

Annual Project

Proposal Form



PROPOSERS DETAILS

Full name of insured and trading name (if applicable)

First Name

Last Name

Trading Name (e.g. Company Name Ltd)

Interested Parties

Bank / Guarantor / Financier

Address for notices

Number, Street Address

Region, Suburb, City, Postcode

Years in business

Years

Have you either alone or in partnership or jointly with any other party or any of your directors or office holders*

(*registered company)

- a. experienced any loss, damage, circumstance, liability or claim against you (whether insured or not) that could be covered by any of the policies now proposed?
- b. had an insurer decline any claim, cancel any insurance policy or impose special terms to any insurance policy?
- c. been charged with or convicted of any criminal offence?
- d. been declared bankrupt, insolvent, had a liquidator appointed or been a defendant in any civil court case?

Yes No

If 'Yes' to any of the above, please provide full details here (or in space provided on Page 4)

All answers above will be regarded as answers by all parties related to the proposal.

INSURANCE DETAILS

Cover Required

Commencement Date

Expiration Date

Project Information

Maximum Project Duration (months)

Maximum Defects Liability Period (months)

Specify exactly what type of Projects will be undertaken

(I.e. Construction and alteration of residential buildings / units. Construction of Commercial buildings, roads, bridges, marinas etc.)

BASIS OF INSURANCE FOR PROJECTS

Please select either a., b. OR c.

Note that the cover starts and ends differently for each basis and the values required for each may differ:

a. **Project Run-Off Basis (or “projects commencing” basis)** Yes No
 Do you require insurance only for the Projects that you commence during the Policy Period until they are completed? (plus Defects Liability Period)

If ‘Yes’, please provide the estimated total value of all Projects you expect to commence during the Policy Period \$

Do you require Insurance on any Projects currently underway? Yes No

If ‘Yes’, provide a list showing commencement date, location, description, value of work completed to date and total Project value for all Projects currently underway. In the space provided on Page 4.

OR

b. **Annual Turnover Basis (“transfer” or “cut off” basis)** Yes No
 Do you require insurance on all Projects on-hand at the start of, and commenced during, the Policy Period to be insured until expiry of the current Policy Period? (All cover ceases at expiry – even Defects Liability Period Cover).

If ‘Yes’, please provide the estimated total Annual Turnover of all Projects to be insured? \$

If ‘Yes’, provide a list showing commencement date, location, description, value of work completed to date and total Project value for all Projects currently underway in the space provided on Page 4.

OR

c. **Declare individual Projects as you go** Yes No

If ‘Yes’, provide a list showing commencement date, location, description, value of work completed to date and total Project value for all Projects currently underway in the space provided on Page 4.

Split of value of work:

Northland	Auckland	Waikato	Bay of Plenty	Central North Island	Wellington	Upper South Island	Canterbury	Lower South Island
%	%	%	%	%	%	%	%	%

Projects Estimated number of Projects to be insured during the Policy Period?
Number of Projects

In the next 12 months Annual Turnover from ‘Business’ insured
\$

Amount of salaries
\$

Amount paid to subcontractors
\$

Number of employees
Employees

Existing Structures Will any alterations or refurbishments to Existing Structures be undertaken? Yes No
Do you require Section One – (Material Damage) insurance for those Existing Structures? Yes No

Demolition Work Will the value of demolition work exceed 25% of your annual turnover and / or will any demolition work exceed 15 metres in height (other than internal non-structural demolition)?

If ‘Yes’, please specify.
Use space on Page 4 if required.

Projections In the next 12 months, will any Projects differ in size, scope or complexity from those undertaken by you in the past 3 years? Yes No

If ‘Yes’, describe the difference.
Use space on Page 4 if required.

Will the Project involve any of the following?

If ‘Yes’ has been answered to any of the below questions, please describe the work involved in the Project in the area supplied at the end of this section.

a.	Blasting or explosives (other than nail guns)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b.	Actual excavation work or work in an existing excavation deeper than 10 metres	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c.	Underground works such as tunnels, shafts, mines or galleries	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d.	Road works or bridges	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e.	Pipelines greater than 250 metres in length	Yes <input type="checkbox"/>	No <input type="checkbox"/>
f.	Irrigation systems, canal, reservoir, dam or syphon work	Yes <input type="checkbox"/>	No <input type="checkbox"/>
g.	Directional drilling or boring greater than 1 metre in diameter (other than piling/piers)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
h.	Work in or around an airport or aircraft landing area or working railways or tramlines	Yes <input type="checkbox"/>	No <input type="checkbox"/>
i.	Work in oil, gas, chemical or petrochemical plants, including any work on gasoline service stations	Yes <input type="checkbox"/>	No <input type="checkbox"/>
j.	Work in mining processing plants	Yes <input type="checkbox"/>	No <input type="checkbox"/>
k.	Technology which is of a prototype nature	Yes <input type="checkbox"/>	No <input type="checkbox"/>
l.	Work on landfills, land which is listed on the contaminated land register or the application of waste or chemical products to land.	<input type="checkbox"/>	<input type="checkbox"/>

- m. Contractors Pollution Liability:
- i. We require you to have written procedures and/or methods in place so your staff know how to deal with the discovery of asbestos or if there is a pollution event. Do you need to create these procedures? Yes No
 - ii. During the past five (5) years have you had any significant/reportable releases or spills of hazardous substances, hazardous waste or any other pollutants, as defined by environmental statutes or regulations? Yes No
If yes, please provide details below.
 - iii. In the past five (5) years, has there been, or is there now pending, a claim against you for clean-up, bodily/personal injury or property damage, resulting from the release into the environment of hazardous substances (including asbestos), hazardous waste, or other pollutants from the location or other locations owned or operated by you. Yes No
If yes, provide a brief details of the claim(s), its disposition or present status below.

If 'Yes' to any of the above questions, please describe. Use space on Page 4 if required.

SUM INSURED AND INSURED PROPERTY

Section One – Material Damage

These are the maximum sums insured which will apply to the Project:

If automatic amounts below are insufficient please specify another amount. Use space on Page 4 if required.

1.02	Maximum contract price (Project value) of any one Project	\$
1.03	Maximum amount of Principal Supplied ("free issue") Materials for any one Project	\$
1.04	Existing Structures (maximum value for any one Project)	\$
1.05	Contractor's Plant, Tools and Reusable Equipment (attach list of Plant and Equipment with their values or nominate an amount for non-specific items)	\$
1.06	Variations and Escalation (20% of the amount specified at 1.02 and 1.03 is automatic)	\$
1.07	Removal of Debris (10% of the amount specified at 1.02, 1.03, 1.04 and 1.05 is automatic)	\$
1.08	Professional Fees (10% of the amount specified at 1.02 and 1.03 is automatic)	\$
1.09	Expediting Costs (5% of the amount specified at 1.02, 1.03 & 1.04 is automatic)	\$
1.10	Mitigation Costs (5% of the amount specified at 1.02, 1.03 and 1.04 is automatic)	\$

Do you require:

Natural Disaster Cover

Yes No

Section Two – Public Liability

Is Section Two – Public Liability - required?

Yes No

Limits of Indemnity

6.01	Public Liability	\$
Sub limits		Limits of Indemnity
6.02	Products Liability	\$
6.03	Vibration Weakening or the Removal of Support	\$
6.04	Property in Care, Custody or Control	\$

In addition to Material Damage and Liability, do you require any of the following extensions:

Note, an additional premium may apply to each of these additional extensions. Please contact your insurance broker for full details.

a.	Advanced Business Interruption Cover	Yes <input type="checkbox"/> No <input type="checkbox"/>
b.	Cover Advantage Endorsement	Yes <input type="checkbox"/> No <input type="checkbox"/>
c.	Defective Workmanship Extensions	Yes <input type="checkbox"/> No <input type="checkbox"/>
d.	Earthworks Advantage Cover	Yes <input type="checkbox"/> No <input type="checkbox"/>
e.	Employers Liability	Yes <input type="checkbox"/> No <input type="checkbox"/>
f.	Errors and Omissions Extensions	Yes <input type="checkbox"/> No <input type="checkbox"/>
g.	Exemplary Damages	Yes <input type="checkbox"/> No <input type="checkbox"/>
h.	Forest and Rural Fires Act Cover	Yes <input type="checkbox"/> No <input type="checkbox"/>
i.	Licensed Building Practitioners Extensions	Yes <input type="checkbox"/> No <input type="checkbox"/>
j.	Liquidated Damages Extensions (Residential Builders only)	Yes <input type="checkbox"/> No <input type="checkbox"/>
k.	Statutory Liability Cover	Yes <input type="checkbox"/> No <input type="checkbox"/>

ADDITIONAL SPACE IF REQUIRED

DECLARATION AND SIGNATURE BY PROPOSER

On behalf of the proposed insured, I / we declare that the answers given herein are in every respect true and correct and that I / we have not withheld any information likely to affect the acceptance of this insurance and that I / we have read and understood the Policy document. I / we have sought clarification of any aspects of the proposal form or Policy document I / we did not understand.

I/we acknowledge that MECON Insurance Ltd may give to, and obtain from, other insurers, personal information of mine / ours relating to this insurance as well as insurance claims information obtained during the course of any contract I / we have with MECON Insurance Ltd.

I/we also acknowledge that MECON Insurance Ltd are not obliged to automatically accept the insurance proposed above, however I / We understand that MECON Insurance Ltd will formally advise me / us of the extent to which they are prepared to offer insurance by quotation, Schedule or otherwise in writing.

NOTE - If someone has completed this form on your behalf, before signing this proposal form double check the details to ensure that you agree to all answers completed by that person are true and correct.

Signed

Name

Title / Position

Signed

Dated