

# Public Liability - Protection Works Questionnaire

Questionnaire to be used in Victoria only. (In accordance with Section 92 & 93 of the Victorian Building Act 1993)

## CONTACT INFORMATION

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

Postal Address

State

Postcode

Contact Name

Email Address

Business Phone Number

Mobile Phone Number

Fax Number

## SPECIFIC CONTRACT DETAILS

Address of Construction

State

Postcode

Principal/Owner

Mortgagee

Full Description of type of works carried out

  


Please provide full details of prior experience in this band of work ie Please state previous jobs completed in values/size/type

  
  


Contract Period

Maintenance Period:

### Sum Insured

	Sum Insured - any one event		Sum Insured - any one event
Contract Value	<input type="text"/>	Construction Tools/Plant/Equipment	<input type="text" value="\$20,000"/>
Architects, Engineering Fees	<input type="text" value="15% of Contract Value"/>	Removal of Debris, Demolition Cost	<input type="text" value="10% of Contract Value"/>
Expediting Expenses	<input type="text" value="10% of Contract Value"/>		

Public Liability - Limit: - (Please tick)

\$5Mil

\$10Mil

\$20Mil

Number of Floors above ground

Number of Floors below ground

Width of Building

1. Is there any Demolition involved? If "YES", please provide details, method, safety measures etc.

Yes  No

  


2. Is there any Excavation involved? If "YES", please provide details including depth.

Yes  No

## PROJECT DETAILS

3. Is there any Underpinning, Shoring & Piling involved: If "YES", please provide details & copy of engineers drawings. Yes  No
4. Any dewatering activities: If "YES", please provide details. Yes  No
5. Please give a description of the Sub-soil conditions:  Rock  Gravel  Sand  Clay  Filled material  Other (please give details below)
6. What type of Foundations, please provide details.
7. What is the Distance and nature of Surrounding Building(s).
8. **Please list** full details of all security measures on site.
9. **Please list** site Conditions ie flat, sloping, steep, etc.
10. 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
11. Do you work with or make use of explosives, chemicals, gases, inflammables, explosives or other dangerous goods. If "YES", please provide details. Yes  No
12. **Is there** any blasting involved. If "YES", please provide details. Yes  No
13. Have any of the works commenced? If "YES", please provide commencement date, details and value. Yes  No

## PROTECTION WORKS DETAILS

Address of property protection works are associated with  State  Postcode

Description of property, eg. Boundary Wall, etc

Value  \$ Condition  Age

Has a copy of the Dilapidation Report been completed for the above property requiring Protection Works Notice ? If "YES", please attach copy. Yes  No

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)

## 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

### 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

Website: [www.hiainsurance.com.au](http://www.hiainsurance.com.au)