal information for the purposes described in our Privacy Policy. Where you provide personal information about others, you represent to us that you have made them aware of that disclosure and of our Privacy Policy and that you have obtained their consent. If you do not consent to provide us with the personal information that we request, or withdraw your consent to the use and disclosure of your personal information at any stage, we may not be able to offer you the products or provide the services that you seek. For information about how to access and or correct the personal information we hold about you or if you have any concerns or complaints, ask us for a copy of our Privacy Policy or visit www.penunderwriting.com.au

Pen Underwriting Pty Ltd ABN 89 113 929 516 AFSL 290518
www.penunderwriting.com.au

Sydney

Suite 1105, Level 11, 99 York Street, Sydney NSW 2000

02 9323 5000

Brisbane

Level 9, 60 Edward Street, Brisbane QLD 4000

07 3056 1400

Melbourne

Level 3, 333 Collins Street, Melbourne VIC 3000

03 9810 0600

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Important Notice

- Please answer all questions in full. Where appropriate, tick the 'Yes' or 'No' box that best indicates your reply.
- If there is insufficient space provided, please provide details on the Additional Information section.
- All attached documents form part of this Proposal.

This Application is for: New Business Renewal - Policy Number (if known) is:

1. Applicant Details

Name of all parties to be insured:

.....

.....

Registered Business: Yes No

ABN: Taxable:

Years in Business:

Address:

..... State: Postcode:

Contact Information

Telephone: Business: Mobile:

2. General Information

Estimated number of contracts to be insured during the Policy Period?

Name of Contractor:

Name of Principal:

Name of all other Interested Parties:

Types of Contract:

.....

Construction Period: Maximum required months

Testing Period (included in Construction Period): days/weeks

Maintenance Period (in addition to Construction Period): weeks/months

Provide the following information for the next twelve (12) months.

Annual Turnover	Salaries	Amount paid to subcontractors	Number of Employees
\$	\$	\$	

3. Construction Details – Annual Policies

	Actual Last Year	Estimate For This Year
Geographic scope of operations		
Maximum limit per contract	\$	\$
Maximum term per contract	months	months

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Percentage of turnover to be carried out:

	NSW	QLD	VIC	SA	NT	TAS	WA
CBD %							
Suburban %							
Rural %							

Percentage of turnover to be carried out in the following categories:

	Actual Last Year	Estimate For This Year
Single residential	%	%
Multi residential	%	%
Commercial & industrial	%	%
Alterations & additions	%	%
Erection work	%	%
Civil work	%	%

4. Basis of Insurance for Contracts

(a) Contract Commencing Basis

Do you require insurance only for the contracts that you commence during the Policy Period until they are completed? Yes No

If **Yes**, please provide the estimated total of all contracts you expect to commence during the Policy Period:

\$.....

(b) Annual Turnover Basis (transfer basis)

Do you require insurance on all Contracts on-hand at the start of, and commenced during, the Policy Period to be insured until expiry of the current Policy Period? Yes No

If **Yes**, please provide details below.

Description of Contract	Value	Commencement Date	Stage of completion
	\$	__/__/____	____%
	\$	__/__/____	____%
	\$	__/__/____	____%
	\$	__/__/____	____%
Total	\$		

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Site Details

Will the project involve any of the following:	
Blasting or explosives (other than nail guns)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Actual excavation or work in an existing excavation deeper than 10 metres	<input type="checkbox"/> Yes <input type="checkbox"/> No
Underground works such as tunnels, shafts, mines or galleries	<input type="checkbox"/> Yes <input type="checkbox"/> No
Road works or bridges	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work north of the 25 th Parallel south	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pipelines greater than 1.0 metres in diameter	<input type="checkbox"/> Yes <input type="checkbox"/> No
Excavation of Underground services on site (other than to install new services)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Directional drilling or boring greater than 1 metre in diameter (other than piling/piers)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work in or around an airport or aircraft landing area or working railways or tramlines	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work in gas, oil, chemical or petrochemical plants including any work on gasoline service stations	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work in mining processing plants	<input type="checkbox"/> Yes <input type="checkbox"/> No
Technology which is of a prototype nature	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work on landfills, land which is listed on the contaminated land register or the application of waste or chemical products to land	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dams, Cofferdams, Breakwaters	<input type="checkbox"/> Yes <input type="checkbox"/> No
Works in, over or under water / in watercourse.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Demolition only	<input type="checkbox"/> Yes <input type="checkbox"/> No
Power Generator / Distribution Lines	<input type="checkbox"/> Yes <input type="checkbox"/> No

If **Yes**, to any of the above, please provide details below:

.....

.....

.....

5. Cover Required

Material Damage Cover – a value must be shown for cover to apply

Item	Sum Insured	Item	Sum Insured
Contract Price (Limit any one contract)	\$	Demolition and Removal of Debris	\$
Principal Supplied Materials	\$	Expediting Expenses	\$
Escalation	\$	Professional Fees	\$
Existing Structure	\$	Claims Preparation Costs	\$
Hoists, Cranes and Mobile Construction Plant	\$	Mitigation Expenses	\$
Materials in Storage	\$	Plans and Documents	\$
Temporary Buildings and Equipment	\$	Public Authorities	\$
Testing and Commissioning	\$	Temporary Protection and or Government Expenses	\$
Transit	\$	TOTAL SUM INSURED	\$

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Construction Plant and Equipment

No. of Items	Description (or attach Schedule)	Year	Sum Insured
			\$
			\$
			\$
		Total	\$

Public Liability

Public Products Liability	\$
Property in Care, Custody or Control	\$

6. Professional Liability

In the last 5 years, have any of You or any of the Partners or Directors of the Proposed Insured or any operators ever:

- (a) been convicted of or charged with fraud, arson, theft or any other criminal act? Yes No
- (b) been reported for or convicted of any offence in connection with the use, operation or control of any machinery or motor vehicles? Yes No

If **Yes**, please provide details:

.....
.....

Have You or any of the Partners and or Directors of the Proposed Insured ever:

- (a) been bankrupt or in receivership, administration or liquidation? Yes No
- (b) been Directors / Owners of any entity that was or is in receivership, administration or liquidation? Yes No

If **Yes**, please provide details:.....

.....
.....

7. Claims History

For the Proposed Insured, its Principals and or Directors, has any Insurer:

- (a) declined to renew your insurance; Yes No
- (b) imposed special terms; Yes No
- (c) cancelled your insurance Yes No

If **Yes**, please provide details:

Is the Proposed Insured currently insured under:

- (a) Contract works Insurance? Yes No
- (b) Public Liability Insurance? Yes No

If **Yes**, please provide details:

Insurer:

Period of Insurance:

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Please provide details of all losses, claims or events during the past five years, whether insured or otherwise:

Year	Description	No. of Items	No. of Claims	Insurer	Excess	Amount Incurred
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$

Declaration:

I/We declare that:

- I/We am authorised by each of the Applicant(s) to sign this Proposal
- The statements in this Proposal are true and complete and no material information has been withheld
- I/We have read and understood the Important Notices accompanying this Proposal
- I/We have diligently made all necessary enquiries in order to comply with the duty of disclosure
- I/We have read the Pen Underwriting Privacy Statement on this Proposal and consent to the use, disclosure and obtaining of personal information about the insured for the purposes shown in the Privacy Statement
- Where I/We have provided information about another individual, that individual has been made aware of that fact and of the Pen Underwriting Privacy Statement
- I/We acknowledge that Pen Underwriting relies on the information and representations in this Proposal and otherwise made by me or on my behalf in relation to this insurance
- Except where indicated to the contrary, I/We understand that any statement made in this Proposal will be treated as a statement made by all persons to be insured
- I/We undertake to notify Pen Underwriting of any material alteration to the information contained in this Proposal prior to inception of the proposed insurance
- I/We understand that no insurance is in place until such time as Pen Underwriting has confirmed acceptance of the proposed insurance

Signature/s: **Date:**.....

Name/s: **Title:**.....

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ADDITIONAL INFORMATION

If there is inadequate space to answer our Questions, please use this Additional Information section. **This information forms part of the application and is subject to the above declaration.**

QUESTION	ANSWER