

# Annual Project Insurance

## 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.

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:

- exclusive of GST, or
  - 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.

#### DUTY TO TAKE REASONABLE CARE NOT TO MAKE A MISREPRESENTATION

If you enter into a contract for this insurance product, and such insurance is for a home Project where you are an individual who has been issued an owner builder licence for the purpose of such Project, you have a duty to take reasonable care not to make a misrepresentation in accordance with the following:

You have a duty to take reasonable care not to make a misrepresentation to us before the contract of insurance is first entered into. You have the same duty when you renew, extend, vary or reinstate the contract.

This means that you must take reasonable care to answer accurately and completely all of the questions we ask you. If you are unsure about the requirements of any of our questions, please tell us. If you need to check your records or other information before answering, please make sure you do so. In answering our questions, you should also make sure you provide accurate and complete answers for anyone else to whom the questions apply.

Your compliance with this duty is very important as we make our decisions whether to insure you and, if so, on what terms based on the information you provide.

If you fail to take reasonable care and make a misrepresentation to us, we may be entitled to:

- cancel your contract;
- deny a claim or reduce the amount we will pay you if you claim, or

if the misrepresentation was made fraudulently, treat the policy 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

Full Name of Insured and

Trading Name (If Applicable)

First Name

Last Name

Trading Name (e.g. Company Name)

Interested Parties

Bank / Guarantor / Financier

Address for Notices

Number, Street Address

Suburb

State

Postcode

ABN  Registered for GST? Yes  No   
 Australian Business Number GST % (if varied from 100%)  %

Year business established?

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 (or in space provided on page 5)

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

**INSURANCE DETAILS**

Cover Required  TO   
 Commencement Date Expiration Date

**Basis of Insurance for Projects (Please select either a. or b.)**  
 Note that the cover starts and ends differently for each basis and the value required for each may differ:

- a. Project Run-Off Basis (or "projects commencing" basis)  
 Do you require insurance only for the Projects that you commence during the Policy Period until they are completed? Yes  No   
 If 'Yes', please provide the estimated total value of all Projects you expect to commence during the Policy Period  
 \$  
 Do you require insurance on any Projects currently underway? Yes  No   
 If 'Yes', provide a list showing commencement date, location, description, value of work completed to date and total Project value for all Projects currently underway in the space provided on the last page.

**OR**

- b. Annual Turnover Basis ("transfer" or "cut off" basis) Yes  No   
 Do you require insurance on all Projects on-hand at the start of, and commenced during, the Policy Period to be insured until expiry of the current Policy Period?  
 (All MECON cover ceases at expiry – even Defects Liability Period Cover, unless cover is renewed with MECON)  
 If 'Yes':  
 i) Please provide the estimated total Annual Turnover of all Projects to be insured  
 \$  
 ii) For all Projects currently underway, please provide a list showing commencement date, location, description, value of work completed to date and total Project value in the space provided on the last page.

**Project Information**

Occupation	Percentage of Turnover	Max Project Value	Max Project Duration	Max Defects Liability Period
New Residential Dwellings	%	\$	months	months
Alterations to Residential Dwellings	%	\$	months	months
New Commercial/Industrial Buildings	%	\$	months	months
Alterations to Commercial/Industrial Buildings	%	\$	months	months
Other (i.e., Roads, bridges, marinas, tanks, silos, masts, etc.)	%	\$	months	months
	%	\$	months	months
	%	\$	months	months
	%	\$	months	months

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).

**Project Number** Estimated number of Projects to be insured during the Policy Period?

**In the Next 12 Months** Amount of salaries \$

Amount paid to subcontractors \$

Number of employees

**Terrorism** For the purpose of allocating the Terrorism charge please state the postcode in which the majority of work will be undertaken. (Note: this charge is subject to annual adjustment based upon the Projects insured. The ARPC require you to declare the postcode and total Project value expended on each Project at the renewal date of the Policy).  Postcode

**Existing Structures** Will any alterations or refurbishments to Existing Structures be undertaken? Yes  No

Do you require Section One – (Material Damage) insurance for those Existing Structures? Yes  No

**Demolition** Will the cost of demolition work exceed 25% of your annual turnover and / or will any demolition work exceed 15 metres in height (other than internal non-structural demolition)? Yes  No

If 'Yes' please specify:

**Projections** In the next 12 months, will any Projects differ in size, scope or complexity from those undertaken by you in the past 3 years? Yes  No

If 'Yes', describe the difference.

## PROJECT INFORMATION

**Will the 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 provide the design	Yes <input type="checkbox"/> No <input type="checkbox"/>
d. Directional 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  No

### CONTRACTORS POLLUTION LIABILITY

**Only complete this question if you would like MECON to quote this cover. If any of i. to iii. are answered 'yes' cover will not apply. Completing this question does not guarantee cover. It is 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:

### SUM INSURED AND INSURED PROPERTY

#### Section One – Material Damage

**These are the maximum sums insured which will apply to the Project:**

If automatic amounts below are insufficient please specify another amount.

- 1.02 Maximum Project value
- 1.03 Maximum amount of Principal Supplied Materials ("free issued") for any one Project
- 1.04 Existing Structures (maximum value for any one Project)
- 1.05 Contractor's Plant, Tools and Reusable Equipment  
(attach list of Plant and Equipment with their values or nominate an amount for non-specific items)
- 1.06 Variations and Escalation (20% of the amount specified at 1.02 and 1.03 is automatic)
- 1.07 Removal of Debris (10% of the amount specified at 1.02, 1.03, 1.04 and 1.05 is automatic)
- 1.08 Professional Fees (10% of the amount specified at 1.02 and 1.03 is automatic)
- 1.09 Expediting Costs (5% of the amount specified at 1.02, 1.03 & 1.04 is automatic)
- 1.10 Mitigation Costs (5% of the amount specified at 1.02, 1.03 and 1.04 is automatic)


#### Section Two – Public Liability

**Is Section Two Public Liability required?**

Yes  No

- Limits of Indemnity 6.01 Public Liability
- Sub Limits 6.02 Products Liability
- 6.03 Vibration Weakening or the Removal of Support
- 6.04 Property in Care, Custody or Control

'Automatic - same as 6.01 above'
'Automatic - same as 6.01 above'

### OPTIONAL ADDITIONAL COVERS

In addition to Material Damage and Liability, do you require Cover Advantage Endorsement?

Yes  No

Note: an additional premium may apply to each of these additional extensions. Please contact your insurance broker for full details.

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 line with 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