



SINGLE PROJECT INSURANCE – DECLARATION

Required in accordance with item 1.02 of the Policy and for Australian Reinsurance Pool Corporation (ARPC) for Terrorism premium purposes.

Insured	
Policy Number	
Broker	

Address of Project	
Description of Project	

Are you aware of any injuries to workers on the Site during the Period of Insurance which may have been caused by you, your Employees, your contractors or your subcontractors? [If yes, please attach brief written details of the incident(s)]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Have there been any unreported incidents (involving material, work or liability) which may give rise to a claim against the policy? [If yes, please attach brief written details of the incident(s)]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Complete Part A if Project is complete (declaration must be signed and dated)

OR

Complete Part B if an extension is required (declaration must be signed and dated)

Part A

Completion Date	
Initial Project Estimate	\$
Final Project Value	\$

Part B

Estimated Completion Date		
Reason for Delay		
Value of Work Finished	\$	
Value of Work Left	\$	
Description of Work to be Completed		
Details of Security on Site		
Is the Project to be Occupied prior to Completion?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Signature

Title

Date