

# Contractors Plant

## Proposal Form



### IMPORTANT NOTES

#### PRIVACY STATEMENT

MECON and AIG collect, use and disclose personal information about you, if an individual; and other individuals you provide information about, in line with our respective Privacy Policies and the privacy notice in the Product Disclosure Statement.

Further information about our Privacy Policies is available at:

MECON, at <https://www.mecon.com.au/privacy-policy/> or by contacting us at [customerservice@mecon.com.au](mailto:customerservice@mecon.com.au) or on 02 9252 1040.

AIG, at <https://www.aig.com.au/about-us/governance/privacy> or by contacting us at [australia.privacy.manager@aig.com](mailto:australia.privacy.manager@aig.com) or on 1300 030 886.

#### 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 an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

#### If you do not tell us something

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

#### POLICY

In order to understand the insurance you are proposing, you must read the Policy. Words beginning with a capital letter in this proposal form are defined in 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

MECON Insurance Pty Ltd | A.B.N. 29 059 310 904 | AFSL 253106 | PO Box R1789 Royal Exchange NSW 1225 | P: (02) 9252 1040 | [customerservice@mecon.com.au](mailto:customerservice@mecon.com.au)

### PROPOSERS DETAILS

<b>Full Name of Insured and Trading Name (if applicable)</b>	<input type="text"/>	<input type="text"/>
	First Name	Last Name
	<input type="text"/>	
	Trading Name (e.g. Company Name)	
<b>Interested Parties</b>	<input type="text"/>	
	Bank / Guarantor / Financier	
<b>Address for notices</b>	<input type="text"/>	
	Number, Street Address	
	<input type="text"/>	<input type="text"/>
	Suburb	State
		Postcode
<b>ABN</b>	<input type="text"/>	Registered for GST? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Australian Business Number	GST % (if varied from 100%) <input type="text"/>
<b>Year business established?</b>	<input type="text"/>	

**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?
- If 'Yes' to any of the above, please provide full details (or in space provided on page 4)

Yes  No

All answers above will be regarded as answers by all parties related to the proposal.

**INSURANCE DETAILS**

**Cover Required**  TO   
 Commencement Date Expiration Date

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

**Specify what type of Business you are engaged in?**  
 E.g. earthworks, building construction, bridge construction, craneage, road works.

**PROPOSER INFORMATION**

- 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  No
  - b. Underground works such as tunnels, shafts or galleries Yes  No
  - c. Stevedoring Yes  No

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

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

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

Are you predominantly a plumber, roofer, waterproofer, piler, formworker, scaffolder or welder? Yes  No

Have you installed Aluminium Composite Panelling in the past, or will you be involved in removing or demolishing it in the future? Yes  No

## CONTRACTORS POLLUTION LIABILITY

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

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

- 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? \* We will supply guidelines for these procedures to you if you don't have them.
- ii. During the past five (5) years have you had any significant/reportable releases or spills of hazardous substances, hazardous waste or any other pollutants (as defined by 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

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

## SUMS AND ITEMS INSURED AND LIMITS OF INDEMNITY

**Section One – Material Damage** Unless a policy/extension increase applies, these are the maximum sums insured which will apply to each and every event of loss or damage for each item of Insured Plant.

1.02 Insured Plant Market Value (please attach a list if there is insufficient space below)

	Description of each Plant Item	Manufacturer/ Model	Registration and/or Serial Number	Year of Manufacture	Road Risk Liability Required	Market Value/Sum Insured
1.					Yes <input type="checkbox"/> No <input type="checkbox"/>	
2.					Yes <input type="checkbox"/> No <input type="checkbox"/>	
3.					Yes <input type="checkbox"/> No <input type="checkbox"/>	
4.					Yes <input type="checkbox"/> No <input type="checkbox"/>	
5.					Yes <input type="checkbox"/> No <input type="checkbox"/>	
6.					Yes <input type="checkbox"/> No <input type="checkbox"/>	
7.					Yes <input type="checkbox"/> No <input type="checkbox"/>	
8.					Yes <input type="checkbox"/> No <input type="checkbox"/>	
9.					Yes <input type="checkbox"/> No <input type="checkbox"/>	
10.					Yes <input type="checkbox"/> No <input type="checkbox"/>	

1.03 Expediting Costs (\$20,000 is automatic)

1.04 Accessories and Tools (\$5,000 is automatic)

1.05 Debris Removal (\$50,000 is automatic)

1.06 Removal and Recovery (\$50,000 / \$250,000, undamaged / damaged, is automatic)

1.07 Windscreen Replacement (\$5,000 max. once only in Period of Insurance is automatic)

### Plant Items

Do you own all of the Insured Plant? (If "No", please provide a copy of any rental agreement.)

Yes  No

Is any of the Insured Plant being Dry Hired out? (If "Yes", please provide a copy of any rental agreement.)

Yes  No

Is any of the Insured Plant of a prototype nature? (If "Yes", which item/s?)

Yes  No

**Road Registered Vehicles**  
(A TMD Requirement)

Are any road registered vehicles, that can carry passengers, only able to carry up to a maximum of two tonnes above their kerb weight?  
(Note: cars, utes and vans will qualify).

Yes  No

**Section Two – Road Risk Liability**

Is Section Two Public Liability required?

Yes  No

Limits of Indemnity	6.01	Public Liability	<input type="text"/>
Sub Limits	6.02	Dangerous Goods Carriage (\$500,000 in the aggregate for the Period of Insurance is automatic, if a greater sum is required please specify)	<input type="text"/>
	6.03	Removal of Debris (\$50,000 each and every occurrence. is automatic, if a greater sum is required please specify)	<input type="text"/>

**Section Three – Public Liability**

Is Section Three Public Liability required?

Yes  No

During the 12 months from the commencement of the Period of Insurance:

- a. what is the estimated total Annual Turnover from Business activities
- b. what is the estimated salaries and wages
- c. what is the estimated payments to contractors / subcontractors
- d. what is the estimated number of Employees
- e. what percentage of your Annual Turnover is derived from demolition work

Limits of Indemnity	10.01	Public Liability	<input type="text"/>
Sub Limits	10.02	Products Liability	<input type="text"/>
	10.03	Vibration Weakening or the Removal of Support	<input type="text"/>
	10.04	Property in Care, Custody or Control (\$500,000 in the aggregate for the Period of Insurance is automatic unless a higher sum is specified)	<input type="text"/>

Other: (specify amount required and type below)

**Section Four – Business Interruption**

Is Section Four Business Interruption Required?

Yes  No

Estimated Annual Revenue / Turnover

Claim Preparation Fees

Indemnity Period

**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.

Please note, any extension noted as "Automatic" attracts an additional premium.

Please contact your insurance broker for full details.

- a. Acquisitions
- b. Agreed Insured Plant Value (ensure valuation is provided) Yes  No
- c. Appreciation of Plant Value
- d. Breakdown of Electrical, Mechanical, Electronic Parts Yes  No
- e. Contractors and Subcontractors Insurance
- f. Dry Hire
- g. Errors and Omissions Extension Yes  No
- h. Finance Gap Yes  No
- i. Financiers Interests
- j. Hire Cost or Finance Payment
- ((\$50,000 over 6 months is standard to endorsement – or specify amount required)
- What is the maximum weekly rate you would pay to hire in the equivalent of a single item of your Insured Plant?
- Maximum indemnity period (in weeks)?
- What is the maximum monthly finance payment you make for a single item of your Insured Plant?
- Maximum indemnity period (in months)?
- k. Hired-in Insured Plant Yes  No
- ((\$50,000 over 6 months is standard to endorsement – or specify value of plant to be insured)

Type of Plant Hired	Total Hire Cost
<input type="text"/>	<input type="text"/>
l. Multiple Crane Lift	Automatic
m. Incidental Cover	Automatic
n. Ongoing Hire Costs (\$50,000 over 6 months is standard to endorsement – or specify amount required)	Automatic
o. Own Goods Lifted (\$5,000 limit is standard within endorsement)	<input type="text"/>
p. Trailers Used but Not Owned	Yes <input type="checkbox"/> No <input type="checkbox"/>
q. Underground Work (mines, tunnels and the like)	Yes <input type="checkbox"/> No <input type="checkbox"/>
r. Unintentional Overload	Automatic
s. World Wide Travel	Yes <input type="checkbox"/> No <input type="checkbox"/>

**ADDITIONAL SPACE IF REQUIRED**

**DECLARATION AND SIGNATURE BY PROPOSER**

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 consent to AIG and MECON collecting, using and disclosing personal information as set out in their respective Privacy Policies.

If I/We have provided or will provide information to AIG and MECON about any other individuals, I confirm that I am authorised to disclose his or her personal information to AIG and also to give the above on both my/our and their behalf.

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

NOTE - If someone has completed this form on your behalf, before signing this proposal form double check the details to ensure that you agree that all answers completed by that person are true and correct.

**Signed**

Name

Title/Position

Signed

Dated