

Construction Insurance Proposal Form

QBE Insurance (Australia) Limited ABN 78 003191 035 AFSL 239 545



You must read this notice before you complete the application form.

Duty of Disclosure - What you must tell us

Before you enter into this contract of insurance, you have a duty of disclosure under the Insurance Contracts Act 1984.

If we ask you questions that are relevant to our decision to insure you and on what terms, you must tell us anything that you know and that a reasonable person in the circumstances would include in answering the questions.

If you do not tell us something

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

Privacy

We'll collect personal information when you deal with us, our agents, other companies in the QBE group or suppliers acting on our behalf. We use your personal information so we can do business with you, which includes issuing and administering our products and services and processing claims. Sometimes we might send your personal information overseas. The locations we send it to can vary but include the Philippines, India, Ireland, the UK, the US, China and countries within the European Union.

Our Privacy Policy describes in detail where and from whom we collect personal information, as well as where we store it and the full list of ways we could use it. To get a free copy of it please visit qbe.com.au/privacy or contact QBE Customer Care.

It's up to you to decide whether to give us your personal information, but without it we might not be able to do business with you, including not paying your claim.

The Proposers

1) Name of Insured		ABN/ACN	
2) Business Address		State	Postcode
		Country	
3) Project site Address <i>(Single project only)</i>		State	Postcode
		Country	
4) What type of policy do you intend to take?	Annual	Single Project	Owner Builder
5) Period of Insurance	From <i>(dd/mm/yyyy)</i>	To <i>(dd/mm/yyyy)</i>	
6) Business Description <i>Please select the most relevant description</i>	Construction, Alteration, Addition or Fit-Out to Residential Buildings Construction, Alteration, Addition or Fit-Out to Commercial Buildings Erection of Mechanical Equipment	Sub-contract Only Works i.e. Electrician, Plumber or Carpenter Civil Construction i.e. Road, Rail, Pipeline or Bridge Construction Construction, Alteration, Addition or Fit-Out of Industrial Buildings	

Financial Details and Policy Limits

7) Annual Turnover Total of all contracts proposed during period of insurance		
8) Is your current policy on Transfer or Run-off basis Please select the most relevant description	Transfer	Run-off
9) Maximum Contract Value		
10) Minor Tools, Plant and Equipment limit Definition non-Major Plant, equipment and tools		
11) Major Plant and Equipment limit Definition: cranes, hoists, excavators, loaders, graders, rollers, trenching and piling equipment, concreting plant, lifting devices and mobile construction machinery or vehicles		
12) Existing Building limit		
13) Limit of Liability required (Please note we will automatically include Products Liability for annual policies)		
14) Maximum Construction Period Please input in months. Exp: 12		
15) Maximum Maintenance Defects Liability Period Please input in months. Exp: 24		

General Insurance

16) Has the Project already commenced? (only applicable to single project policies)	Yes	No
17) If yes, do these works require insuring?	Yes	No
18) Will works be carried out by a qualified contractor, builder or sub-contractor?	Yes	No
19) Does the insured undertake Demolition only contracts?	Yes	No
20) Will any structures be raised, lifted or underpinned?	Yes	No
21) Does the insured carry out any excavation works-deeper then 5 metres from street level?	Yes	No
22) Will the insured carry works at a height greater then 10 metres?	Yes	No
23) Has the insured had more than a combined total of \$25,000 worth of claims over the last 5 years?	Yes	No
24) Has the insured ever had insurance refused, similar insurance cancelled or had an application of renewal declined or had special terms imposed?	Yes	No
25) Has the insured or company directors ever been convicted of any criminal offence (other than minor convictions) in the last five (5) years? If 'Yes', please provide details:	Yes	No

Broker Name		Date dd/mm/yyyy	
Broker Contact Name			