

**Privacy**

MECON respects your privacy and complies with the Privacy Act and the National Privacy Principles. A copy of MECON's privacy information brochure is available from our office or website [www.mecon.com.au](http://www.mecon.com.au)

**Average Clause**

If the sum insured is less than 90% of the amount required to be insured, you will have to bear a proportion of any loss arising from loss or damage. Your proportion will be in the same ratio as the shortfall in the sum insured bears to 90% of the replacement cost.

**GST**

If you are a Registered Business and the Australian Tax Office regulations permit us to settle any claims you may make, or which are made against you:

- (a) exclusive of GST, or
- (b) where MECON can recover GST amounts included in such a settlement,

then all amounts insured and all Deductibles specified in the Policy will exclude GST. In all other cases, the amounts must be GST inclusive.

**Your Duty of Disclosure**

Before you enter into a contract of general insurance with an insurer, you have a duty, under the *Insurance Contracts Act 1984*, to disclose to the insurer every matter that you know, or could reasonably be expected to know, that is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms (The information you provide on the Proposal Form forms a part of such matter).

**Your Duty of Disclosure** (continued)

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows or, in the ordinary course of its business, ought to know; or
- as to which compliance with your duty is waived by the insurer.

**Non Disclosure**

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract.

If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

**Policy**

In order to understand the insurance you are proposing, you must read the Policy. Anything you state in this proposal form may be included in the Policy. If you propose something which MECON do not want to insure it will be excluded from the quotation we provide.

**Contact Us**

Mechanical & Construction Insurance Pty Ltd  
A.B.N. 58 106 907 055  
PO Box R1789 Royal Exchange NSW 1225  
Ph (02) 9252 1040 Fax (02) 9252 1050  
[www.mecon.com.au](http://www.mecon.com.au)

Single Projects

**Proposer's Details**

Name of Insured:

Address for notices:

Registered for GST?

Australian Business Number (ABN), if applicable

GST percentage, if it varies from 100%  %

Proposer's interest in the Project to be insured, are you the Principal or a Contractor or a Subcontractor or an Owner Builder? (You may be more than one)

# PROPOSAL FORM

Have you either alone or in partnership or jointly with any other party (or if a registered company) or any of your directors or office holders;

- a) made a claim for any loss, damage or liability of a type to be insured    Yes        No
- b) had an insurer decline any claim, cancel any insurance policy or impose special terms to any insurance policy    Yes        No
- c) been charged with or convicted of any criminal offence    Yes        No
- d) been declared bankrupt, insolvent, had a liquidator appointed or been a defendant in any civil court case    Yes        No

(all answers will be regarded as answers by all parties related to the proposal)

**If 'Yes' to any of the above, please provide full details below or on an attached sheet:**

## Insurance Details

Commencement Date       Expiration Date

Maximum Defects Liability Period (DLP)  (If you are an Owner Builder no cover for DLP will be provided)

Address of the Project:

What does the Project entail (including but not limited to no. of storeys, no. of basement levels, swimming pools, commissioning period - if applicable)

Has any work already commenced on the Project to be insured?    Yes        No   

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

Will any alterations or refurbishments to Existing Structures be undertaken?    Yes        No   

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

Will Existing Structures be occupied during the Project?    Yes        No   

Is there any demolition involved?    Yes        No   

If 'Yes' is the value of demolition greater than 25% of the Project value?    Yes        No

# PROPOSAL FORM

If 'Yes' describe:

Describe the predominant geology of the site (i.e. rock, sand etc)

**Will the Project involve any of the following:**

- |   |     |                          |    |                          |
|---|-----|--------------------------|----|--------------------------|
| a) Blasting or explosives   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| b) Demolition above 10 metres in height (other than internal non-structural demolition)   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| c) Actual excavation work or work in an existing excavation deeper than 5 metres          | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| d) Buildings or structures of historical significance                                     | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| e) Underground works, tunnels, shafts, mines or galleries                                 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| f) Road works or bridges  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| g) Pipelines greater than 250 metres in length  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| h) Irrigation systems, canal, reservoir, dam or siphon work                               | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| i) Any work in, on, over or under a permanent body of water                               | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| j) Directional drilling or boring greater than 50cm in diameter (other than piling/piers) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| k) Work in or around an airport or aircraft landing area or working railways or tramlines | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| l) Work in oil, gas, chemical or petrochemical plants                                     | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| m) Work in mining processing plants   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| n) Swimming pools   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| o) Piling or substantial vibration  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| p) Removal or weakening of supports of any nature   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| q) Underpinning or shoring  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| r) Retaining walls greater than 15 metres in length and/or 1.5 metres in height           | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| s) Excavation of underground services on site (other than to install new services)        | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| t) Flame cutting or welding   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| u) Use of hazardous chemicals or flammable liquids (more than 4 litres)                   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| v) Lowering of ground water   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

# PROPOSAL FORM

w) Technology which is of a prototype nature Yes  No

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

Please describe the property bordering the Project site and it's proximity to the work being undertaken

Is the interest of any financier of the Project to be noted? Yes  No

If 'Yes', please state the financier and their particular interest (e.g. ABC Bank P/L, first mortgagee)

## Sums Insured and Insured Property

These are the maximum sums insured which will apply to the Project:  
*(If automatic amounts below are insufficient please specify another amount)*

**Section One – Material Damage**

	Sums Insured
1.02 Contract price (or cost *) of the Project	\$ <input style="width: 90%;" type="text"/>
1.03 Principal Supplied ("free issue") Materials	\$ <input style="width: 90%;" type="text"/>
1.04 Existing Structures	\$ <input style="width: 90%;" type="text"/>
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)	\$ <input style="width: 90%;" type="text"/>
1.06 Variations and Escalation (20% of the amount specified at 1.02 and 1.03 is automatic)	\$ <input style="width: 90%;" type="text"/>
1.07 Removal of Debris (10% of the amount specified at 1.02, 1.03, 1.04 and 1.05 is automatic)	\$ <input style="width: 90%;" type="text"/>
1.08 Professional Fees (10% of the amount specified at 1.02 and 1.03 is automatic)	\$ <input style="width: 90%;" type="text"/>
1.09 Expediting Costs (5% of the amount specified at 1.02, 1.03 & 1.04 is automatic)	\$ <input style="width: 90%;" type="text"/>
1.10 Mitigation Costs (5% of the amount specified at 1.02, 1.03 and 1.04 is automatic)	\$ <input style="width: 90%;" type="text"/>

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

# PROPOSAL FORM

**Section Two – Public Liability Required?**

Yes  No

6.01 Public Liability

**Limits of Indemnity**  
\$

Sub Limits

6.02 Vibration Weakening or the Removal of Support

**Limits of Indemnity**  
\$

6.03 Property in Care, Custody or Control

\$

## Declaration and Signature

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 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.

I/we also acknowledge that MECON are not obliged to automatically accept the insurance proposed above, however MECON will formally advise me/us of the extent to which they are prepared to offer insurance by quotation, schedule or otherwise in writing.

<b>Signature</b>	<input type="text"/>	<b>Date</b>	<input type="text"/>
<b>Name</b>	<input type="text"/>		
<b>Position</b>	<input type="text"/>		