

Contractors Plant Insurance

Declaration Form



RENEWAL NOTES

Some of the following information is obtained from the expiring policy records. If the policy is to be renewed or extended, please check that all of this information remains correct. **If anything requires alteration, please alter it on this form or advise MECON in writing prior to renewal or extension.** If information is blank, our records may be incomplete. Please provide this information.

Ensure you understand policy clauses 2.00 and 11.00 (How Premium is Calculated) before you complete the declaration.

POLICY DETAILS

Insured	<input type="text"/>	
Period of Insurance	<input type="text"/>	TO <input type="text"/>
Policy Number	<input type="text"/>	
Business	<input type="text"/>	

DECLARATION QUESTIONS

Will you be involved in any of the following risks:	a. Insured Plant being used in a tidal zone or on floating platforms or barges	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	b. Underground works such as tunnels, shafts or galleries	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	c. Stevedoring	Yes <input type="checkbox"/>	No <input type="checkbox"/>

IF YOUR BUSINESS IS SOLELY CRANE OPERATION / HIRE, DO NOT ANSWER THE QUESTIONS D. TO M. BELOW

d. Blasting or explosives	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e. Demolition above 15 metres in height (other than internal non-structural demolition)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
f. Directional (horizontal) drilling or boring greater than 1 metre in diameter (other than piling / piers)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
g. Excavation deeper than 10 metres	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. Road works or bridges	Yes <input type="checkbox"/>	No <input type="checkbox"/>
j. Work in or around an airport or aircraft landing area	Yes <input type="checkbox"/>	No <input type="checkbox"/>
k. Work in or around railways or tramlines	Yes <input type="checkbox"/>	No <input type="checkbox"/>
l. Work in oil, gas, chemical or petrochemical plants, including any work on gasoline service stations	Yes <input type="checkbox"/>	No <input type="checkbox"/>
m. Work on landfills, land which is listed on the contaminated land register or the application of waste or chemical products to land.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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

HIRE IN PLANT (only complete if you require cover for Hired in Plant)

Actual Hire fees past 12 months	<input type="text" value="\$"/>
Estimated Hire fees for the next Policy Period	<input type="text" value="\$"/>
Maximum aggregate sum insured for all items hired at any one time	<input type="text" value="\$"/>
Maximum sum insured required for any single item hired	<input type="text" value="\$"/>

DECLARATION QUESTIONS

Actual Annual Turnover	<input type="text" value="\$"/>	Estimated Annual Turnover for the next Policy Period	<input type="text" value="\$"/>
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Postcode of the usual storage yard, or area, for the majority of your plant	<input type="text"/>
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Alterations to the Schedule of insured plant (i.e. Items added or disposed, changes in value? (Attach schedule if required)

POTENTIAL CLAIMS Must be completed in all cases.

During the period of Insurance:

- a. Have you been made aware of any injuries to anyone on or off any site (not including your Employees); or
- b. Has there been any loss of, or damage to, the Project work or materials or property belonging to others that you have not reported to MECON?
- c. Have you become aware of any circumstance involving asbestos or pollution of any kind which might give rise to a claim against you by a third party?

Yes No

If 'Yes', please describe below:

To the best of your knowledge, having made appropriate enquiries, have you or any person with whom you are in partnership; or (if the proposed insured in a company) have any of the company's directors or officeholders*: (*registered company)

- a. Experienced any loss, damage, circumstance, liability or claim against you (whether insured or not) that could be covered by any of the policies now proposed?
- b. Had an insurer decline any claim, cancel any insurance policy or impose special terms to any insurance policy?
- c. Been charged with, pleaded guilty to or been convicted of any criminal offence or had any criminal offence proved?
- d. Been charged with, pleaded guilty to or been convicted of any criminal offence or had any criminal offence proved?
- e. Been associated in any way with any: Outlaw Motorcycle Gang ("OMG") or any member of an OMG; organised crime gang ("OCG") or any member of an OCG, or other illegal association?
- f. Had a liquidator and/or receiver appointed and/or been placed into external administration?
- g. Been declared bankrupt?

Yes No

If 'Yes' to any of the above, please provide full details below:

ALUMINIUM COMPOSITE PANELLING (ACP)

- i. Have you used ACP on any previous buildings or projects?
- ii. Will you be involved in removal or demolition of ACP in the future?

Yes No

Yes No

CONTACTORS POLLUTION LIABILITY

Only complete this if you have Contractors Pollution Liability Cover in place or if you do not have it but would like MECON to quote this cover.

Completing this question does not guarantee cover. It is only provided at MECON's sole discretion.

Contractors Pollution Liability (if any of i. to iii. below are answered 'yes' cover will not apply)

- i. We require you to have written procedures and/or methods in place so your staff know how to deal with the discovery of asbestos or if there is a pollution event. Do you need to create these procedures?
- ii. During the past five (5) years have you had any significant/reportable releases or spills of hazardous substances, hazardous waste or any other pollutant (as defined by the environmental statutes or regulations)?
- iii. In the past five (5) years, has there been, or is there now pending, a claim against you for clean-up, bodily/personal injury or property damage, resulting from the release into the environment of hazardous substances (including asbestos), hazardous waste, or other pollutants from the location or other locations owned or operated by you?

Yes No

Yes No

Yes No

DECLARATION AND SIGNATURE BY INSURED

I declare that the information provided above is entirely complete and correct.

Signed

Name

Signed

Title/Position

Dated