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CONSTRUCTION INSURANCE QUOTATION REQUEST

Broker Firm &

Contact Name

Contact Details

Date

Subject

Please provide your quotation based on the following

Insured Name _____

Principal Name _____

Contractor Name _____

Interested Party _____

Address of Contract Site _____

Policy Type Annual Policy Single Policy Owner Builder

Full Description Of Contract _____

Estimated Date Of Commencement _____

Number Of Storeys _____ Length Of Roof Span _____ Metres

Construction Period _____ Months Maintenance Period _____ Months

Is the insured involved in any of the following

Excavation > 2.5 metres	<input type="checkbox"/> Yes <input type="checkbox"/> No	Underpinning / Piling	<input type="checkbox"/> Yes <input type="checkbox"/> No
Demolition	<input type="checkbox"/> Yes <input type="checkbox"/> No	Blasting	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, please give details methods etc _____

Site Security _____

Proximity to Surrounding Buildings _____

Site Condition (Flat, Sloping Etc) _____

If Annual Cover Required please provide

Actual Turnover	\$	_____
Maximum Limit Any One Contract	\$	_____
Maximum Term Any One Contract	\$	_____
<i>Percentage % of</i>		
Residential – Up To 2 Storey		_____ %
Residential – Multi Storey		_____ %
Alterations/Additions		_____ %
Commercial – Up to 2 Storey		_____ %
Commercial – Multi Storey		_____ %
Other – Please Specify		_____ %

SUMS INSURED

Contract Value	\$	_____	Hoists, Cranes & Mobile Construction Plant	\$	_____
Escalation Allowance	\$	_____	Storage Of Materials Off Site	\$	_____
Materials Supplied By The Principal	\$	_____	Transit	\$	_____
Expediting Expenses	\$	_____	Testing & Commissioning	\$	_____
Removal Of Debris	\$	_____	Other – Please Specify	\$	_____
Professional Fees	\$	_____	Total Sum Insured	\$	_____
Existing structures (Excluding Contents)	\$	_____	Public Liability	\$	_____
Plant & Equipment & Tools	\$	_____	Products Liability	\$	_____

Are you the Holding Broker Yes No

Current Underwriter _____

Expiry Date _____

Claims Details last 5 years _____