# **Annual Project**

# Proposal Form

# MECONINSURANCE

## **IMPORTANT NOTES**

#### **PRIVACY STATEMENT**

This notice sets out how MECON and AIG collect, use and disclose personal information about:

- · you, if an individual; and
- other individuals you provide information about.

In this section dealing with privacy, "we", "our" and "us" refer to both MECON and AIG as applicable.

Further information about our Privacy Policies is available at:

- for MECON, at <a href="www.mecon.au/about/privacy-policy/">www.mecon.au/about/privacy-policy/</a> or by contacting us at <a href="customerservice@mecon.com.au">customerservice@mecon.com.au</a> or on 02 9252 1040; and
- for AIG, at www.aig.com.au or by contacting us at australia.privacy.manager@aig.com or on 1300 030 886.

#### How We Collect Your Personal Information

We usually collect personal information from you or your agents.

We may also collect personal information from:

- · our agents and service providers;
- · other insurers;
- people who are involved in a claim or assist us in investigating or processing claims, including third parties claiming under your policy, witnesses and medical practitioners;
- third parties who may be arranging insurance cover for a group that you are a part of;
- providers of marketing lists and industry databases; and
- publically available sources.

#### Why We Collect Your Personal Information

We collect information necessary to:

- underwrite and administer your insurance cover;
- maintain and improve customer service; and
- advise you of our and other products and services that may interest you.

You have a legal obligation under the Insurance Contracts Act 1984 to disclose certain information. Failure to disclose information required may result in us declining cover, cancelling your insurance cover or reducing the level of cover, or declining claims.

#### To Whom We Disclose Your Personal Information

In the course of underwriting and administering your Policy we may disclose your information to:

- entities to which we are related, reinsurers, contractors or third party providers providing services related to the administration of your Policy;
- banks and financial institutions for Policy payments;
- assessors, third party administrators, emergency providers, medical providers, in the event of a claim;
- government, law enforcement, dispute resolution, statutory or regulatory bodies, or as required by law; and
- in the case of MECON and AIG, to each other.

AIG is likely to disclose information to some of these entities located overseas, including in the following countries: United States of America, United Kingdom, Singapore, Malaysia, the Philippines, India, Hong Kong, New Zealand as well as any country in which you have a claim and such other countries as may be notified in our Privacy Policy from time to time.

#### Access To Your Personal Information

Our Privacy Policies contain information about how you may access and seek correction of personal information we hold about you. In summary, you may gain access to your personal information by submitting a written request to MECON or AIG.

In some circumstances permitted under the Privacy Act 1988, we may not permit access to your personal information. Circumstances where access may be denied include where it would have an unreasonable impact on the privacy of other individuals, or where it would be unlawful.

#### **Complaints** lain about a

Our Privacy Policies also contain information about how you may complain about a breach of the applicable privacy principles and how we will deal with such a complaint.

#### Consent

If applicable, your application includes a consent that you and any other individuals you provide information about consent to the collection, use and disclosure of personal information as set out in this notice.

#### **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 a contract of general insurance with an insurer, you have a duty, under the *Insurance Contracts Act 1984*, to disclose to the insurer every matter that you know, or could reasonably be expected to know, that is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms. (The information you provide on the Proposal Form forms a part of such matter). 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 insurer knows or, in the ordinary course of its business, ought to know; or
- as to which compliance with your duty is waived by the insurer.

#### Non Disclosure

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.

### **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 | F. (02) 9252 1050 | 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 Pty Ltd)	
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%)
Years in business		
	Years	
Have you either alone or in partnership or jointly with any other party or any of your directors or office holders* (*registered company)	b. had an insurer decline any claim, cancel any insurance policy c. been charged with or convicted of any criminal offence? d. been declared bankrupt, insolvent, had a liquidator appoint 'Yes' to any of the above, please provide full details here.	nted or been a defendant in any civil court case?
	All answers above will be regarded as answers by all p	arties related to the proposal.
INSURANCE DETAILS		
Cover Required	DD / MM / YYYY	DD / MM / YYYY
	Commencement Date	Expiration Date
Project Information		
	Maximum Project Duration	Maximum Defects Liability Period
Specify exactly what type of Projects will be undertaken (I.e. Construction and alteration of residential buildings / units. Construction of Commercial buildings, roads, bridges, marinas etc.)		
BASIS OF INSURANCE FOR	PROJECTS	
Please select either a. OR b.  Note that the cover starts and ends differently for each basis and the values required for each may differ:	a. Project Run-Off Basis (or "projects commencing" b Do you require insurance only for the Projects that you commence If 'Yes', please provide the estimated <u>total value of all Projects</u> you \$\\$	during the Policy Period until they are completed? (plus Defects Liability Period)

	Do you require Insurance on any Projects currently underway?  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 page 5.																	
		,	cts current	ly underway. In	the space p	rovided on I	page .	5.										
		b.	OR b. Annual Turnover Basis ("transfer" or "cut off" basis)  Yes  No															
		ν.	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								of							
			the current Policy Period? (All cover ceases at expiry – even Defects Liability Period Cover).  If 'Yes', please provide the estimated total Annual Turnover of all Projects to be insured?															
				lease provide tri	e <u>estimated</u>	I total Alliu	ai iui	nover or a	ili PTOJI	ects to be	IIISUI	zu:						
			\$															
				a list showing co ly underway in t					ion, va	llue of wor	k com	pleted to c	late and total	Project v	alue fo	or all		
			Belo	ow the 25 <sup>tl</sup>	h Paralle	el South						Above	the 25 <sup>th</sup>	Parall	lel S	outh	1	
NSW	ACT	VIC	T/	AS SA	4	QLD		WA		NT		QLD	WA		NT			
%	%		%	%	%		%		%		%		%	%		9	6	
Projects		Estim	ated numb	er of Projects to	be insured	during the	Policy	Period?						Number o	of Proje	ects		
Terrorism		For th	ne purpose	of allocating the	e Terrorism	charge plea	ise sta	ate the po	stcode	e in which t	the m	aiority of w		Turriber o				
TETTOTISTIT		unde	rtaken.	e is subject to ann									<u>[</u>	\+l -				
		•	0	al Project Value e	,			,				ire you to de	ciale the	ostcode				
In the next 12	2 months	Annu	al Turnove	r from 'Business	' insured								\$					
		Amou	unt of salar	ioc									\$					
													7				_	
		Amou	unt paid to	subcontractors									\$					
		Numl	ber of emp	loyees														
Existing Struct	tures	Will	any alter	ations or refur	bishments	to Existin	g Str	uctures k	oe und	dertaken <sup>*</sup>	?			Yes		No		
		Do y	ou requir	e Section One	– (Materi	al Damage	e) ins	urance fo	or tho	se Existir	ng Str	uctures?		Yes		No		
Demolition W	/ork		Will the value of demolition work exceed 25% of your annual turnover and / or will any demolition  Yes  No  No															
If 'Yes', please s	' '																	
ose space on page 3	n required.																	
Proiections		In the	e next 12 n	nonths, will any	Projects di	ffer in size, :	scope	e or comp	lexity	from thos	e und	lertaken by	you in the	Yes		No		
j			3 years?															
If 'Yes', describe Use space on page 5		e.																
																	_	
Will the Proje		y of a	. Blast	ing or explosi	ves (other	than nail gu	ns)							Yes		No		
the following?  If 'Yes' has been a		of b		al excavation				_			nan 1	0 metres		Yes	닏	No		
the below question	ss been answered to any of v questions, please describe involved in the Project in the describe in the describe involved in the Project in the describe involved in the Project in the describe in the describ								No	=								
area supplied at t	-	u		l works or bric	•	والجريب المالا								Yes	H	No	=	
section.			e. Work north of the 25th Parallel south  f. Pipelines greater than 250 metres in length  Yes No								=							
		g		vation of Unde			-							Yes Yes	H	No	=	
		0		er than to inst	-		i Sitt								ш			
		h	ı. Dired	ctional drilling	or boring	greater th	an 1	metre in	diam	neter (oth	er tha	n piling/pie	rs)	Yes		No		
		i.	Wor	k in or around	an airport	or aircraft	t land	ding area	or w	orking ra	ilway	s or traml	ines	Yes		No	· 📃	
		j.	Wor stati	k in oil, gas, ch ons	emical or	petrochen	nical	plants, ii	ncludi	ing any w	ork c	on gasoline	e service	Yes		No	· L	
		k		k in mining pro										Yes	$\sqsubseteq$	No	· <u> </u>	
		I.		nology which										Yes	닏	No	=	
		n		k on landfills, l e or chemical			n the	e contam	inate	d land re	gistei	r or the ap	plication of	Yes	Ш	No		
If 'Yes' to any o	f the aforeme	ntioned o			•		dditi	onal spa	ce pro	ovided on	page	e 5 :						

CONTRACTORS POLLUT	ION L	iability				
▼ Completing this question does		z. Contractors Pollution Liability (if any of I to iii below are answered 'yes' cover will r	not apply			
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 you know how to deal with the discovery of asbestos or if there is a pollution every you need to create these procedures?		Yes*		No
		*We will supply guidelines for these procedures to you if you don't have ther	n.		_	_
		ii. During the past five (5) years have you had any significant/reportable releas of hazardous substances, hazardous waste or any other pollutants (as define environmental statutes or regulations)?		Yes		No
		If yes, please provide details below.				
		iii. In the past five (5) years, has there been, or is there now pending, a claim age for clean-up, bodily/personal injury or property damage, resulting from the into the environment of hazardous substances (including as	release ous waste,	Yes		No
If yes, provide details of the clain	n(s), its	disposition or present status below.				
SUM INSURED AND INS	URED	PROPERTY				
Section One – Material Da	mage					
These are the maximum sums	1.02	Maximum contract price (Project value) of any one Project	\$			
insured which will apply to the Project: If automatic amounts below are insufficient please specify another amount. Use space on page 5 if required.	1.03	Maximum amount of Principal Supplied ("free issue") Materials 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 Liabi		Is Section Two – Public Liability - requ		Yes	$\overline{\Box}$	No
Section 1 Wo 1 dolle Eldor	iicy	is section two tradite classifity requ	Limits of Ir		y	110
	6.01	Public Liability	\$			
		Sub limits	Limits of Ir	ndemnit	у	
	6.02	Products Liability	\$			
	6.03	Vibration Weakening or the Removal of Support	\$			
	6.04	Property in Care, Custody or Control	\$			
OPTIONAL ADDITIONAL	COV	ERS				
In addition to Material	a.	Advanced Business Interruption Cover		Yes		No
Damage and Liability, do you require any of the following	υ.	Cover Advantage Endorsement		Yes	님	No _
extensions:	C.	Earthworks Advantage Cover		Yes	님	No L
Note, an additional premium may apply to each of these additional	d.	Errors and Omissions Extension  Liquidated Damages Extension (Residential Builders Only)		Yes Yes	H	No
extensions. Please contact your insurance broker for full details.	e.	Elydidated Dalliages Extension (Residential builders Offly)		162	Ш	INU

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 have sought clarification of any aspects of the proposal form or Policy docu	and that I / we have read and understood the Policy document. I / we
I/we acknowledge that MECON Insurance Pty Ltd may give to, and obtain insurance as well as insurance claims information obtained during the cour	
I/we also acknowledge that MECON Insurance Pty Ltd are not obliged to understand that MECON Insurance Pty Ltd will formally advise me / us of t Schedule or otherwise in writing.	
NOTE - If someone has completed this form on your behalf, be	
Signed ensure that you agree to all answers con	npleted by that person are true and correct.
Name	Title / Position
	DD / MM / YYYY
Signed	Dated