

### IMPORTANT NOTES

#### PRIVACY STATEMENT

MECON is committed to protecting your privacy in accordance with the Privacy Act 1988 (Cth) (Privacy Act) and the Australian Privacy Principles (APPs). This Privacy Statement outlines how we collect, disclose and handle Your personal information (including sensitive information) as defined in the Act.

##### Why We Collect Your Personal Information

We collect Your personal information (including sensitive information) so we can:

- identify you and conduct necessary checks;
- determine what service or products we can provide to you e.g. offer our insurance products;
- issue, manage and administer services and products provided to you or others, including claims investigation, handling and settlement;
- improve our services and products e.g. training and development of our representatives, product and service research and data analysis and business strategy development, and
- make special offers of other services and products provided by us or those we have an association with, that might be of interest to you.

##### What Happens If You Don't Give Us Your Personal Information

If you choose not to provide us with the information we have requested, we may not be able to provide you with our services or products or properly manage and administer services and products provided to you or others.

##### How We Collect Your Personal Information

Collection can take place by telephone email, or in writing and through websites (from data you input directly or through cookies and other web analytic tools). We collect it directly from you unless you have consented to collection from someone other than you, it is unreasonable or impracticable for us to do so or the law permits us to. If you provide us with personal information about another person, you must only do so with their consent and agree to make them aware of this privacy notice.

##### Who We Disclose Your Personal Information To

We share your personal information with third parties for the collection purposes noted above.

The third parties include: our related companies and our representatives who provide services for us, the Insurer, other insurers and reinsurers, your agents, our legal, accounting and other professional advisers, data warehouses and consultants, social media and other similar sites and networks, membership, loyalty and rewards programs or partners, providers of medical and non-medical assistance and services, investigators, loss assessors and adjusters, other parties we may be able to claim or recover against, and anyone either of us appoint to review and handle complaints or disputes and any other parties where permitted or required by law.

We may need to disclose information to persons located overseas. Who they are may change from time to time.

You can contact us for details or refer to our Privacy Policy available at our website <http://mecon.com.au/about-us/privacy-policy/>. In some cases we may not be able to take reasonable steps to ensure they do not breach the Privacy Act and they may not be subject to the same level of protection or obligations that are offered by the Act. By proceeding to acquire our services and products you agree that you cannot seek redress under the Act or against us (to the extent permitted by law) and may not be able to seek redress overseas.

##### More Information, Access, Correction or Complaints

For more information about our privacy practices including how we collect, use or disclose information, how to access or seek correction to your information or how to complain in relation to a breach of the Australian Privacy Principles and how such a complaint will be handled, please refer to our Privacy Policy available at our website or by contacting us (our contact details are below).

##### Contact Us & Opting Out

By proceeding with your application or submitting your claim, you and any other person included on this Policy, consent to this use and these disclosures unless you tell us otherwise. If you wish to withdraw your consent, including for things such as receiving information on products and offers by us or persons we have an association with, please contact us on the details below.

#### 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.

## CLAIM NOTE

The policy does not respond to any contractual issue which you are aware of before the start of the Period of Insurance. This would constitute a known, or expected, risk and would therefore not fulfill the definition of "Occurrence" in the policy. The Insurance Contracts Act 1984 precludes insurance from applying in circumstances where actual loss, damage or injury is known to you or anticipated by you. If you are in doubt, disclose the circumstances of the matter to MECON now.

## 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)

Address for notices

Number, Street Address

Suburb

State

Postcode

ABN

Australian Business Number

Registered for GST?

Yes  No

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)

- made a claim for any loss, damage or liability of a type to be insured?
- had an insurer decline any claim, cancel any insurance policy or impose special terms to any insurance policy?
- been charged with or convicted of any criminal offence?
- been declared bankrupt, insolvent, had a liquidator appointed or been a defendant in any civil court case?

Yes  No

If 'Yes' to any of the above, please provide full details here (or in space provided on page 4)

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

## DETAILS OF INSURANCE

Insurance Cover (Please Tick)

Single Contract

Annual Contracts

If you selected Single Contract cover, please attach the primary contract document to this proposal form.

Period of Insurance

Commencement Date

Expiration Date

Business

Specify exactly what business you are involved in. If construction, then specify exactly what you construct OR if you selected single contract, specify exactly what the contract involves.

Head Office Location

What is the address of your main office premises.

Number, Street Address

Suburb

State

Postcode

**Annual Turnover**

Provide your estimated total annual turnover during the period of insurance.

During the Period of Insurance (and for Single Contract) state the following:

Maximum duration of largest Single Contract

Months / Weeks

Amount paid to subcontractors

Amount paid for labour hire

Number of employees (not including contractors or subcontractors)

Employees

If a Single Contract cover, describe the project

**Projections**

In the next 12 months, will any contracts you anticipate entering into differ in size, scope or complexity from those undertaken by you in the past 3 years?

Yes  No

If 'Yes', describe the difference?

**Contract Values**

What is the Contract Value of the largest Contract (or project for a Single Contract) you anticipate entering into?

What is the nature of that contract and who is it with?

Will you be involved in 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. Demolition above 10 metres in height (other than internal non-structural demolition)   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. Actual excavation work or work in an existing excavation deeper than 10 metres         | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. Buildings or structures of historical significance                                     | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| e. Underground works, tunnels, shafts, mines or galleries                                 | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| f. Road works or bridges  | 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. Irrigation systems, canal, reservoir, dam or syphon work                               | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| i. Directional drilling or boring greater than 50cm in diameter (other than piling/piers) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| j. Work in or around an airport or aircraft landing area or working railways or tramlines | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| k. Work in oil, gas, chemical or petrochemical plants                                     | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| l. Work in mining processing plants   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| m. Technology which is of a prototype nature  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| n. Bailee's liability, storage or stevedoring   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| o. Manufacture or supply of goods or materials  | Yes <input type="checkbox"/> No <input type="checkbox"/> |

If 'Yes' to any of the above questions, please describe.

## YOUR OTHER INSURANCES (Compulsory to complete in full)

Do you have any of the following insurance policies?

Type	Yes	No	Policy Number	Insurer
Public and Products Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
ISR / BusPak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Professional Indemnity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Directors and Officers Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Management Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Contract Works / Construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Marine Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Personal Accident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

## LIMITS OF LIABILITY

1.1 Legal and Other Costs		\$ <input type="text"/>
1.1 a. Other Policies	(\$250,000 is the automatic limit. \$50,000 per Occurrence)	\$ <input type="text"/>
1.1 b. Hire, Lease or Bailment	(\$50,000 is the automatic limit)	\$ <input type="text"/>
1.1 c. Contractual Dispute	(\$20,000 is the automatic limit)	\$ <input type="text"/>
1.1 d. Underground Services	(\$20,000 is the automatic limit)	\$ <input type="text"/>

## DO YOU REQUIRE ANY OF THE FOLLOWING EXTENSIONS OR ENDORSEMENTS

Please refer to the Policy or ask your insurance adviser or MECON if an explanation of these endorsements is required.	a. Contractors and Subcontractors Insurance	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	b. Errors and Omissions Cover	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	c. Liquidated Damages (Residential Builders Only)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	d. Products Liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## 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 acknowledge that MECON Insurance Pty Ltd may give to, and obtain from, other insurers, personal information of mine / ours relating to this insurance as well as insurance claims information obtained during the course of any contract I / we have with MECON Insurance Pty Ltd.

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 to all answers completed by that person are true and correct.**

Signed

Name

Title / Position

Signed

Dated