

Single Project Insurance

Declaration Form



POLICY DETAILS

Insured	<input type="text"/>
Policy Number	<input type="text"/>
Description of Project	<input type="text"/>
Address of Project	<input type="text"/>

POTENTIAL CLAIMS

During the Period of Insurance:

- a. have you been made aware of any injuries to anyone on or off site (not including your Employees); or Yes No
- 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? Yes No
- 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 of the above questions, please describe below:

IF THE PROJECT IS FINISHED PLEASE COMPLETE PART A OR
IF A TIME EXTENSION IS REQUIRED PLEASE COMPLETE PART B

**PART
A**

Completion Date	<input type="text" value="DD / MM / YYYY"/>
Initial Project Value	<input type="text" value="\$"/>
Final Project Value	<input type="text" value="\$"/>

OR

PART B

EXTENSION IS REQUIRED

Estimated date for Completion	<input type="text" value="DD / MM / YYYY"/>
Value of Work Completed	<input type="text" value="\$"/>
Value of Work to be Completed	<input type="text" value="\$"/>
Description of Work to be Completed	<input type="text"/>
Details of Security on Site	<input type="text"/>
Reason for Delay	<input type="text"/>

Is the Project to be occupied prior to completion? Yes No

DECLARATION AND SIGNATURE BY INSURED

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

DECLARATION MUST BE SIGNED AND DATED

Signature

Title / Position

Dated