

Annual Project Insurance

Declaration Form



RENEWAL NOTES

Some of the following information is obtained from the expiring policy records. Please check that all of this information will remain correct for the renewal policy. **If anything requires alteration, please alter it on this form or advise MECOIN in writing prior to renewal.** If information is blank, our records may be incomplete. Please provide this information.

Ensure you understand policy clauses 2.01 and 7.00 (How Premium is Calculated) before you complete the declaration.

POLICY DETAILS

Insured	
Policy Number	
Business / Description of Projects	
Territorial Limit	
Basis of Insurance for Projects	
Maximum Project Duration	
Maximum Defects Liability Period	

SECTION ONE – MATERIAL DAMAGE

1.02	Maximum Project Value	
1.03	Principal Supplied Materials	
1.04	Existing Structures	
1.05	Contractors Plant, Tools and Reusable Equipment	

SECTION TWO – PUBLIC LIABILITY

6.01	Public and Products Liability	
6.03	Vibration Weakening and Removal of Support	
6.04	Property in Care Custody or Control	

DECLARATION QUESTIONS

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 at the end of this section.

a.	Blasting or explosives (other than nail guns)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
b.	Actual excavation work or work in an existing excavation deeper than 10 metres	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
c.	Underground works such as tunnels, shafts, mines or galleries	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
d.	Road works or bridges	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
e.	Work north of the 25th Parallel south	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
f.	Pipelines greater than 250 metres in length	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
g.	Excavation of Underground services on site (other than to install new services)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
h.	Directional drilling or boring greater than 1 metre in diameter (other than piling/piers)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
i.	Work in or around an airport or aircraft landing area or working railways or tramlines	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
j.	Work in oil, gas, chemical or petrochemical plants, including any work on gasoline service stations	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
k.	Work in mining processing plants	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
l.	Technology which is of a prototype nature	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
m.	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:

CONTRACTORS POLLUTION LIABILITY

▼ Completing this question does not guarantee cover. It is only provided at Mecon's sole discretion.

- n. Contractors Pollution Liability (if any of i to iii below are answered 'yes' cover will not apply)
- 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? Yes* No
** 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)? 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 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

If yes, provide details of the claim(s), its disposition or present status below.

IMPORTANT INFORMATION AND DECLARATION

You have the option of providing the simple renewal information in Section B below, or providing more comprehensive renewal information in Section A below. If you choose to complete A below, MECON will check that the projects listed are covered by the policy. MECON will advise you if any projects are not covered and why. If you require, we will try to cover them for you. **However, if you choose to complete section B below, we will not be able to check individual project details to see if it is covered by the policy.** You will be responsible to ensure each project included in your declared values is covered by the policy. In each case, if you are registered for GST (100%), please supply figures net of GST.

Please complete Section A OR Section B below. Complete Section C in all cases.

SECTION A With this declaration MECON can check to see if projects declared are covered by the policy.

Description of Project <small>(only list projects which are incomplete or which were completed during the Period of Insurance)</small>	State and Postcode of Project	Project Start Date	Estimated Completion Date	Project Value completed during this Period of Insurance	Project value to be completed next Period of Insurance	Total Project Value
		/ /	/ /	\$	\$	\$
		/ /	/ /	\$	\$	\$
		/ /	/ /	\$	\$	\$
		/ /	/ /	\$	\$	\$
		/ /	/ /	\$	\$	\$
TOTALS				\$	\$	

SECTION B With this declaration MECON cannot check to see if projects declared are covered by the policy.

If your policy is **Run Off**, what was the total value of all projects actually commenced during the period of insurance?

If your policy is **Turnover**, what was the annual turnover actually earned from all projects during the period of insurance?

Below the 25 th parallel South*								Above the 25 th parallel South*		
NSW	ACT	VIC	TAS	SA	QLD	WA	NT	QLD	WA	NT
%	%	%	%	%	%	%	%	%	%	%

*Below the 25th Parallel South (a geographical line running from Carnarvon in Western Australia in the West to Bundaberg in Queensland to the East).

SECTION C Must be completed in all cases.

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
- b. has there been any loss of, or damage to, the Project work or materials 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

Have you either alone or in partnership or jointly with any other party or any of your directors or officeholders* (*registered office)

- i. Been charged or convicted of any criminal offence? Yes No
- ii. Been declared bankrupt, insolvent, had a liquidation or received appointed or been a defendant in any civil court case? Yes No

For the next Period of Insurance

DD / MM / YYYY

TO

DD / MM / YYYY

If your policy is **Run Off**, what is the estimated total value of all projects expected to commence during the period of insurance?

\$

If your policy is **Turnover**, what is the estimated total annual turnover from all projects during the period of insurance?

\$

What percentage of the estimate is derived from demolition work?

%

Below the 25 th parallel South*								Above the 25 th parallel South*		
NSW	ACT	VIC	TAS	SA	QLD	WA	NT	QLD	WA	NT
%	%	%	%	%	%	%	%	%	%	%

*Below the 25th Parallel South (a geographical line running from Carnarvon in Western Australia in the West to Bundaberg in Queensland to the East).

DECLARATION AND SIGNATURE BY INSURED

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

Signature

Title / Position

Dated

DD / MM / YYYY