



CONSTRUCTION INSURANCE APPLICATION

Custodian Underwriting Agency Suite 3.1 56 Delhi Road NORTH RYDE 2113
AFSL 301 970
ABN 17 116 860 103

Broker Name _____

Policy Number _____

Period of Insurance Commencement Date _____ Completion Date _____

Type of Cover Single Policy Annual Policy Owner Builder

Maintenance Period _____ Weeks **Testing Period** _____ Days
_____ Months _____ Weeks

Full Name of Insured _____

Full Name of Principal _____

Full Name of Contractor _____

Postal Address _____

Contact Details Tel _____ Fax _____
Mobile _____ Email _____

Tax Status ABN _____ Taxable % _____

Interested Party Name _____

Address _____

Address of Contract Site _____

Please provide full description of the Contract(s) for the next 12 months _____

SINGLE POLICY
 YES NO
IF YES, PLEASE COMPLETE

Please provide details of builders work experience _____

Please provide details of construction methods & materials used _____

Please provide details of sub soils / type _____

Please provide details of foundation type _____

Please provide the number of storeys & basements _____

Please provide details of the sites security _____

Is the site exposed to any major hazards YES NO
If yes, please provide details _____

ANNUAL POLICY
 YES NO
IF YES, PLEASE COMPLETE

Where are your contracts predominately based City / CBD Metropolitan Country / Rural N/A

Percentage of work Carried Out

Contract Type	Activity %	Contract Type	Activity %
Residential - up to 2 storey	_____	Commercial – up to 2 storey	_____
Residential - multi storey	_____	Commercial – multi storey	_____
Industrial Contracts	_____	Mechanical	_____
Civil (Dry Risks)	_____	Other – please specify _____	_____
Civil (Wet Risks)	_____		

Estimated Turnover – Total Contract Values of Contracts to be commenced during the period \$ _____

Maximum Limit any one contract \$ _____

Maximum term any one contract _____

SUMS INSURED**MATERIAL DAMAGE**

Contract Value	\$
Escalation Allowance	\$
Materials supplied by the Principal	\$
Expediting Expenses	\$
Removal of Debris	\$
Professional Fees	\$
Existing Structures (excluding contents)	\$
Plant & Equipment, Contractors Tools	\$
Hoists, Cranes & Mobile Construction Plant	\$
Temporary Buildings, Hoardings, other site buildings & contents	\$
Storage of Materials off site	\$
Transit	\$
Testing & Commissioning	\$
Other – please specify	\$
Total Sum Insured	\$

LEGAL LIABILITY

IS COVER REQUIRED ?

 YES NO

Public Liability	
Limit of Indemnity Required	\$
Products Liability (Annual Policy Only)	
Limit of Indemnity Required	\$

Does any of the work include the followingUnderpinning or piling YES NODemolition YES NO**If yes, to what height** _____Excavation greater than 2.5 metres YES NO**If yes, to what depth** _____Blasting YES NOHiring of casual staff from labour hire companies YES NO**If yes what is the expected cost over the next 12 months** \$ _____**Risk Management**Do you require Sub Contractors to have their own liability insurance YES NOIs this process monitored and enforced YES NO N/A Do you hold regular meetings with relevant on site staff & sub contractors where work hazards & risk management issues are discussed YES NO

YOUR PREVIOUS HISTORY

Have you either alone or jointly with any other party had any of the following in the last FIVE (5) years

Had any losses (whether insured or not) YES NO

If yes, please provide details

200 to 200			200 to 200			200 to 200			200 to 200			200 to 200		
Amount	no	Excess	Amount	no	Excess	Amount	no	Excess	Amount	no	Excess	Amount	no	Excess

Had any insurance policy declined or cancelled, proposal rejected, renewal refused or special conditions such as a high excess imposed ? YES NO

Had any insurer decline any claim submitted ? YES NO

Have you or any of your partners, shareholders or directors of the business ever been declared bankrupt or ever been involved in a company or business which became insolvent or subject to any form of insolvency ? YES NO

Have you **ever at any time** been convicted of a serious criminal offence (other than traffic) ? YES NO

Have you **ever at any time** suffered a large loss (greater than \$250,000) whether insured or not? YES NO

If yes to any of the above please provide details & advise what precautions have you taken to prevent future similar losses (if insufficient space please refer to additional information)

Please advise names of all companies with whom you have previously insured

IMPORTANT (Please read the following carefully before signing this Application)

DUTY OF DISCLOSURE

Before you enter into a contract of general insurance with an insurer, you have a duty at law to disclose to the insurer anything that you could be reasonably expected to know is relevant to the Insurer's decision whether to accept the risk of the insurance & , if so, on what terms.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insure knows or, in the ordinary course of business, ought to know;
- as to which compliance your duty is waived by the insurer.

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract

If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning

PRIVACY

Custodian Underwriting Agency respects your privacy & complies with the Privacy Act & the National Privacy Principals. A copy of our Privacy Statement is available from our office or online at www.custodianua.com.au

CO INSURANCE

Our policy contains a condition of co-insurance which means that if your Sums(s) Insured is / are inadequate at the time of loss, part of the loss may not be covered. In addition, we will never pay more that the Sum(s) Insured.

GOODS & SERVICES TAX (GST)

To ensure you do not incur any unnecessary GST Liabilities on Claim Settlements please ensure you r Australian Business Number (ABN) & tax status are entered in the space provided in this Application. Any GST Liability from Your incorrect advice is payable by you.

POLICY DETAILS

Anything you state in the Application will form part of the Policy Document unless we tell you otherwise. Before you complete the Application, you should read carefully the Policy because it will tell you about the Insurance you are proposing we provide & contains definition of words used in this Application.

ADDITIONAL INFORMATION

If inadequate space is provided to answer any of the questions raised in this Application, please attach a separate signed Addendum giving full details of the additional information.

DECLARATION & SIGNATURE

You declare & acknowledge as follows

- You have not suppressed misrepresented or mis-stated any material information within your knowledge likely to affect our decision as to your eligibility for insurance & the answers given in this Application are in every respect true & correct.
- You authorise Assetinsure P/L ABN 56 066 463 803 to give to or obtain information from other insurers or insurance reference bureaus or credit reporting agencies, any information about this insurance or any other insurance I have including this completed application & my insurance claims history & my credit history

Applicant's Signature

Date

Applicant's Name

Applicant's Position

Thank you for Completing This Application