

Contract Works Single Project

Supplementary questionnaire

Important notice

This supplementary questionnaire forms a key part of your insurance proposal and it is important that all material facts continue to be fully, frankly and accurately disclosed. If you are completing this form electronically, please open it using the latest version of Adobe Reader. Upon completion, please print out this form and sign the declaration.

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.

Name of applicant/insured

Contract details

1. Contract name

2. Site

Please describe the site's contour, the water supply and the distance from the nearest Fire Brigade.

3. Foundation/excavations

(a) Depth metres

(b) Purpose

(c) Supported by

Please provide plans (elevations as a minimum), a geotechnical report and other reports (if prepared), and tick to indicate enclosure.

Enclosed

4. Retaining walls

(a) Height metres (b) Length metres

(c) Material

Please provide plans (elevations as a minimum), a geotechnical report and other reports (if prepared), and tick to indicate enclosure.

Enclosed

5. Trenches

(a) Measurement Max depth metres (b) Length metres

(c) Supported by

Please provide plans (elevations as a minimum), a geotechnical report and other reports (if prepared), and tick to indicate enclosure.

Enclosed



6. Earthworks

(a) Description

(b) Purpose

(c) Volume to be moved Cubic metres Cubic tonnes

7. Pools/tanks

Please describe the size, depth and proposed materials.

Does the contractor who will be undertaking the work have at least five years' experience in such work? Yes No

8. Sandwich panel

(a) What material is to be used? PIR EPS XFLAM PolyPhen Alucobond other

(b) Describe the use of sandwich panel and provide the percentage of surface area of the works that it will be used on.

%

If it constitutes more than 35% of the surface area of the works, please provide plans illustrating usage, and tick to indicate enclosure.

Enclosed

9. Existing property

(a) Please indicate the type of cover you want:

(i) loss arising directly or indirectly from the Contract Works or (ii) loss arising from any cause

(b) Describe the work and advise if any walls, roofs or structured supports (internal/external/foundations) are to be removed.

(c) Describe and advise the age of any structures and, if applicable, any contents and services for which you want cover.

Structures	Contents	Services
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

(d) Please provide a valuation report (if prepared), and tick to indicate enclosure. Enclosed

10. Describe works over three storeys high or with more than one underground level.

Please provide plans (elevations as a minimum), a geotechnical report and any other relevant reports (if prepared), and tick to indicate enclosure.

Enclosed

11. For contract works + Principal supplied materials over NZD 2,000,000, please provide a breakdown of costs and a scope of works.

[Redacted area for question 11]

12. Please provide details of any special features or risks that QBE should know about.

[Redacted area for question 12]

13. For losses greater than NZD 50,000 in the past three years, please provide details including settlement values.

[Redacted area for question 13]

14. For work at the contract site starting more than 14 days before the proposal was completed, please provide the following details:

(a) Date work started

(b) Work completed to date

(c) Materials incorporated to date

(d) Approx value of work undertaken to date

(e) Please explain why was insurance not arranged at the start.

(f) Please provide current photographs of the site, and tick to indicate enclosure. Enclosed

Declaration

I declare on behalf of all proposed insureds that all answers and statements in this supplementary questionnaire are correct and complete in every respect, and confirm that there is no further information, outside of that supplied in this questionnaire or the proposal form, which may affect acceptance of this proposal.

Signed by applicant Date

Printed name Phone

Position Mobile

Email address

PRINT