



PROJECT LIABILITY SUPPLEMENTARY QUESTIONNAIRE

IMPORTANT NOTICE

This Supplementary Questionnaire forms a key part of your General Liability Proposal and it is important that all material facts continue to be fully, frankly and accurately disclosed.

PLEASE REMEMBER TO SIGN AND DATE THIS FORM.

JURISDICTION

Except to the extent otherwise provided in any subsequently issued policy, the content and use of this form and any agreement entered into pursuant to this form or any dealing in relation to or arising from this form are governed by the laws of New Zealand and in relation to those matters, the parties submit to the jurisdiction of the courts of New Zealand.

Name of Applicant

Name of Broker

Policy Number (if applicable)

Limit of Indemnity required

\$

A CONTRACT DETAILS

1. Name of the Principal/Employer

2. Description of the contract

3. Contract value

\$

4. Period of contract

/ / to / /

5. Location and description of site. (Please enclose site plans showing adjacent properties, their height and occupation.)



6. Are you the main contractor? Yes No

If No, who is the main contractor?

[Empty text box for main contractor name]

7. Are you engaging any sub-contractors? Yes No

If Yes, who are they?

[Empty text box for sub-contractor names]

(a) Do they have their own public liability insurance? Yes No

(b) Do they indemnify you for any damage they do? Yes No

(c) Does the contract require you to insure them? Yes No

If Yes to any of the above, please provide details

[Empty text box for insurance details]

8. What are the general contract conditions being used? (Please enclose any special conditions of contract which modify the general conditions.)

[Empty text box for contract conditions]

9. What plant will be used by you?

[Empty text box for plant details]

10. Will any plant be hired in? (NB. there is no cover for damage to hired in plant) Yes No

B DEMOLITION DETAILS

1. Details of building(s) to be demolished (include age, construction material, number of floors, etc)

[Empty text box for demolition details]



2. Method of demolition (indicate if explosives will be used)

3. Will you be working on any part of the Principal's property which is NOT due to be demolished?

Yes No

If Yes, please provide full details

C WORK BELOW GROUND

1. Details of underpinning (include materials, depth etc)

2. Details of any excavation below ground level (include depth, width etc)

D SURROUNDING PROPERTY DETAILS

1. Description of surrounding property (i.e. height, age, construction material, number of floors, foundations, etc)

2. Condition and repair of surrounding property (e.g. details of existing damage, if any)



3. How will adjacent buildings and other property be protected from damage?

Four horizontal lines for text input.

4. What is the distance to all nearest buildings and other property, whether owned by the Principal or not?

Two horizontal lines for text input.

E ENCLOSURES

Please provide a copy of the following and tick to indicate enclosure:

- Site plan showing adjacent properties, their height and occupation
- Special conditions of contract which modify the general conditions

DECLARATION

I declare that all answers and statements in this supplementary questionnaire are correct and complete in every respect and there is no further information, outside of that supplied in this questionnaire or the Proposal Form, which may affect acceptance of this proposal.

Signed

Text input box for signature.

Date

Date input box with slashes for day and month.

Printed name

Text input box for printed name.

Position

Text input box for position.



Quay Tower, 29 Customs Street,
PO Box 44, Auckland. www.qbe.co.nz
Phone: 00 64 9 366 9920, Fax: 00 64 9 366 9930

QBE INSURANCE (INTERNATIONAL) LTD
A Member of the QBE Insurance Group - Incorporated in N.S.W., Australia. A.B.N. 11 000 000 948