

LEVEL 13 / 141 WALKER ST  
NORTH SYDNEY NSW 2060  
PO BOX 1813  
NORTH SYDNEY NSW 2059

# CIVIL CONTRACTORS INSURANCE PROPOSAL FORM

## IMPORTANT NOTICES

The information you provide in this document and through any other documentation, either directly or through your insurance broker, will be relied upon by the insurers to decide whether or not to accept your insurance as proposed and if so, on what terms.

Every question must be answered fully, truthfully and accurately. If space is insufficient for your answer, please use additional sheets, sign and date each one and attach them to this document.

If you do not understand or if you have any questions regarding any matter in this document, including these Important Notices, please contact us or your insurance broker before signing the Declaration at the end of this document.

Unless we have confirmed in writing that temporary cover has been arranged, no insurance is in force until the risk proposed has been accepted in writing by us and you have paid or agreed to pay the premium.

## AGENT OF INSURERS

SURA Plant and Equipment Pty Ltd acts as the agent of the insurer and not as your agent when issuing insurance policies, dealing with or settling any claims. This is an important document, please read it carefully.

## DUTY OF DISCLOSURE

Before You take out insurance with Us, You have a duty to tell Us of everything that You know, or could reasonably be expected to know, may affect Our decision to insure You and on what terms.

If You are not sure whether something is relevant You should inform Us anyway. You have the same duty to inform Us of those matters before You renew, extend, vary, or reinstate Your contract of insurance. The duty applies until the Policy is entered into, or where relevant, renewed, extended, varied or reinstated (Relevant Time).

If anything changes between when the answers are provided to Us or disclosures are made and the Relevant Time, You need to tell Us. Your duty however does not require disclosure of matters that:

- reduce the risk;
- are common knowledge;
- We know or, in the ordinary course of Our business, ought to know; or
- We have indicated We do not want to know.

If You do not comply with Your duty of disclosure, We may be entitled to:

- reduce Our liability for any claim;
- cancel the contract;
- refuse to pay the claim; or
- avoid the contract from its beginning, if Your non-disclosure was fraudulent.

## PRIVACY

We are committed to protecting your privacy in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles (APPs), which will ensure the privacy and security of your personal information. Our Privacy Policy explains how we collect, use, disclose and handle your personal information as well as your rights to access and correct your personal information and make a complaint for any breach of the APPs.

A copy of our Privacy Policy is located on our website at [www.sura.com.au](http://www.sura.com.au). Please access and read this policy. If you have any queries about how we handle your personal information or would prefer to have a copy mailed to you, please ask us. If you wish to access your file please ask us.

## GENERAL INSURANCE CODE OF PRACTICE

We proudly support the General Insurance Code of Practice (the 'Code'). The purpose of the Code is to raise the standards of practice and service in the general insurance industry.

The objectives of the Code are:

- to promote better, more informed relations between insurers and their customers;
- to improve consumer confidence in the general insurance industry;
- to provide fair and effective mechanisms for the resolution of complaints and disputes between insurers and their customers;
- to commit insurers and the professionals they rely upon to higher standards of customer service; and
- to promote continuous improvement of the general insurance industry through education and training.

For further information on the Code, please visit [www.codeofpractice.com.au](http://www.codeofpractice.com.au) or alternatively You can request a brochure on the Code from Us.

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## BROKER DETAILS

Company	Contact Name	
Address		
Suburb	State	Postcode
Telephone	Email	
ABN		

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## DETAILS OF NAMED INSURED

Insured Name	ABN
Address	Suburb
State	Postcode
Telephone	Email
Website	No. of Years in Business

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## GENERAL INFORMATION

Period of Insured requested	From	/	/	To	/	/
	at 4:00pm					
Details of any Interested Parties to be noted						
Who is your current Insurer for Material Damage and Road Risk?						
Policy Number						
Who is your current Insurer for Liability?						
Policy Number						
Main Location at which you conduct your business	<input type="checkbox"/>	As above	<input type="checkbox"/>	Various as detailed below		

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NO.	ADDRESS	ESTIMATED TOTAL VALUE AT LOCATION AT ANY ONE TIME
1		\$
2		\$
3		\$
4		\$
5		\$

## SECTION 1 – MATERIAL DAMAGE INSURANCE

Describe the main use of your equipment

Please tick the main areas in which you will be operating:

CBD

Suburbs

Country

Australia wide

New Zealand

Other Overseas Locations

(Please specify)

Detail the prevention measures used in your operation for:

a) The actual items of plant:

Fire

Theft/Vandalism

b) Your storage locations/depots when not in use:

Fire

Theft/Vandalism

c) If left on site overnight:

Fire

Theft/Vandalism

d) Detail any of your locations that are located in known Floor areas

Are all your operators:

a) Conversant with the equipment and its manufacturer's operating manuals

Yes  No

b) The relevant Statutory Requirements for operating the equipment

Yes  No

c) Subject to verification of their licences, qualifications and past history

Yes  No

If you have answered No to any of the above, please provide details

Please advise if any of the items may be used in connection with Harvesting, Logging or Forestry during the Policy Period.

Yes  No

Please advise if any of the items may be used in connection with railworks.

Yes  No

a) If yes, please advise what items are used in Rail corridors.

b) Does any of the machines used in railworks have Hi-Rail Attachments?

Yes  No

If yes, please advise what items have Hi-Rail Attachments.

## OPTIONAL EXTENSIONS

The following Optional Covers are available at an additional premium, please advise if you wish to obtain terms to extend your Policy to include any of these covers:

1. Dry Hire

Yes  No

Please provide a copy of the Hire Agreement to which the Cover is to be linked

Please advise the specify the items to which this Cover is to apply

Do you charge a Damage Waiver?

Yes  No

If you do provide a Damage Waiver we cannot extend any cover whilst actually on hire.

2. Dual or multiple lifts

Yes  No

Please complete the supplementary questionnaire.

3. Increased Cost of Working

Yes  No

Please complete the supplementary questionnaire.

4. Hire Costs following accident

Only available for 4WDS and Utes

Yes  No

## SECTION TWO — REGISTERED INSURED ITEM LIABILITY INSURANCE

Do you require registered, conditional registered, or items which may be temporarily registered during the Policy Period insured under this Section?

Yes  No

If Yes, please specify the items to be covered and registration number on the schedule

If you require a limit higher than the \$20,000,000 offered, please advise the limit required

\$

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## REGISTERED ITEMS — OPTIONAL EXTENSIONS

The following Optional Covers are available at an additional premium, please advise if you wish to obtain terms to extend your Policy to include any of these covers:

1. Non Owned Trailers  Yes  No

Please advise the maximum number of units that will be in your control at any one time

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## SECTION THREE — BROADFORM LIABILITY INSURANCE

Do you require cover for your General and Products Liability exposures?  Yes  No

If Yes, please advise the Liability Limit of Indemnity required:  \$5m  \$10m

\$20m  \$50m

Other \$

Estimated Annual Business Turnover for the next 12 months \$

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## FULL DESCRIPTION OF PROPOSED BUSINESS ACTIVITIES

List each distinct business activity to be covered by this Policy, and provide a value or Percentage split of the activities anticipated contribution to the Turnover for the proposed Period of Insurance:

### INCOMING GENERATING BUSINESS ACTIVITY

### ESTIMATED TURNOVER (\$ OR % OF TOTAL)

<b>Total</b>	\$

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## NON INCOME GENERATING INCIDENTAL EXPOSURES

Detail any business activities undertaken, that do not actually generate an income:

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## OWNER AND/OR OCCUPIER OF STORAGE YARDS AND OFFICES

Number of Storage Yards Number of Offices

Number of Yards used as Workshops, Storage Yard and Offices

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Do you utilise non direct employees (Contractors/Sub Contractors or Labour hire) in any of your activities?  Yes  No

If Yes, please provide the following details:

a) Nature of work to be Contracted/Sub Contracted for this period of Insurance:

Labour Only	Estimated Payments	\$
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Labour and Materials	Estimated Payments	\$
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b) Do these entities carry their own Liability and Workers Compensation Insurance?  Yes  No

If Yes, how do you check the adequacy and currency?

c) Do you require these entities to indemnify you against any loss or liability which may result from their negligence?  Yes  No

Are you always named as Principal on their Liability Policies?

Do you ever waive your rights or assume liability of others under any contracts or agreements?  Yes  No

If Yes, provide details

In undertaking any of your business activities do you create trade waste?  Yes  No

If Yes, please provide details of the waste and how you dispose of it

Is any of your equipment used in land fill or waste disposal operations?  Yes  No

Do you store, transport, handle or use any hazardous goods or materials?  Yes  No

If Yes, please provide details

Do you undertake any construction or demolition activities above 10 metres in height?  Yes  No

If Yes, please provide details

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Is any of your equipment operated above 10 metres in height?  Yes  No

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As a part of your business do you Produce/Import or Export any Products, or Equipment?  Yes  No

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If Yes, please provide details

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Do you undertake any underpinning or dewatering work?  Yes  No

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If Yes, please provide details

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Do you undertake any work over water/underwater/from barges?  Yes  No

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If Yes, please provide details

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Do you conduct any welding or hot work away from your premises?  Yes  No

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If Yes, please advise details of these activities

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Do you perform any work or service in any Airside Area of an airport?  Yes  No

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(Airside means an area where airships and airplanes take off, land, taxi, load and/or unload including runways, taxiways, aprons adjacent to runways and/or taxiways, air bridges and aircraft standing areas)

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If Yes, please note special conditions may be imposed

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Do you undertake any Tree Lopping work?  Yes  No

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If Yes, please provide details

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## OPTIONAL EXTENSIONS

The following Optional Covers are available at an additional premium, please advise if you wish to obtain terms to extend your Policy to include any of these covers:

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Do you wish to increase the care custody and control sublimit from the current \$250,000?  Yes  No

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If Yes, please advise the increased limit you require \$

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Do you wish to increase the vibration and removal of support sublimit from the current \$1,000,000?  Yes  No

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If Yes, please advise the increased limit you require \$

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## CLAIMS EXPERIENCE

Have you had any losses and incidents in relation to Material Damage, Registered Insured Item Liability or Broadform Liability during the last five (5) years, whether insured or otherwise, that could have given rise to a claim being made?  Yes  No

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If Yes, please advise the following details for each:

DATE OF INCIDENT	DETAILS	TOTAL AMOUNT OF LOSS
<hr/>	<hr/>	\$ <hr/>
<hr/>	<hr/>	\$ <hr/>
<hr/>	<hr/>	\$ <hr/>
<hr/>	<hr/>	\$ <hr/>
<hr/>	<hr/>	\$ <hr/>
<hr/>	<hr/>	\$ <hr/>

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Has any Insurer cancelled a policy of Yours prior to Expiry?  Yes  No

If Yes please advise details

Has any Insurer declined to renew a policy of Yours?  Yes  No

If Yes please advise details

Has any Insurer previously imposed special terms or conditions on a policy of Yours?  Yes  No

If Yes please advise details

Have You or any of Your machine operators or drivers been convicted of any offence in connection with the use, operation or control of any machine or motor vehicle during the previous five (5) years?  Yes  No

If Yes please advise details

Have You or any of the Principals, Partners and Directors of the Insured ever been:

Charged with an offence regarding fraud or dishonesty?  Yes  No

Made bankrupt or placed into receivership or under administration?  Yes  No

Convicted of a criminal offence?  Yes  No

## DECLARATION

I/We have read this proposal thoroughly and the important notices contained. I/We declare that we understand our obligations and that the answers provided to the questions contained in this proposal are true and correct.

**SIGNED:**

(Also place company stamp here if applicable)

**DATE:**

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## DECLARATION AND AGREEMENT

Has any Insurer, in respect of risks to which this proposal relates, ever:

- |   |  |
|---|--|
| a) Declined a proposal, refused a renewal or terminated insurance?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) Required an increased premium or imposed special conditions?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) Declined an insurance claim by the Insured or reduced its liability to pay an insurance claim in full (other than by application of excess)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If Yes, to a), b) or c) please give details

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This Declaration must be signed by the intending insured as the Proposer(s). If the intending insured is a Company, Partnership or other business venture or involves more than one person or entity, then the person signing this declaration must be authorised to sign on behalf of all persons/entities identified as the intending insured(s).

Before completing this document, I/We have read and understood the information herein, including the Important Notices.

I/We agree that this Proposal Form together with any other information supplied by me/us shall form the basis of any Contract of Insurance effected. I/We undertake to inform the insurer of any material alteration to this information occurring before the proposed insurance commences.

I/We declare that the statements and particulars contained within this Proposal Form are true and that I/We have not mis-stated or suppressed any material facts.

I/We understand that the insurer is relying on information supplied herein to decide whether or not to accept or reject this risk and that no material information has been knowingly withheld.

I/We acknowledge that by submitting this completed Proposal Form (with any other information) I/We consent that the insurer may use and disclose my/our personal information in accordance with the "Privacy Statement" at the beginning of this Proposal. This consent remains valid until I/We alter or revoke it by written notice. I/We also undertake to advise any changes to my/our personal information.

**NAME OF FIRM:**

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**SIGNATURE:**

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(This Proposal is to be signed by a Principal, Partner or Director of the Proposed Insured)

**TITLE OF SIGNATORY:**

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**FULL NAME:**

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**DATE:**

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**SCHEDULE OF EQUIPMENT TO BE INSURED**

ITEM	YEAR	MAKE	MODEL	TYPE	REGISTRATION	SERIAL NUMBER	VIN/CHASSIS NUMBER	SUM INSURED
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$

\*Copy and attach separate sheets in excel format if required.

## INCREASED COST OF WORKING QUESTIONNAIRE

Please advise details of the insured items requiring Cover for increased cost of working:

ITEM	DESCRIPTION	AGE	SUM INSURED REQUIRED
1			\$
2			\$
3			\$
4			\$
5			\$
6			\$
7			\$
8			\$
9			\$
10			\$

Do you currently have spare capacity within the plant fleet to be able to continue the work being carried out by all the above items?

Yes  No

If No, what would be the maximum duration before work could be recommenced?

Weeks

Are all these items readily replaceable, or easily available for hire?

Yes  No

Have you suffered any loss, whether insured or not for this type of loss in the last 5 years?

Yes  No

If Yes, please advise details:

i) Full details of loss

ii) Time period that the business was affected and the costs incurred

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## DUAL OR MULTI LIFTING QUESTIONNAIRE

Do you undertake any dual lifting?  Yes  No

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If Yes, how often and the types of items being lifted?  Yes  No

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Do you have established written procedures available to all operators?  Yes  No

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Please advise details of the Insured items used for dual lifting

ITEM	DESCRIPTION	AGE	SUM INSURED REQUIRED
1			\$
2			\$

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What is your estimated Turnover from these operations? \$

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Please detail your experience in dual lifting activities

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Please advise details of any damage or losses sustained during any dual lifting operations in the past 5 years

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