Advanced Loss of Profits

Proposal



Important notice

Material facts

'You' (this includes every person or entity to be insured under this insurance) are under a duty to disclose all material facts that could influence QBE Insurance's decision to accept this insurance and, if so, on what terms. You need to disclose facts both known to you and those which you could have been reasonably expected to know about. If you are in any doubt as to whether or not 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 therefore decline to pay any claim. Jurisdiction

Except where the parties agree otherwise, the laws of New Zealand apply to this form and any dealings between the parties arising from this form. The New Zealand courts have exclusive jurisdiction in relation to any disputes that may arise.

How to complete this form

Broker Company

- · You must answer all questions fully and, if you are completing this form by hand, please ensure you write clearly.
- If you are completing this form electronically, please open it using the latest version of Adobe Reader. Use your mouse/trackpad to take the cursor to the next editable field. Boxes can be ticked either by using your mouse/trackpad or by hitting 'enter'. Upon completion, please print out this form and sign the declaration.

Individual

• The signed form should then be posted, or emailed, to your broker.

| A. Applicant details | |
|----------------------|--|
| | |

| 1. | Name of principal | |
|----|----------------------|--|
| 2. | Address of principal | |

| B. | B. Contract details | | | | | | |
|-----|--|---|---|---------------------------------------|-------|------|----------|
| 1. | Contract title | | | | | | |
| 2. | Period of contract | months | From | | То | | |
| 3. | Period of defects liability | months | months 4. Contracted completion date | | | | |
| 5. | Date upon which all con and the project is ready | - | issioni | ng is expected to be completed | | | |
| 6. | • | llowed in the project for con project ready for full opera | | on and installation of equipment | | | months |
| 7. | 7. What period has been allowed in the project for testing and commissioning of the equipment and machinery forming part of the project, after completion of construction and installation? | | | | | days | |
| 8. | 3. Location of site | | | | | | |
| 9. | 9. Please provide a short description about the finished structure and its intended usage. | | | | | | |
| | (Detail the number of storeys, construction materials used in walls/floors/roof and whether there is a basement area.) | | | | | | |
| | | | | | | | |
| 10. | Supply any pictures/dra | wings of the completed stru | cture s | eparately and tick to indicate enclos | sure. | | Enclosed |

| В. | Contract details | | |
|-----|--|-------|-----|
| 11. | Are the design and construction methodologies, and the construction materials used in the project, consistent with standard practice? | Yes | No |
| | If 'No', please provide details | | |
| | | | |
| 12. | Building contractor details | | |
| | (a) Name of building contractor | | |
| | (b) Have they had previous experience with projects of this type? | Yes | No |
| | If 'Yes', please provide details of their previous experience. | | |
| | | | |
| 13. | Who is going to undertake installation of the equipment/machinery to be installed as part of the project? | | |
| | | | |
| 14. | What equipment/machinery is to be installed? | | |
| | | | |
| 15. | Is the equipment/machinery experimental or a prototype? | Yes | No |
| | If 'Yes', please provide details about what it is, and the development and testing undertaken to date. | | |
| 16. | Has the installer had experience installing this type of equipment/machinery before? | Yes | No |
| | If 'Yes', please provide details of previous projects they have undertaken. Continue on a separate sheet if necessary and tick to indicate enclosure. | Enclo | sed |
| | | | |
| 17. | Is the project a new venture or is it an extension to, or renovation of, existing works/premises? | Yes | No |
| 18. | Can damage to surrounding property cause delays to the project? | Yes | No |
| | If 'Yes', please provide details. | | |
| | | | |

| В. | B. Contract details | | | | | | |
|-----|--|-------------------------------------|---------------------|-------------------------|--------|--------|--|
| 19. | 19. What are the time-critical aspects/items of the construction schedule, and the resupply of materials/equipment/machinery following a total loss, which could delay completion of the project? | | | | | | |
| | For example, consider the normal period of time from ordering a key item of equipment (eg the elevator system) through until it has been tested and commissioned (the first period); compare this with the period of time between the date it is currently due to be tested fully and commissioned, and the planned handover date of the project (the second period). If the first period exceeds the second period, you have identified a time-critical item. | | | | | | |
| | | | | | | | |
| 20. | Advise how each of these time-critical aspects will be n time, should they occur. | nitigated/managed in order to avoid | d them occurring in | the first place, and sp | eed re | covery | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 21. | Are any of the materials/equipment/machinery to be in | | | | Yes | No | |
| _ | If 'Yes', please provide details of that material/equipme | nt/machinery and where it is comir | ng from. | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 22. | . If not already detailed in question B19. | | | | | | |
| | (a) What is the item with the longest lead time from or | rder to delivery to the site? | | | | | |
| | (b) What is the lead time from order to delivery to the site? | | | | | days | |
| | (c) What is the installation and testing time for that ite | em? | | | | days | |
| | (d) Can that item be sent by air?YesNo | | | | | No | |
| 23. | 23. Project costs | | | | | | |
| | (a) Provide a list of fixed costs/overheads you wish to | insure, including their amounts on | a monthly basis, as | follows: | | | |
| Des | scription of fixed cost/overhead Monthly cost | Description of fixed cost/ov | verhead | Monthly cost | | | |
| | NZD | | | NZD | | | |
| | NZD | | | NZD | | | |
| | NZD | | | NZD | | | |
| | (b) Do you wish to insure Additional Costs of Working? Yes No | | | | | | |
| | If 'Yes', please advise the limit of indemnity required. | | | | | | |
| | (c) Do you wish to insure Claims Preparation Costs? Yes | | | | No | | |
| | If 'Yes', please advise the limit of indemnity required. | | | | | | |
| 24. | 24. State the Indemnity Period required. months | | | | | months | |
| 25. | . What penalties exist in the contract between the princi contractors in the event that completion dates are not a | | | | | | |
| | | | | | | | |

26. Continue on a separate sheet if necessary and tick to indicate enclosure.

Enclosed

No

Yes

27. Are there any special features or risks associated with the project being undertaken which make the work more hazardous than would normally be expected from the type of work being performed, which have not been revealed by any of the questions in this Proposal, and which could be considered to be of material interest to QBE?

If 'Yes', please advise what those risks/features are

Declaration

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

(a) 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.

| (b) 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. | |

(c) I/We warrant that I/We will notify QBE of any material alteration to these facts whether occurring before or after the completion of this proposal. (d) If any personal information is provided, I/We understand that:

(i) This information will be collected, held, used and disclosed by QBE (either in New Zealand or overseas) in order to issue, administer and manage products and provide services, <u>including claims investigation and administration</u>, and for data analytics. Further details are set out in QBE's privacy policy available at <u>https://www.qbe.com/nz/about-qbe/privacy-and-your-personal-Information</u>
 (ii) If I/We do not provide the information requested, then QBE may be unable to provide products or services.

(iii) Where I/We have provided someone else's personal information, I/We confirm that I/We have obtained their consent to do so.

(e) QBE is authorised to disclose information received from me/us to its advisers, 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.

(f) I/We understand that the insurance will not be in force until this proposal has been accepted and cover confirmed by QBE.

Note: Signing this proposal and any supplementary questionnaires does not bind either the applicant or QBE to complete the contract of insurance

| Signed by applicant | Date (dd/mm/yyyy) | |
|---------------------|-------------------|--|
| Printed name | Phone | |
| Position | Mobile | |
| Email address | | |