

# Owner Builder Construction Works & Public Liability

## “Specific Project” Request For Quotation

### CLIENT DETAILS

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

  
  


HIA Membership No

Expiry Date



Owner Builder Permit No:

**Note:** If you are a registered builder please check the conditions with your home owners warranty providers prior to commencement of works.

A.B.N. No

Input Tax Credit

 %

Postal Address

State

Postcode




Contact Name

Email Address



Business Phone Number

Mobile Phone Number

Fax Number




### SPECIFIC CONTRACT DETAILS

Address of Construction

State

Postcode




Project Supervised by

Mortgagee

Full Description of type of works carried out

  
  


Estimated Start Date

Estimated Completion Date



Number of Storeys

Number of Basements



Sum Insured:-

Construction Value

Public Liability - Limit

\$

\$

### COVER INCLUDES

**Professional Fees:** 15% of Contract Value

**Fire Extinguishment Costs:** 5% of Contract Value

**Removal of Debris, Demolition Cost:** 10% of Contract Value

**Government Fees:** 15% of Contract Value

**Expediting Expenses:** 10% of Contract Value

## PROJECT DETAILS

1. Any dewatering activities: If "YES", please provide details.

Yes  No

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2. Please give a description of the Sub-soil conditions:

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3. Is there any excavation works required: If "YES", please provide details and depth of excavation.

Yes  No

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4. What type of foundations are you constructing?

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5. What is the distance and nature of the surrounding building(s)?

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6. What safety and security measures do you have in place for the worksite?

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7. Please list site conditions ie flat, sloping, steep, etc:

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8. Is the construction site subject to adverse exposures such as floods, cyclones, actions of sea, land slides etc.? If "YES", please provide details.

Yes  No

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9. Have any of the works commenced? If "Yes", please specify commencement date, details and value

Yes  No

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10. Has any claim been made by you in the last five (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?

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## IMPORTANT INFORMATION

**THE FOLLOWING ACTIVITIES ARE NOT INCLUDED AND YOU SHOULD ENGAGE COMPETENT AND EXPERIENCED CONTRACTORS WHO CARRY THEIR OWN INSURANCE.**

1. DEMOLITION
2. ASBESTOS
3. UNDERPINNING, SHORING & PILING OF NEIGHBOURING STRUCTURE'S.
4. EXCAVATION BELOW 3.5 METRES NEEDS TO BE REFERRED.
5. PLEASE NOTE THE POLICY DOES NOT EXTEND TO INCLUDE SUBCONTRACTORS, PLEASE ENSURE YOU HAVE WRITTEN CONFIRMATION OF THEIR INSURANCE PRIOR TO ENGAGING WORKS.

## 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

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](http://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

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