



Construction/Liability Application

Policy No.		Client No.		Intermediary No.	
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Details of the Applicant												
Name of all parties to be insured												
Tax status	Registered business	Yes <input type="checkbox"/>	No <input type="checkbox"/>	ABN							Taxable	%
Address for notices									State		Postcode	
Contact numbers	Phone no. (Private)	()		Phone no. (Business)	()							
Location of contract site									State		Postcode	
Name of contractor												
Name of principal												
Other interested parties												
Describe the contract												
Construction period commencing on		/	/	ending on		/	/	Maintenance period			Wks/Mths	
Type of cover	One off risk <input type="checkbox"/>	Annual policy <input type="checkbox"/>	Owner builder <input type="checkbox"/>	Testing period of				Days/Wks				
Period of insurance	From		/	/	to		/	/	at 4 p.m.	Comprising the construction, testing and maintenance period, if required.		

Material Damage (Note: To have cover for insured items you must show a value for the item)				
Insured Items	Sum Insured	Insured Items	Sum Insured	
Contract value	\$	Existing structures (excl contents)	\$	
Material or items supplied by the principal	\$	Hoists, cranes and mobile construction plants	\$	
Contract value increase	15% Max \$	Plant, equipment and tools	\$	
Expediting expenses	10% Max \$	Materials in storage	\$	
Removal of debris	10% Max \$	Transit	\$	
Professional fees	15% Max \$	Mitigation expenses	\$	
Fire extinguishment	5% Max \$	Other (description required)	\$	
Testing and commissioning	\$	Number of weeks		
Limit any one contract	\$			
Excess				
Major perils	\$	Minor perils	\$	
Existing structure	\$	Named cyclone	\$	
Upper storey damage	\$	Theft/malicious damage excess	\$	
Damage U/G services	\$	Testing and commissioning	\$	
Other (description required)	\$		\$	
Premium	Fire Service Levy	Stamp Duty	GST	Amount payable
\$	\$	\$	\$	\$

Legal Liability			
Limit of liability	\$	Product liability (Annual policy only)	\$
		Property in care, custody or legal control	\$

General Information

Do you engage contractors or sub-contractors?

Yes No

If 'Yes', please estimate annual contract value split between:

Note: Question must be answered 'Yes' or 'No'. In absence of information a personal injury to contractors, sub-contractors exclusion may be applied (if not already excluded).

	Numbers Engaged	Estimate for Next 12 Months
(a) Contractors		\$
(b) Labour Hire		\$
(c) Apprentices		\$

Excess

Property damage	\$	Personal injury	\$
Damage to underground services	\$	Worker to worker all costs inclusive	\$
Products	\$	Vibration, removal, weakening of support	\$
Upper storey	\$		
Premium	Stamp duty	GST	Amount payable
\$	\$	\$	\$

Advanced Profits

Sum insured	\$	Indemnity period	Wks/Mths	Time excess	Days/Wks
Premium	Fire service levy	Stamp duty	GST	Amount payable	
\$	\$	\$	\$	\$	

Premium Calculation

Total premium	Fire service levy	Stamp duty	GST	Total amount payable
\$	\$	\$	\$	\$

Previous Insurance Details

1. Have you ever had insurance declined or cancelled by an insurer or had any special conditions imposed? Yes No
If 'Yes', please give details.

2. Have you previously had any losses? Yes No
If 'Yes', please give details.

Construction Details

1. Give details of construction methods and materials used.

2. Subsoil details/type.

3. Is there any excavation, piling, shoring, underpinning or blasting? Yes No
If 'Yes', please give details (with dimensions, including maximum depth of excavation).

Note: A Conditions (Dilapidation) Report must be obtained on any building/structure which could be effected by any construction work. A Geotech Report will be required for excavation exceeding 1.5 metres.

Construction Details (continued)

4. Foundation type				
5. Number of storeys		Basements	Length of open span	m
6. Are there any alterations and/or additions to existing structures? If 'Yes', please give details.				Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Is an existing structure to be insured for damage arising from the construction work? If 'Yes', please give a description of the existing structure.				Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Is the contract site exposed to any major hazards? If 'Yes', please give details.				Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Is dewatering required?				Yes <input type="checkbox"/> No <input type="checkbox"/>

Construction Plant and Machinery Cover (Complete if required)

Items	Description of plant and machinery or attach list	Year of make	Sum insured
			\$
			\$
			\$
Total Sum Insured			\$

Transit Cover for Fire, Flood, Collision and Overturning (Complete if required)

1. What is the estimated total of materials to be carried?	\$
2. What is the maximum limit of any one conveyance required?	\$
3. Give a full description of materials to be carried and method of transport.	
4. What is the geographical scope of transit?	

Annual Policy Details if Annual Policy Selected

	Actual last year		Estimated this year			
1. (a) Annual turnover	\$		\$			
(b) Maximum limit, any one contract	\$		\$			
(c) Maximum term, any one contract						
2. Geographical scope of operations						
3. Percentage (%) of work carried out in the following:	CBD	%	Suburbs	%	Rural	%
4. Percentage (%) of work carried out in the following:						
	Actual last year		Estimated this year			
Dwellings		%				%
Alteration/Additions		%				%
Commercial/Industrial		%				%
Civil work		%				%
Erection work		%				%

Under Insurance

This Policy contains average/underinsurance provisions. This means that we require you to insure for the full value or maximum potential risk. If you do not do so, and you are underinsured, we will pay you less in the event of a claim taking into account the proportion of underinsurance. In the case of this Policy, we will pay that proportion of the claim that the Sum Insured bears to 90% of the amounts required to be insured pursuant to Clause 4.1 of the Policy.

Excess

This Policy is subject to an excess. Please refer to Policy wording for further particulars.

Duty of Disclosure

Under the Insurance Contracts Act 1984 (the Act), you have a Duty of Disclosure. You are required before you enter into, renew, vary, extend or reinstate your Policy, to tell us everything you know and that a reasonable person in the circumstances could be expected to know, is a matter that is relevant to our decision whether to insure you, and anyone else to be insured under the Policy, and if so, on what terms.

- **You do not have to tell us about any matter:**
 - that diminishes the risk
 - that is of common knowledge
 - that we know or should know in the ordinary course of our business as an insurer, or
 - which we indicate we do not want to know.

- **If you do not tell us**

If you do not comply with your Duty of Disclosure we may reduce or refuse to pay a claim or cancel your Policy. If your non-disclosure is fraudulent we may also have the option of avoiding the contract from its beginning.

Third Party Interests

You must inform us of the interests of all third parties (e.g. financiers, lessors) to be covered by this insurance. We will protect their interests only if you have informed us of them and we have noted them on the Certificate.

Privacy

QBE includes information about how we manage personal information in our Product Disclosure Statement (PDS) and Policy Wording booklet. A copy of the **QBE Privacy Policy** statement can be obtained from website www.qbe.com or contact the Compliance Manager on (02)9375 4656 or email compliance.manager@qbe.com for further information.

Construction Details

Please supply on this page a sketch of the site and surrounding buildings giving distances from excavations, number of storeys, construction of surrounding buildings, age, the depth of their foundations and the occupancy details.

Declaration and Signature

Please remember we will treat a statement or claim or an act or omission by any one of the applicants as a statement or claim or an act or omission by all of the applicants.

1. I/We have received a copy of the Policy Terms and Conditions.
2. I/We declare that all answers and statements made in the application are true, correct and complete in every respect.
3. I/We authorise QBE Insurance (Australia) Limited ABN 78 003 191 035 to give to or obtain from other insurers or insurance reference bureaus or credit reporting agencies, any information about this insurance or any other insurance of mine including this completed application and my insurance claims history and my credit history.

Signature of Applicant(s)

Date

Date

Office Use Only

M.D. Retention		R/I Method		Policy type		Risk. Stat. No.	
Participation		M.M. Lead		Lead Co.		Fire Dist.	
Clauses							