

Annual Project Insurance

Declaration Form



RENEWAL NOTES

Some of the following information is obtained from the expiring Policy records. Please check that all this information will remain correct for the renewal Policy. **If anything requires alteration, please alter it on this form or advise MECO in writing prior to renewal.** If information is blank, our records may be incomplete. Please provide this information.

Ensure you understand Policy clauses 2.00 and 7.00 (How Premium is Calculated) before you complete the declaration).

POLICY DETAILS

Insured	<input type="text"/>
Policy Number	<input type="text"/>
Business / Description of Projects	<input type="text"/>
Territorial Limit	<input type="text"/>
Basis of Insurance for Projects	<input type="text"/>
Maximum Project Duration	<input type="text"/>
Maximum Defects Liability Period	<input type="text"/>

SECTION ONE – MATERIAL DAMAGE SUMS INSURED REQUIRED

1.02 Maximum Project Value	<input type="text"/>
1.03 Principal Supplied Materials	<input type="text"/>
1.04 Existing Structure	<input type="text"/>
1.05 Contractors Plant, Tools and Reusable Equipment	<input type="text"/>

SECTION TWO – PUBLIC LIABILITY LIMITS OF LIABILITY REQUIRED

6.01 Public and Products Liability	<input type="text"/>
6.03 Vibration Weakening and Removal of Support	<input type="text"/>
6.04 Property in Care, Custody or Control	<input type="text"/>

DECLARATION QUESTIONS

Will any Project involve any of the following? If 'Yes' has been answered to any of the below questions, please describe the work involved in the Project in the area supplied.	a. Actual excavation work or work in an existing excavation deeper than 10 metres	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	b. Blasting or explosives (other than nail guns)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	c. Design and construct where you will provide the design	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	d. Directional (horizontal) drilling or boring greater than 1 metre in diameter (other than piling/piers)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	e. Excavation of Underground services on site (other than to install new services)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	f. Irrigation systems, canal, reservoir or dam work	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. Road works or bridges	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	i. Technology which is of a prototype nature	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	j. The lending of a Builder's licence to, or by, you	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	k. Underground works such as tunnels, shafts, mines or galleries	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	l. Work in mining processing plants	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	m. Work in oil, gas, chemical or petrochemical plants, including any work on gasoline service stations	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	n. Work in or around an airport or aircraft landing area or working railways or tramlines	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	o. Work north of the 26th Parallel south	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	p. 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:

Are you predominantly a plumber, roofer, waterproofer, piler, formworker or scaffolder?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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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? Yes No
- 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)? Yes No
- 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

IMPORTANT INFORMATION AND DECLARATION

Please Note: You will be responsible to ensure each Project included in your declared values is covered within the ambits of the Policy. In each case, if you are registered for GST (100%), please supply figures net of GST. **Please complete the entire form.**

SECTION A – Actual Values

If your Policy is **Run Off**, what is the total value of all Projects actually commenced during the Period of Insurance?

If your Policy is **Turnover**, what is the total Annual Turnover actually earned from all Projects during the Period of Insurance?

Please provide turnover or value split: Below the 26th parallel South*							Above the 26th parallel South		
NSW	ACT	VIC	TAS	SA	QLD	WA	QLD	WA	NT
%	%	%	%	%	%	%	%	%	%

*Below the 26th Parallel South (a geographical line running from Denham in Western Australia in the West to Gympie in Queensland to the East).

SECTION B – Potential Claims

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' to any the above questions, 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 is 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 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?
- e. Been declared bankrupt?
- f. Had a liquidator and/or receiver appointed and/or been placed into external administration?
- g. Been a defendant in any civil court case?

Yes No

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

SECTION C – Projections for the next Period of Insurance

For the next Period of Insurance: Dated To

If your Policy is **Run Off**, what is the estimated total value of all Projects expected to commence during the Period of Insurance?

If your Policy is **Turnover**, what is the estimated total Annual Turnover from all Projects during the Period of Insurance?

What percentage of the estimate is derived from demolition work?

Please provide turnover or value split: Below the 26th parallel South*							Above the 26th parallel South*		
NSW	ACT	VIC	TAS	SA	QLD	WA	QLD	WA	NT
%	%	%	%	%	%	%	%	%	%

*Below the 26th Parallel South (a geographical line running from Denham in Western Australia in the West to Gympie in Queensland to the East).

DECLARATION AND SIGNATURE BY INSURED

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

Signed

Name

Title/Position

Signed

Dated