

Construction Works & Public/Products Liability

“Annual Turnover” Request For Quotation

Please advise details of Current Insurance Policy/s:

Name of Insurer: Name of Broker:
 Expiry Date: Date Quote required by: Current Premium:

Full Names of the Insured (inc. company &/or trading names)

Full Description of Trade/Occupation

HIA Membership No Expiry Date A.B.N. No

Registered Business Address State Postcode

Contact Name Email Address

Business Phone Number Mobile Phone Number Fax Number

1. Has any claim been made by you in the last (5) years against an Insurance Company or any type of insurance proposed on this application form or have suffered any losses previously uninsured during this period? If “YES”, please specify: (If insufficient space attach separate sheet) Yes No

2. Has any insurance ever been declined, deferred or accepted on special terms or is such action pending on any section completed on this application form? If “YES”, please give details: Yes No

3. Policy Limits Required - Estimated Annual Turnover of all construction work: \$ Maximum contract value, any one project: \$

Please select Limit of Annual Public/Products Liability required: - (Please tick) \$5Mil \$10Mil \$20Mil

4. (a) Maximum construction period any one contract: 12mth 18mth 24mth (b) Maximum height of construction carried out (stories): 0-3 3-8 above 8

5. Where are your projects usually located? CBD % Suburbs % Rural %

6. Do all the Sub-Contractors that you use have their own Public Liability Insurance? Yes No If so, how is the insurance confirmed:
 Verbally Written Evidence - e.g. Certificate of Currency Other (eg. Subcontract Agreement), please specify:

7. What do you do to ensure the safety and security of your worksites?

8. Please Indicate the percentage of works relating to the following: (Please ensure that the figures add to 100%)

Residential - New Dwellings % Alterations/additions % Swimming pools %

Commercial - New Retail /Offices % Alterations/additions commercial % Warehouse/Factories % Other % Please specify:

8. General Property Insurance - Tools of Trade cover is 24/7 off and on Site - Subject to locked vehicle conditions.

Tools of Trade and plant \$ Unregistered mobile plant of construction vehicles: \$ Mobile Phones (Excess \$300) \$ Stock \$
 Computers/Laptops \$ Please sepecify details:

IMPORTANT INFORMATION

1. Do you work with asbestos? (Please Note: this policy does not cover asbestos work)

Yes No

If "Yes", you will require additional insurance - Please give details of activity below and we will contact you.

2. Underpinning, shoring & piling of neighbouring structure's need us to refer the work to your insurer.

Please contact us before commencing such work. (A dilapidation report may be required)

3. Excavation greater than 3.5 metres.

Please note the standard policy requires work greater than 3.5 metres to be advised before starting and a geotech report may be required.

DECLARATION

FOR PERSONAL APPLICANTS

I consent to:

- the use of personal information about me for the purposes shown in the Privacy Statement, and
- the disclosure of personal information about me to, and obtaining personal information from, other parties, including those shown in the Privacy Statement, for any of these purposes.

FOR ALL APPLICANTS

If I have disclosed personal information about any other person, I confirm that I am authorised to:-

- disclose to you personal information about that person and to consent to its use for the purposes shown in the Privacy Statement, and-

- consent to disclosure to, and obtaining of other personal information about that person from, other parties including those shown in the Privacy Statement, for any of these purposes.

I/We hereby declare that:

- My/our attention has been drawn to the important notices affixed to this Proposal Form and further I/we have read these notices carefully and acknowledge my/our understanding of their content by my/our signature below.
- The above statements are true, and that I/we have not suppressed or misstated any facts and should there be any information given by me /us alter between the date of this proposal form and the inception date of the Insurance to which this proposal relates I/we shall give immediate notice thereof.

I/We hereby acknowledge that my/our duty of disclosure has been brought to my/our notice as per the disclosure notice printed on this Application Form. I/We also declare that the information provided in this application form by me/us is correct in every particular.

Declared by (Name)

Position

For and On Behalf of

Signature

Date

IMPORTANT NOTICES

YOUR DUTY OF DISCLOSURE

Before you enter into a contract of insurance, you have a duty under the Insurance Contracts Act 1984 (Cth) to disclose anything that you know, or could reasonably be expected to know, that may affect the insurer's decision to insure you and on what terms. You have that duty after proposal, and up until the time the insurer agrees to insure you. You have the same duty before you renew, extend, vary or reinstate a contract of insurance.

You do not need to tell the insurer anything that:

- reduces the risk that is insured;
- is common knowledge;
- your insurer knows or should know as an insurer; or

- the insurer waives compliance with your duty of disclosure.

If you are uncertain about whether or not a particular matter should be disclosed to the insurer, please contact your Aon Client Manager.

NON-DISCLOSURE

If you do not tell your insurer anything you are required to, the insurer may cancel your contract or reduce the amount that it is required to pay you if you make a claim, or both. If your failure to disclose is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

PRIVACY STATEMENT

HIA Insurance Services Pty Ltd ('HIAIS') is committed to protecting your personal information in accordance with the Australian Privacy Principles under the Privacy Act 1988 (Cth). We collect, use and disclose personal information to offer, promote, provide, manage and administer the many financial services and products we and our group of companies are involved in, as set out in the [HIAIS Privacy Notice](#).

Unless we hear from you otherwise, through the means set out in the [HIAIS Privacy Notice](#), we will assume that you have read the [HIAIS Privacy Notice](#) and you have no objection to us handling your personal information in the manner set out in this notice (which includes contacting you to promote our products and services we think may be of interest to you).

A copy of the [HIAIS Privacy Notice](#) can be located on our website www.hiainsurance.com.au

OFFICE DETAILS

VIC

GPO Box 4897 V V, Melbourne VIC 3001
Ph: 1300 554 227 Fax: 03 9666 0290

NSW

PO Box 883, North Ryde BC 1670
Ph: 1300 200 201 Fax: 02 9808 7233

SA

PO Box 550, Hindmarsh SA 5007
Ph: 1300 600 601 Fax: 08 8340 7599

TAS

GPO Box 182, Hobart TAS 7001
Ph: 03 6234 9770 Fax: 03 6234 9735

ACT

GPO Box 2188, Canberra ACT 2601
Ph: 02 6230 4985 Fax: 02 6230 0541

WA

PO Box 1494, Osborne Park DC, WA 6916
Ph: 1300 800 801 Fax: 08 9443 8166

QLD

PO Box 3061, Sth Brisbane QLD 4101
Ph: 07 3255 3600 Fax: 07 3255 3144

NT

PO Box 400, Parap NT 0820
Ph: 08 8981 9400 Fax: 08 8981 1706

Website: www.hiainsurance.com.au