



CONTRACT WORKS SINGLE PROPOSAL

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
(a) Phone Facsimile E-mail

(b) Address

4 Insured parties (please indicate if principal - **p**, main contractor - **c**, sub contractor - **s**)

5 Interested parties

B PROJECT DETAILS

1 Location of work

2 Period of insurance:
From 4pm / / to 4pm / / Plus maintenance period months



C CONSTRUCTION DETAILS

1 Describe site (ie. sloping or flat)		
2 Foundations and excavations		
3 Walls		
4 Roof (please also supply details of largest span)		
5 Floors		
6 Number of stories	(a) above ground level <input type="text"/>	(b) below ground level <input type="text"/>
7 Retaining walls (please supply details of height, depth, length, including costs)		
8 Swimming pools (please supply details of construction and excavation, including costs)		
9 Machinery to be installed in the project (provide details hp/kw, etc)		

10 SUMS INSURED

(a) Contract value	\$ <input type="text"/>	
(b) Principal supplied materials	\$ <input type="text"/>	
(c) Existing structures	\$ <input type="text"/>	(If existing structures are valued over \$250,000 please attach current valuation)

11 AUTOMATIC COVERS (Please indicate if high limits are required for this project)

(a) Expediting expenses 2.5% of CV	\$ <input type="text"/>
(b) Overseas freight 2.5% of CV	\$ <input type="text"/>
(c) Removal of debris 5% of CV	\$ <input type="text"/>
(d) Professional fees 5% of CV	\$ <input type="text"/>
(e) Increased costs 2.5% of CV	\$ <input type="text"/>
(f) Escalation during reconstruction 2.5% of CV	\$ <input type="text"/>
TOTAL SUM INSURED	\$ <input type="text"/>
Transit \$30,000	\$ <input type="text"/>
Off site storage \$50,000	\$ <input type="text"/>



D PERSONAL DETAILS

1 Insured (If you are the main contractor or project manager)

(a) Please provide details of construction experience

Table with 4 columns: Name of senior management, Qualifications, No. years this business, No. years previous business

(b) Please provide details of your last 5 projects

Five empty rows for project details

2 Contractors to be used on this project

List of contractor types (Civil, Plumbing, Roofing, Drainage, Electrical, Carpentry, Project manager) with corresponding input boxes

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

Yes [] No []

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

\$ []

4 Are plans attached?

Yes [] No []

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

Table with 3 columns: Date of loss, Description of loss, Amount of loss/claim

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

Yes [] No []

If Yes, please provide details

Three empty rows for claim 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 []

