

Construction Works & Public / Products 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. Please give a description of the Sub-soil conditions: Rock Gravel Sand Clay Filled material Other (please give details below)

2. 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:

3. 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:

4. 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)

5. 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

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

EXISTING STRUCTURES

7. (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

8. DILAPIDATION SURVEYS ARE REQUIRED? (PLEASE ATTACH) Yes No

9. 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"/>		

PROJECT DETAILS

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"/>		

10. 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:

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

17. Limits of Liability Required

Public Liability \$ Any one Occurrence

Sub Limits

Vibration, removal or weakening of supports (Automatic \$250,000 provided under the policy.) \$ 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:

- 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 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

DUTY OF DISCLOSURE

Before you enter into a contract of general insurance with an Insurer, you have a duty under the Insurance Contracts Act, 1984, to disclose to the Insurer every matter that you know, or could reasonably be expected to know, is relevant to the Insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the Insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however, does not require disclosure of matter;

- That diminishes the risk to be undertaken by the Insurer,
- That is of common knowledge,
- That your insurer knows or, in the ordinary course of his business, ought to know.

- As to which compliance with your duty is waived by the Insurer.

Non-Disclosure: If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce his liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the Insurer may also have the option of avoiding the contract from its beginning.

Subrogation: Your policy contains a Subrogation clause so that you will not be able to recover under it if you entered into any agreement which excludes or limits your right of recovery from parties: therefore you **MUST NOT** have agreed and **MUST NOT** agree to any of your rights because that will effect Insurers right to recover from those parties.

PRIVACY STATEMENT

The Privacy Act 1988 (as amended) now applies and requires us to inform you that:

PURPOSE OF COLLECTION

We collect personal information (this is information or an opinion about an individual whose identity is apparent or can reasonably be ascertained and which relates to a natural living person) for the purposes of: providing insurance services to you, including to evaluate your application, to evaluate any request for a change to any insurance provided; to provide, administer and manage the insurance services following acceptance of an application; to investigate and, if covered, manage claims made in relation to any insurance you have with us.

The personal information collected can be used or disclosed by us for a secondary purpose related to those purposes listed above, but only if you would reasonably expect us to use or disclose the information for this secondary purpose. However for sensitive information, the secondary purpose must be directly related to the purposes listed above.

DISCLOSURE

We may disclose your personal information, when necessary and in connection with the purposes listed above, to HIA Insurance Services / Aon Risk Services, Government bodies, loss assessors, claim investigators, reinsurers, other insurance companies, mailing houses, claims reference providers, other service providers, hospitals, medical and health professionals, legal and other professional advisers.

CONSEQUENCES IF INFORMATION IS NOT PROVIDED

If you do not provide us with the information we need we will be unable to consider your application for insurance cover and/or administer your policy and/or manage any claim under your policy.

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