

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. made a claim for any loss, damage or liability of a type to be insured?
- 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 No
- b. Actual excavation work or work in an existing excavation deeper than 10 metres Yes No
- c. Underground works such as tunnels, shafts, mines or galleries Yes No
- d. Road works or bridges Yes No
- e. Pipelines greater than 250 metres in length Yes No
- f. Irrigation systems, canal, reservoir, dam or syphon work Yes No
- g. Directional drilling or boring greater than 1 metre in diameter (other than piling/piers) Yes No
- h. Work in or around an airport or aircraft landing area or working railways or tramlines Yes No
- i. Work in oil, gas, chemical or petrochemical plants Yes No
- j. Work in mining processing plants Yes No
- k. Technology which is of a prototype nature Yes No

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:

Liquidated Damages Cover (residential building only) Yes No

i. If “yes”, have you incurred liquidated damages in the past?

ii. If “yes”, please provide details in additional space below:

Natural Disaster Cover Yes No

Partial Occupancy 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 Public Liability do you require any of the following:

- a. Asbestos Exposure Cover Yes No
- i. Do you have written procedures and/or method statements in place that deal with the inadvertent discovery of asbestos? Yes No
- ii. Do you utilise licensed asbestos removal contractors to remove asbestos in every case where asbestos is encountered? Yes No
- iii. Does, or will, the licensed asbestos removal contractor utilised by you have public liability policy: Yes No
- a. With a limit of liability not less than \$10million; and
b. Which names you as a joint insured; and
c. Which has a cross liabilities clause?

Note: If the answer to i, ii or iii above is no, then the Asbestos Cover Endorsement will not operate to cover the insured.

iv. Have you ever been involved with any asbestos-related injuries or damage (whether or not a claim or legal action ensued)? Yes No

If you have answered “yes” to question iv, please provide details below:

b. Defective Workmanship Extension Yes No

c. Employers Liability Yes No

d. Exemplary Damages Yes No

e. Forest and Rural Fires Act Cover Yes No

f. Licensed Building Practitioners Extension Yes No

g. Professional Indemnity Cover Yes No

h. Statutory Liability Cover Yes No

Do you require the Cover Advantage endorsement (*This applies to both Sections*)

Yes No

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

DD / MM / YYYY

Dated