

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

Average Clause

If the sum insured is less than 90% of the replacement cost, you will have to bear a proportion of any loss arising from their 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 are 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, or more information is required, MECON will contact your insurance adviser.

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

Contractors Plant

Proposer's Details

Name of Insured:

Address for notices:

Registered for GST? Yes No

Australian Business Number (ABN), if applicable

GST percentage, if it varies from 100% %

Have you either alone or in partnership or jointly with any other party, or if a registered company any directors, office holders or major shareholders:

a) suffered any loss of a type to be insured Yes No

b) made a claim for a loss of a type to be insured under any policy Yes No

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- c) had an insurer decline any claim, decline any Proposal to insure, cancel any insurance policy or impose special terms to any insurance policy Yes No
- d) been charged with or convicted of any criminal offence Yes No
- e) 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' is answered to any of the above, please provide full details below or on an attached sheet:

Insurance Details

Commencement date Expiration date

Specify what type of Business you are engaged in? (e.g. earthworks, building construction, bridge construction, craneage, road works etc)

For the purpose of allocating the Terrorism charge please state the postcode in which most of the Insured Plant will be stored/yarded

Territorial Limit (i.e. name actual region, state, or country where Insured Plant will be used)

Will any work undertaken involve any of the following:

- a) Excavation deeper than 10 metres Yes No
- b) Blasting or explosives Yes No
- c) Underground works, tunnels, shafts or galleries Yes No
- d) Road works or bridges Yes No
- e) Work north of the 25th Parallel south Yes No
- f) Irrigation systems, canal, reservoir, dam or siphon work Yes No
- g) Any work in, on, around, over or under water Yes No
- h) Demolition above 10 metres in height (other than internal non-structural demolition) Yes No
- i) Directional drilling or boring greater than 50cm in diameter (other than piling/piers) Yes No
- j) Work in or around an airport or aircraft landing area or working railways or tramlines Yes No

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Sums Insured

1.06 Removal and Recovery (\$50,000 in total during the Period of Insurance is automatic) \$

**E.P.E. means each piece of equipment, E.E.E means each and every event*

Do you own all of the Insured Plant? Yes No

If 'No', please provide a copy of any rental agreement

Is any of the Insured Plant being hired out? Yes No

If 'Yes', please provide a copy of any rental agreement

Is any of the Insured Plant of a prototype nature? Yes No

If 'Yes', which item(s)?

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

If 'Yes', please state the financier and their particular interest (e.g. ABC Bank P/L, 2008 CAT excavator s/n 12345)

Section Two – Road Risk Liability Required? Yes No

Limits of Indemnity

6.01 Public Liability \$

Sub Limits

6.02 Removal of Debris (\$50,000 each and every occurrence. is automatic, if a greater sum is required please specify) \$

Dangerous Goods Carriage (\$100,000 in the aggregate for the Period of Insurance is automatic, if a greater sum is require please specify) \$

**E.E.O means each and every occurrence*

Section Three – Public Liability Required? Yes No

How long have you been in business?

a) In the last 12 months b) for the 12 months prior to a) c) for the 12 months prior to b)

Annual Turnover \$ \$ \$

No. of employees

Estimated total Annual Turnover from Business activities during the 12 months from the commencement of the Period of Insurance \$

What percentage of your Annual Turnover is derived from demolition work? %

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10.01 Public Liability Limits of Indemnity
 Sub Limits

10.02 Products Liability

Sub Limits Limits of Indemnity
 10.03 Vibration Weakening or the Removal of Support

10.04 Property in Care, Custody or Control

Other (specify type and amount required)

Endorsements

Do you require any of the following extensions or endorsements? *(Please refer to the Policy or ask your insurance adviser or MECON if an explanation of these endorsements is required)*

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| Acquisitions | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Agreed Insured Plant Value (ensure valuation is provided) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Appreciation of Plant Value | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Dry Hire | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Finance Gap | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Hire Costs or Finance Payment: (\$50,000 is standard to Endorsement – or specify amount required) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

What is the maximum weekly rate you would pay to hire in the equivalent of a single item of your Plant?

What is the maximum weekly finance payment you make for a single item of your Plant?

- | | | | | |
|------------------------|-----|--------------------------|----|--------------------------|
| Hire-in Insured Plant | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Multiple Crane Lift | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Ongoing Hire Costs | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Underground Risks | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Unintentional Overload | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| World Wide Travel | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

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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.

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