

Contractors Plant Insurance



Declaration Form

RENEWAL NOTES

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

Ensure you understand policy clauses 2.00 and 11.00 (How Premium is Calculated) before you complete the declaration.

POLICY DETAILS

Insured			
Period of Insurance		TO	
Policy Number			
Business			

PROPOSER INFORMATION

Will any work involve any of the following?	a. Underground works such as tunnels, shafts or galleries	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	b. Insured Plant being used in a tidal zone or on floating platforms or barges	Yes <input type="checkbox"/>	No <input type="checkbox"/>

IF YOUR BUSINESS IS SOLELY CRANE OPERATION / HIRE, DO NOT ANSWER THE QUESTIONS C. TO M. BELOW

c. Excavation deeper than 10 metres	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. Blasting or explosives	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e. Road works or bridges	Yes <input type="checkbox"/>	No <input type="checkbox"/>
f. Irrigation systems, canal, reservoir, dam or siphon work	Yes <input type="checkbox"/>	No <input type="checkbox"/>
g. Any work in, on, around, over or under a permanent body of water	Yes <input type="checkbox"/>	No <input type="checkbox"/>
h. Demolition above 15 metres in height (other than internal non-structural demolition)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
i. Directional drilling or boring greater than 1 metre 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	Yes <input type="checkbox"/>	No <input type="checkbox"/>
k. Work in or around railways or tramlines	Yes <input type="checkbox"/>	No <input type="checkbox"/>
l. Work in oil, gas, chemical or petrochemical plants, including any work on gasoline service stations	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 QUESTIONS ABOVE, PLEASE DESCRIBE.

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 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.

DECLARATION QUESTIONS

Actual Annual Turnover \$ Estimated Annual Turnover \$
for the Next Policy Period

Postcode of the usual storage yard, or area, for the majority of your plant

Alterations to the Schedule of insured plant (i.e. Items added or disposed, changes in value? (Attach schedule if required)

During the Period of Insurance:

Yes No

- 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 any Insured Plant or materials that you have not reported to MECON?
- 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?

Please include details below.

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

Been charged or convicted of any criminal offence? Yes No

Been declared bankrupt, insolvent, had a liquidator or receiver appointed or been a defendant in any civil court case? Yes No

DECLARATION AND SIGNATURE BY INSURED

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

Signature

Title / Position

Dated