

# Single 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

Proposer's interest

Interest in the Project to be insured, are you: the Principal/Developer/Contractor/Subcontractor/Owner Builder? – You may be more than one.

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

Defects Liability Period (DLP)

Maximum Defects Liability Period (months)

If you are an Owner Builder, No cover for DLP will be provided.

Address of the Project

Number, Street Address

Region, Suburb, City, Postcode

What does the Project entail

Including but not limited to number of storeys, number of basement levels, swimming pools.

Project Details

Has any work already commenced on the Project to be insured?

Yes  No

If 'Yes', provide details of commencement date, value of work completed and photographs of work completed.

## Existing Structures

a. Will any alterations or refurbishments to Existing Structures be undertaken?

Yes  No

If 'Yes', describe the existing structure and the work to be undertaken.

b. Will Existing Structures be occupied during the Project?

Yes  No

c. Do you require "full cover"

Yes  No

OR

d. Cover for damage resulting from performance of works

Yes  No

e. What is split of value between residential and commercial construction

Residential: \$

Commercial: \$

f. How many occupied residential units/homes at commencement of the Project?

## Bordering Property

Please describe the property bordering the Project site. Including its proximity to the work being undertaken.

## Demolition

Is there any demolition involved?

Yes  No

Describe what is to be demolished:

## Geology of the site

(i.e. Rock, Sand, Silt, Clay etc)

## PROPOSER INFORMATION

Will the Project involve any of the following?

▼ Only answer questions a. to i. if owner-builder home construction.

▼ Answer all questions if construction is anything else

a. Actual excavation work, or work in an existing excavation, deeper than 5 metres

Yes  No

b. Buildings or structures of historical significance

Yes  No

c. Swimming pools

Yes  No

d. Underpinning

Yes  No

e. Retaining walls greater than 15 metres in length and/or 1.5 metres in height

Yes  No

f. Excavation of underground services on site (other than to install new services)

Yes  No

g. Flame cutting or welding (other than for plumbing work)

Yes  No

h. Lowering of ground water

Yes  No

i. Blasting or explosives (other than nail guns)

Yes  No

j. Underground works, such as tunnels, shafts, mines or galleries

Yes  No

k. Road works or bridges

Yes  No

l. Pipelines greater than 250 metres in length

Yes  No

m. Irrigation systems, canal, reservoir, dam or siphon work

Yes  No

n. Any work in, on, over or under a permanent body of water

Yes  No

o. Directional drilling or boring greater than 1 metre in diameter (other than piling / piers)

Yes  No

p. Work in / around an airport, aircraft landing area or working railways or tramlines

Yes  No

q. Work in oil, gas, chemical or petrochemical plants

Yes  No

r. Work in mining processing plants

Yes  No

s. Piling or substantial vibration

Yes  No

t. Removal or weakening of supports of any nature

Yes  No

u. Use of hazardous chemicals or flammable liquids (more than 4 litres)

Yes  No

v. Technology which is of a prototype nature

Yes  No

w. Testing and Commissioning

Yes  No

Commissioning Period (weeks)

If 'Yes' to any of the above questions, please describe.

**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.

1.02	Contract price (or cost *) of the Project	\$
1.03	Principal Supplied ("free issue") Materials	\$
1.04	Existing Structures	\$
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)	\$

\*The cost that would reasonably be incurred at commercial rates to perform the work under contract.

Do you require:

- Liquidated Damages Cover (residential buildings only) Yes  No
- i. If "yes", have you incurred liquidated damages in the past? Yes  No
- 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	\$
<b>Sub limits</b>		<b>Limits of Indemnity</b>
6.02	Vibration Weakening or the Removal of Support	\$
6.03	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. Exemplary Damages Yes  No
- d. Forest and Rural Fires Act Cover Yes  No
- e. Licensed Building Practitioners Extension Yes  No
- f. Professional Indemnity 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