# **Contract Works Annual**

**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

**Broker** 

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

- · 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.

Company

|    | <u>'</u>   | '   |                           |                              |     |  |  |  |  |
|----|--|---|---------------------------|------------------------------|-----|--|--|--|--|
| A. | Applicant details  |   |                           |                              |     |  |  |  |  |
| 1. | Name   |   |                           |                              |     |  |  |  |  |
| 2. | Address  |   |                           |                              |     |  |  |  |  |
| 3. | Website address  |   |                           |                              |     |  |  |  |  |
| B. | Cover required   |   |                           |                              |     |  |  |  |  |
| 1. | What type of annual insurance protection                   | surance protection do you require?  |                           |                              |     |  |  |  |  |
|    | Annual open  | Automatically covers all projects up to the maximum contract limit. A provisional premium is paid, based on estimated turnover, and adjusted against actual turnover at the end of the Period of Insurance. |                           |                              |     |  |  |  |  |
|    | Annual Project Declaration                                 | Provides the security of annual cover for a non-ref<br>requires a Project Declaration to be submitted with<br>the site.   |                           |                              |     |  |  |  |  |
| 2. | Period of Insurance  | From 4pm (dd/mm/yyyy)   |                           | To 4pm (dd/mm/yyyy)          |     |  |  |  |  |
| 3. | . Annual turnover of work to be insured under this policy. |   |                           |                              |     |  |  |  |  |
|    | (a) current financial year (estimate)                      | NZD   | (b) last fina<br>(actual) |                              | NZD |  |  |  |  |
| 4. | Maximum limit any one contract                             | NZD   |                           |                              |     |  |  |  |  |
| 5. | Maximum term any one contract                              |   |                           |                              |     |  |  |  |  |
| 6. | Maximum maintenance period any one contract                |   |                           |                              |     |  |  |  |  |
| 7. | 2011120  |   |                           |                              |     |  |  |  |  |
|    |  | Estimated - current financial year  |                           | Actual - last financial year |     |  |  |  |  |
|    | (a) dwellings  |   | %                         |                              | %   |  |  |  |  |
|    | (b) alterations/additions                                  |   | %                         |                              | %   |  |  |  |  |
|    | (c) commercial/industrial                                  |   | %                         |                              | %   |  |  |  |  |
|    | (d) plant and equipment/fabrication/<br>installation       |   | %                         |                              | %   |  |  |  |  |
|    | (e) other (please describe below)                          |   | %                         |                              | %   |  |  |  |  |
|    |  |   |                           |                              |     |  |  |  |  |

# C. Sums insured

1. Sums insured required

|  | Standard sub-limit       | Requested amendment |  |  |
|--|--------------------------|---------------------|--|--|
| (a) Principal-supplied materials             | NZD 5,000 or             | NZD                 |  |  |
| <b>(b)</b> Transit                           | NZD 50,000 or            | NZD                 |  |  |
| (c) Materials in storage (off contract site) | NZD 50,000 or            | NZD                 |  |  |
| (d) Protection costs                         | NZD 10,000 or            | NZD                 |  |  |
| (e) Removal of debris                        | 5% max contract value or | NZD                 |  |  |
| (f) Professional fees                        | 5% max contract value or | NZD                 |  |  |
| (g) Increased costs during construction      | 5% max contract value or | NZD                 |  |  |
| (h) Increased costs during reconstruction    | 5% max contract value or | NZD                 |  |  |
| (i) Expediting expenses                      | 5% max contract value or | NZD                 |  |  |
| (j) Temporary buildings                      | NZD 10,000 or            | NZD                 |  |  |

# D. Allowable contracts

Note: The following types of project are NOT automatically covered as 'allowable contracts' and must be agreed to in writing by QBE.

Note: 'Existing Property' is only available as an Optional Extension and must be applied for on an individual contract basis

- Buildings or structures of historical significance
- Buildings or structures with foundations greater than 3 metres below existing ground level
- An open trench, embankment, bund, cutting, bench, ditch or drain of greater than 100 metres, partially or completely excavated, or greater than 3 metres in depth
- Piles with a depth greater than 3 metres or diameter greater than 1 metre
- Galleries, shafts and tunnels and other underground works
- Civil works such as earthworks, roads, railways, bridges, culverts or pipelines, sewage and irrigation projects, canals, reservoirs, dams, syphons, retaining walls greater than 3 metres in height, harbour facilities, docks, breakwaters or jetties
- I. Please describe the main type of work undertaken by your company and/or to be insured by this policy.

| E. Value of work |                               |  |      |     |          |     |        |     |  |        |  |
|------------------|-------------------------------|--|------|-----|----------|-----|--------|-----|--|--------|--|
| 1.               | What is the range             | of contract values of work undertaken?         | From | NZD |          |     | То     | NZD |  |        |  |
| 2.               | What is the typical value?    |  |      | NZD |          |     |        | NZD |  |        |  |
| 3.               | What is the typical duration? |  |      |     |          |     | months |     |  |        |  |
| 4.               | What geographica              | aphical areas are your contracts located in?   |      |     |          |     |        |     |  |        |  |
|                  |                               |  |      |     |          |     |        |     |  |        |  |
| 5.               | Please provide de             | ise provide details of your last five projects |      |     |          |     |        |     |  |        |  |
|                  | Title                         |  |      |     | Value    | NZD |        |     |  |        |  |
|                  | Description                   |  |      |     | Duration |     |        |     |  | months |  |
|                  | Title                         |  |      |     | Value    | NZD | IZD    |     |  |        |  |
|                  | Description                   |  |      |     | Duration |     | months |     |  |        |  |
|                  | Title                         |  |      |     | Value    | NZD |        |     |  |        |  |
|                  | Description                   |  |      |     | Duration | '   |        |     |  | months |  |
|                  | Title                         |  |      |     | Value    | NZD |        |     |  |        |  |

| E.                       | Value of work  |  |                |        |           |           |               |     |       |  |
|--------------------------|--|--|----------------|--------|-----------|-----------|---------------|-----|-------|--|
|                          | Description  |  | Durat          | ion    |           |           |               |     | nths  |  |
|                          | Title  |  | Va             | lue NZ | D         |           |               |     |       |  |
|                          | Description  |  | Durat          | ion    |           |           |               |     | nths  |  |
| F.                       | Claims experie   | псе  |                |        |           |           |               |     |       |  |
| 1.                       | had the events gi<br>would have been   | ly losses and/or claims in the past three years (whether insured or not) which,  Yes No living rise to the losses and/or claims occurred during the period of this insurance In the subject of indemnity under this proposed insurance?. |                |        |           |           |               |     |       |  |
|                          | If 'Yes', please pro   | Description of loss  |                |        |           | Amount    | of loss/claim | ЕПС | losed |  |
|                          | 2 410 01 1000  |  |                |        |           | NZD       |               |     |       |  |
|                          |  |  |                |        |           | NZD       |               |     |       |  |
|                          |  |  |                |        |           | NZD       |               |     |       |  |
|                          |  |  |                |        |           | NZD       |               |     |       |  |
|                          |  |  |                |        |           | NZD       |               |     |       |  |
|                          | Dutan turana   |  |                |        |           |           |               |     |       |  |
| G.                       | Prior insurance  |  |                |        |           |           |               |     |       |  |
| 1.                       |  | ails of any previous Contract Works insurance  |                |        |           |           |               | Yes | No    |  |
| _                        | Previous insurer   |  |                | Expiry | aate (dd. | /mm/yyyy) |               |     |       |  |
| 2.                       | Has any insurer e  |  |                |        |           |           |               | Yes | No    |  |
|                          | (a) declined to i  | refused to renew your insurance?   |                |        |           |           |               | Yes | No    |  |
|                          |  | ·  | for your compa | nv?    |           |           |               | Yes | No    |  |
|                          | (c) imposed special terms or conditions in respect of ANY insurance for your company?  Yes No  If 'Yes' to any of the above, please provide full details including the name of the insurer.  |  |                |        |           |           |               |     |       |  |
|                          |  |  |                |        |           |           |               |     |       |  |
|                          |  |  |                |        |           |           |               |     |       |  |
|                          |  |  |                |        |           |           |               |     |       |  |
|                          |  |  |                |        |           |           |               |     |       |  |
| De                       | claration  |  |                |        |           |           |               |     |       |  |
| (a)<br>(b)<br>(c)<br>(d) | 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, including claims investigation and administration, and for data analytics. Further details are set out in QBE's privacy policy available at <a href="https://www.qbe.com/nz/about-qbe/privacy-and-your-personal-Information">https://www.qbe.com/nz/about-qbe/privacy-and-your-personal-Information</a> (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 |  |                |        |           |           |               |     |       |  |
| Sig                      | ned by applicant   |  | Date (dd/mm/yy | уу)    |           |           |               |     |       |  |
| Prir                     | nted name  |  | Phone          |        |           |           |               |     |       |  |
| Pos                      | sition   |  | Mobile         |        |           |           |               |     |       |  |
| Em                       | ail address  |  |                |        |           |           |               |     |       |  |

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