



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)	\$
Worker to worker cover	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Property in care, custody or legal control
			\$

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? If 'Yes', please give details.	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Have you previously had any losses? If 'Yes', please give details.	Yes <input type="checkbox"/> No <input type="checkbox"/>

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? If 'Yes', please give details (with dimensions, including maximum depth of excavation).				
Yes <input type="checkbox"/> No <input type="checkbox"/>				
<i>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.</i>				
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

The law requires you to tell us everything you know (or could reasonably be expected to know in the circumstances) which is relevant to our decision to insure you and the terms on which we insured you. This duty applies before you enter into a contract with us, that is, before we accept your proposal and also each time before you alter or renew the Policy.

Each person named as the Insured has the same duty.

Penalty for Non-Disclosure

If you do not tell us everything necessary, we may: reduce or refuse to pay a claim; or cancel your Policy. If you act dishonestly, we may invalidate the Policy from its beginning and not be bound by it.

You don't need to tell us anything which: reduces the risk; is common knowledge; we already know, or ought to know in the ordinary course of our business; or we indicate we do not want to know. If you are not sure that something is relevant, it is best to disclose it anyway.

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 your personal information in our Product Disclosure Statements and Policy booklets. You can obtain a copy of the **QBE Privacy Policy Statement** from our 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

I hereby declare that the statements made in this application are complete and true to the best of my knowledge and belief and I hereby agree that this application shall form the basis and be part of the Policy or Policies.

I authorise QBE Insurance (Australia) Limited to give to and obtain from any other insurers, any insurance reference bureaus and any credit reporting agencies any information relating to the Insured's credit or insurance history as well as insurance claims information obtained during the course of this contract.

Signature of Applicant(s)	X	Date	/ /
	X	Date	/ /

Office Use Only

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