



# CONTRACT WORKS ANNUAL PROPOSAL

### Which Annual cover do you require?

- ANNUAL OPEN  
Cover all projects automatically up to a specified value. Pay a provisional premium based on estimated turnover. The policy is adjusted at the end of the period of insurance on actual turnover.
- ANNUAL PROJECT  
Receive the security of an annual cover, but declare each project as it becomes imminent.

## IMPORTANT NOTICE

### MATERIAL FACTS

“You” (this means every person or entity to be insured under this insurance) are under a duty to disclose all material facts that could influence QBE’s decision to accept this insurance and, if so, on what terms. You need to disclose both facts known to you AND facts which you could have been reasonably expected to know about. If you are in any doubt as to whether a fact may be material, you should disclose it to ensure that any cover granted is not prejudiced.

### NON DISCLOSURE/MISSTATEMENT

If you fail to comply with your duty of disclosure, QBE may be entitled to avoid the contract altogether, and so decline to pay any claim.

### 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.

### COMPLETION NOTES

- Please answer ALL questions fully. If you need extra space please attach additional pages on your company letterhead and mark their inclusion on the Proposal Form.
- **PLEASE ENSURE YOU READ AND SIGN THE DECLARATION.**

## A APPLICATION DETAILS

1 Broker

2 Broking firm

3 Contact Details

Phone  Facsimile  E-mail

Address

4 Insured name

Phone  Facsimile  E-mail

Website

5 Period of insurance: From 4pm on  to 4pm on

## B ALLOWABLE CONTRACTS

1 Location of work

2 Maximum period any one project  Plus maintenance period  months

3 Maximum contract value (CV)



4 SUMS INSURED

Principal Supplied Materials \$

5 AUTOMATIC COVERS (Please indicate if high limits are required)

(a) Transit \$30,000 \$

(b) Off Site Storage \$50,000 \$

(c) Expediting Expenses 2.5% of CV \$

(d) Overseas Freight 2.5% of CV \$

(e) Removal of Debris 5% of CV \$

(f) Professional Fees 5% of CV \$

(g) Increased Costs 2.5% of CV \$

(h) Escalation during reconstruction 2.5% of CV \$

C LIABILITY COVERS REQUIRED

1 Public Liability	Limit of Indemnity	\$
2 Statutory Liability	Limit of Indemnity	\$
3 Employers Liability (Claims made)	Limit of Indemnity	\$
4 Employers Liability (Occurrence)	Limit of Indemnity	\$

D BUSINESS DETAILS

1 Date the business was first established

2 Provide details of your business activities

(a) Description of business activity

(b) Number of staff including Principals and Directors

(c) Wages/payroll last 12 months Wages/payroll next 12 months

3 Have you ever had a penalty imposed under any ACC or Workers Compensation legislation? Yes No

If Yes, please provide full details

Empty text box for details

4 Has any employee ever been involved with asbestos or asbestos products whether in manufacturing, storage, handling, cleaning, disposal or in any other manner whilst in your employ? Yes No

If Yes, please provide full details

Empty text box for details

5 Turnover details	This year (estimate)	Last year (actual)
Total company turnover (all divisions)	\$	\$
Turnover for projects for which you are responsible	\$	\$
Sub contract / labour only projects	\$	\$

6 Breakdown of type of projects	This year	Last year
Residential	\$	\$
Commercial (projects under \$5m contract value)	\$	\$
Industrial (projects over \$5m contract value)	\$	\$
Civil works	\$	\$



7 Please provide details of construction experience

Name of senior management	Qualifications	No. years this business	No. years previous business

8 Please provide details of your last 5 projects


9 Situation / location of offices (owned / leased / rented)


10 What type of machinery, plant and equipment do you use in your business?


11 Do you use, store, handle, manufacture or transport any chemicals, bulk liquids, gases, asbestos, or any flammable, hazardous or toxic goods or substances?

Yes  No

If Yes, please provide full details


12 Do you have written procedures and/or systems to ensure compliance with legislation that affects your business or organisation?

Yes  No

If No, please advise how you comply with legislation


13 Do you require sub contractors to have (and provide proof of) Public Liability insurance?

Yes  No

If Yes, what limit do you set as a minimum?

\$

### E CLAIMS EXPERIENCE

1 During the past five years have you, or any other person or entity to be insured under this insurance, had any loss, proceedings, notice, complaint, claim or prosecution made against you, or any fine imposed under any legislation? (Include all matters, irrespective of whether any insurance was in force and irrespective of any policy excess. Also include any ACC or Workers Compensation claims.)

Yes  No

If Yes, please provide details

Date of loss	Description of loss	Amount of loss/claim
		\$
		\$
		\$

2 AFTER ENQUIRY, are there any claims currently pending against you, or any other person or entity to be insured under this insurance, or are you aware of any circumstances which could give rise to a claim under the proposed insurance?

Yes  No

If Yes, please provide details




F PRIOR INSURANCE

1 Please advise details of any previous cover for this type of insurance

Previous insurer [ ] Expiry date [ / / ]

Terms and conditions of cover [ ]

2 Has any insurer ever:

(a) declined to insure you? Yes [ ] No [ ]
(b) cancelled or refused to renew your insurance? Yes [ ] No [ ]
(c) imposed special terms or conditions in respect of ANY insurance for you? Yes [ ] No [ ]

If Yes to any of the above, please provide full details including the name of the insurer [ ]

DECLARATION

I/We declare on behalf of all proposed insureds that:

- (1) all answers and statements in this proposal are correct and complete in every respect and there is no further information which may affect acceptance of the proposal;
(2) if accepted by QBE, this proposal and declaration, and any other material which I/we have provided to QBE, shall be incorporated into and form the basis of the contract of insurance;
(3) I/We understand that QBE requires this information (which will be retained by QBE) in order to decide whether to accept this proposal, and also that the Privacy Act 1993 entitles me/us to have access to and request the correction of this information;
(4) QBE is authorised to disclose information received from me/us to its advisors, reinsurers and to other insurers. I/We authorise QBE to obtain, from any party, information that is, in QBE's view, relevant to this proposal;
(5) I/We understand that the insurance will not be in force until this proposal has been accepted and cover confirmed by QBE.

NOTE: Signing the proposal and any supplementary questionnaires does not bind either the applicant or QBE to complete the insurance.

Signed [ ] Date [ / / ]
Printed name [ ]
Position [ ]



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QBE INSURANCE (INTERNATIONAL) LTD
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