Civil Works Single Project Proposal



Important notice

Material facts

'You' (this includes every person or entity to be insured under this insurance) are under a duty to disclose all material facts that could influence QBE Insurance's decision to accept this insurance and, if so, on what terms. You need to disclose facts both known to you and those which you could have been reasonably expected to know about. If you are in any doubt as to whether or not a fact may be material, you should disclose it to ensure that any cover granted is not prejudiced.

Non-disclosure/misstatement

If you fail to comply with your duty of disclosure, QBE may be entitled to avoid the contract altogether, and therefore decline to pay any claim.

Jurisdiction

Except where the parties agree otherwise, the laws of New Zealand apply to this form and any dealings between the parties arising from this form. The New Zealand courts have exclusive jurisdiction in relation to any disputes that may arise.

How to complete this form

- · You must answer all questions fully and, if you are completing this form by hand, please ensure you write clearly.
- If you are completing this form electronically, please open it using the latest version of Adobe Reader. Use your mouse/trackpad to take the cursor to the next editable field. Boxes can be ticked either by using your mouse/trackpad or by hitting 'enter'. Upon completion, please print out this form and sign the declaration.
- The signed form should then be posted, or emailed, to your broker.

Brok	ker	Company			Ir	ndividual					
Α	Applio	cant Details									
1.	Princip	al									
2.	Main c	ontractor									
3.	Who is	proposing the ins	surance?	Principal			Main contrac	tor			
4.	Websit	e address									
5.	Please	provide details of	interested parties an	d the nature of their	interest.						
_	Comme	ia									
В	Cover	required									
1.	Constr	uction period	Start date	dd / mm	<i>I</i> уууу		Finish date		/	/	
2.	Mainte	nance period									months
3.	Contra	ct name									



4.	Con	itract	site										
5.	Please describe the works and what it will be used for.												
6.	Lim	mits and sub-limits required											
	Note: (A) = standard sub-limit or (B) = any additional amount required.												
	(a) Civil works					Rep	nent value	NZD					
	(b)	Prin	cipal-supplied m	aterials	(A)		NZD 5,000	or	(B)	NZD			
	(C)	Trar	nsit		(A)		NZD 50,000	or	(B)	NZD			
	(d)	Mat	erials in storage ((off contract site)	(A)		NZD 50,000	or	(B)	NZD			
	(e)	Prot	ection costs		(A)		NZD 10,000	or	(B)	NZD			
	(f)	Ren	Removal of debris Professional fees		(A)		5% of Item (a)	О	r (B)	NZD			
	(g)	Prof			(A)		5% of Item (a)	О	r (B)	NZD			
	(h)	·		(A)		5% of Item (a)	0	r (B)	NZD				
	(i)			(A)		5% of Item (a)	О	r (B)	NZD				
	(j)	Ехр	editing expenses		(A)		5% of Item (a)	О	r (B)	NZD			
	(k) Temporary buildings		porary buildings		(A)		NZD 5,000	or	(B)	NZD			
	(1)	Optional Extension - Existing property (Also pease complete relevant details on the supplementary questionnaire, and tick to indicate enclosure.)								Enclose	ed		
		(j)	Structures	Replacement value	NZI)			Sum Insured	NZD			
		(ii)	Contents	Replacement value	NZI)			Sum Insured	NZD			
		(iii)	Services	Replacement value	NZI)			Sum Insured	NZD			
С	Site	e det	ails										
If you answer 'Yes' to any of the following, you also need to complete the corresponding question on the 'Civil Works Single Project' supplementary questionnaire, and tick to indicate enclosure.										Enclose	ed		
								Yes		lo lo			
1. Is the site situated in an area prone to flooding?							162	IN IN	10				

2. Are foundations and/or excavations (if any) over 5 metres in depth?

No.

3. Are retaining walls (if any) over 5 metres high and/or 100 metres in total length?

s No

4. Are trenches (if any) greater than 3 metres in depth, and/or 300 metres in total length, open at any one time?

es No





Э.	than 300 millimeters?	Yes	No	
6.	Does the contract involve 'Wet Works' (ie a contract undertaken in whole or in part in a stream, watercourse, river, lake, sea, canal, reservoir, dam, syphon, harbour facility, docks, breakwaters or jetties except culverts and water treatment intakes)?	Yes	No	
7.	Does the contract involve shafts or tunnels?	Yes	No	
8.	Does the contract involve construction, installation or work on a pool or tank with more than 200,000-litre capacity?	Yes	No	
9.	Does the contract require work on or within existing property?	Yes	No	
10.	Is the total of Item (a) (Civil works) + Item (b) (Principal-supplied materials) more than NZD 1m (NZD one million)?	Yes	No	
11.	Are there any special features or risks associated with the contract that make the work more hazardous than would normally be expected from a project of its type?	Yes	No	
12.	In the past three years, has the main contractor suffered any losses greater than NZD 50,000?	Yes	No	
13.	Did any work at the contract site commence more than 14 days before this proposal was completed?	Yes	No	

Declaration

I/We declare, on behalf of all proposed insureds, that:

- a All answers and statements in this proposal are correct and complete in every respect and there is no further information which may affect acceptance of the proposal.
- b If accepted by QBE, this proposal and declaration, and any other material which I/we have provided to QBE, shall be incorporated into and form the basis of the contract of insurance.
- c I/We understand that QBE requires this information (which will be retained by QBE) in order to decide whether or not to accept this proposal, and also that the Privacy Act 2020 entitles me/us to have access to, and request the correction of, this information.
- d QBE is authorised to disclose information received from me/us to its advisers, reinsurers and to other insurers. I/We authorise QBE to obtain, from any party, information that is, in QBE's view, relevant to this proposal.
- e I/We understand that the insurance will not be in force until this proposal has been accepted and cover confirmed by QBE.

Note: Signing this proposal and any supplementary questionnaires does not bind either the applicant or QBE to complete the contract of insurance.

Signed by applicant				/	nm /		
Printed name		Phone					
Position		Mobile					
Email address						PRINT	

