

Construction Works & Public Liability

“Specific Project” Request For Quotation

Please advise details of Current Insurance Policy/s:

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

PROPOSER

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

Domestic Licence No Commercial Licence No HIA Membership No Expiry Date

A.B.N. No

Postal Address State Postcode

Contact Name Email Address

Business Phone Number Mobile Phone Number Fax Number

State your building experience including experience on works of this nature. - Provide details of projects.

Building Experience

Claims in the past 5 years

Have you ever been declined Contract Works Insurance, or had Contract Works Insurance issued subject to special terms, conditions or restrictions? Yes No

If “YES”, please provide details.

SPECIFIC CONTRACT DETAILS

Address of Construction State Postcode

Principal/Owner Mortgagee

Full Description of type of works carried out

Estimated Start Date Estimated Completion Date Maintenance Period:

Number of Floors above ground Number of Floors below ground Width of Building Length of Building

PROJECT DETAILS

1. Items and sums insured.

Insured Property

	Sum Insured - any one event		Sum Insured - any one event
Contract Works	<input type="text"/>	Named Insured's Minor Plant/Tools	<input type="text"/>
Civil Works (foundations, roads paths etc)	<input type="text"/>	Escalation Allowance	<input type="text"/>
Services (Plumbing, Air conditioning, water electricity, communication) Mechanical items (lifts, plant room)	<input type="text"/>	Temporary Buildings, Huts	<input type="text"/>
Temporary Works	<input type="text"/>	Principals Supplied Items	<input type="text"/>
Total Contract Value	<input type="text"/>		

Additional Cover

	Sum Insured - any one event		Sum Insured - any one event
Removal of Debris	<input type="text"/>	Mitigating Expenses	<input type="text"/>
Consultants Fees	<input type="text"/>	Transit	<input type="text"/> any one carry
Expediting Expenses	<input type="text"/>	Storage of Materials Off-Site	<input type="text"/>
Total Sum Insured	<input type="text"/>		

2. Does any of your work involve the following:

(a) Underpinning?	Yes <input type="checkbox"/> No <input type="checkbox"/>	(b) Underground Operations?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(c) Asbestos?	Yes <input type="checkbox"/> No <input type="checkbox"/>	(d) Hazardous chemicals/flammable liquids?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(e) Blasting?	Yes <input type="checkbox"/> No <input type="checkbox"/>	(f) Demolition?	Yes <input type="checkbox"/> No <input type="checkbox"/>
		What height?	<input type="text"/>

If "Yes" to any of the above give brief details:

3. Please give a description of the Sub-soil conditions: Rock Gravel Sand Clay Filled material Other (please give details below)

4. Please give a description of the footings used: Pile Bored Piers Slab on grade Pad Strip Footing Pier and Beam Other (please give details below)

Are pilings used? Yes No If "Yes" what type? Driven piles Driven cast in place piles Bored cast in place

If "Yes" please provide details of piling contractors, including claims experience:

5. If your Excavations greater than 3.0 metres in depth how will it be retained:

No protection Sheet piling Shoring and propping Geo-fabric membrane Shot-crete Retaining wall

Other (please give details) **Maximum depth of Excavation**

PLEASE PROVIDE A COPY OF THE GEOTECH REPORT.

Please provide details of excavation contractors, their claims experience and methods to be employed:

6. What kind of structure are you using: Steel frame Concrete frame Timber frame Steel and concrete Tilt Slab (please indicate poured or delivered complete on site)

Other (please give details)

PROJECT DETAILS

7. Is the construction site subject to adverse exposures such as floods, cyclones, actions of sea, bushfire, land slides etc.? If "YES", please provide details. Yes No

8. Any dewatering activities: If "YES", please provide details. Yes No

EXISTING STRUCTURES

9. (a) Are there any alterations and/or additions to existing structures? If "YES", please provide details. Yes No

(b) Are Existing Structures to be insured? If Yes, provide description and state the replacement value of the structures (excluding land cost and value of any contents). Yes No

Description:

Replacement Value:

10. DILAPIDATION SURVEYS ARE REQUIRED. (PLEASE ATTACH) Yes No

11. Risk Management

(a) Do you require sub-contractors to have their own liability policy? Yes No

(b) If Yes to above, is this process monitored and enforced? Yes No

(c) Do you hold regular meetings with relevant on-site staff where work hazards and risk management issues are discussed? Yes No

(d) What precautions are planned to minimize danger to the Public at this construction site?

PUBLIC LIABILITY

12. Limits of Liability Required

Public Liability \$ Any one Occurrence

Sub Limits

Vibration, removal or weakening of supports \$ Any one Occurrence

Goods in Care Custody and Control \$ Any one Occurrence

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:

- i) 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.
- ii) 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 after 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