

## ALLIANZ CONSTRUCTION INSURANCE – ANNUAL CONTRACTS QUOTE REQUEST

Please email completed form to [engineering@allianz.com.au](mailto:engineering@allianz.com.au) or fax to 1300 20 30 80

<b>BROKER INFORMATION</b>				
Brokerage:				
Contact Person:				
Postal Address:				
Phone:				
Fax:				
Email:				
Your Allianz BDM:				
<b>GENERAL INFORMATION</b>				
Named Insured:				
Is the <i>Insured</i> the Principal, Contractor, Owner Builder or Other (please advise):				
Period of Insurance:	to	Construction Period:	Months	
<b>Full Business Description / category of works to be insured under this policy (mandatory):</b>				
<b>Address (including postcode) of primary base of operations:</b>				
Policy Type - <b>Contracts Commenced</b> or <b>Transfer Basis:</b>				
Maintenance Period:	0 / 3 / 6 / 9 / 12 / 18 / 24	Months (nil months if owner builder)		
Estimated Turnover ( <i>Transfer</i> ) Estimated Value of all Contracts to be Commenced in the Policy Period ( <i>Commenced</i> ) (If operating in more than one state, please provide details for each state):				
	State:	State:	State:	State:
CBD:	\$	\$	\$	\$
Urban:	\$	\$	\$	\$
Country:	\$	\$	\$	\$
Max. no. of floors:		Max. Depth of Excavation, Shoring, Underpinning:	metres	
Do you work on contract sites in Northern Australia (i.e. with latitudes from Rockhampton QLD to Carnarvon WA & north thereof):			<b>YES / NO</b>	
If <b>YES</b> , please provide full details of works carried out and location:				
Do you undertake Civil Works:	<b>YES / NO</b>	If YES, provide % of Turnover	%	
If YES, please provide full description/nature of Civil Works:				

<b>SECTION 1 – MATERIAL DAMAGE</b>			
a) Contract Value:	\$	b) Principal Supplied Materials:	\$
c) Total Contract Value (a + b):	\$	Escalation Allowance (up to 15%):	%
Removal of Debris:	<b>YES / NO</b>	\$	<b>OR</b> % of Contract Value
Professional Fees:	<b>YES / NO</b>	\$	<b>OR</b> % of Contract Value
Expediting Expenses:	<b>YES / NO</b>	\$	<b>OR</b> % of Contract Value
Material in Transit:	\$	Material in Storage Off-Site:	\$
Plant & Machinery:	\$	Employees Effects:	\$
Mitigation Costs:	\$		
Temporary Buildings & Tools of Trade:			\$
Excess Options (\$500 / \$1,000 / \$2,500 / \$5,000 / \$10,000 / \$20,000 / \$25,000): (minimum excesses may apply depending on Contract Value)			\$
<b>SECTION 2 – THIRD PARTY LIABILITY</b>			
Number of years client has been in business:			
Does insured carry out any of the following: use of explosives, bridge construction/maintenance, demolition only activities (incidental demolition to ground +1 storey and excavation work to single basement depth allowed), construction or maintenance work involving chemical works, underground mines, offshore platforms, aircraft, petrochemical plants, power stations, ships?			<b>YES / NO</b>
If contractors/sub-contractors are included, are their policies policed?			<b>YES / NO</b>
Are contractors/sub-contractors required to carry their own liability insurance?			<b>YES / NO</b>
Are contractors/sub-contractors covered under this Insured's Workers Compensation Policy?			<b>YES / NO or N/A</b>
Does the insured have a hot works permit system in place?			<b>YES / NO</b>
Has the insured always undertaken the same style of work to be insured under this policy?			<b>YES / NO</b>
<b>Limit of Liability: \$ 5,000,000 / \$ 10,000,000 / \$ 20,000,000</b>			\$
Excess Options (\$500 / \$1,000 / \$2,500 / \$5,000 / \$10,000 / \$20,000 / \$25,000): (minimum excesses may apply depending on Contract Value)			\$
<b>ADDITIONAL INFORMATION / COVERS REQUIRED:</b>			

<b>CLAIMS</b>				
Has the Insured had any Material Damage or Third Party Liability Claims in the past 5 years? <b>YES / NO</b> If Yes, please provide details below.				
Date of Loss	Nature of Claim (Theft, Malicious Damage, etc)	Turnover for Period	Excess	Amount Paid
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
<b>DUTY OF DISCLOSURE</b>				
<b>Disclosure (applies to questions (a) to (d) below):</b> <i>Have you ever alone or in partnership or jointly with any other party or if a corporation, any of its directors:</i>				
(a) Suffered any loss(es) (insured or otherwise) totalling more than \$5,000 in the last 12 months or totalling more than \$20,000 in the last three (3) years or suffered two (2) or more bodily injury claims in any one period of insurance in the last three (3) years?	<b>YES / NO</b> If YES, please provide & attach full details.			
(b) In the last five (5) years had any insurer decline any claim or proposal, cancel or refuse to renew a policy, or increase the premium or impose special conditions?	<b>YES / NO</b> If YES, please provide & attach full details.			
(c) In the last five (5) years ever been placed in receivership or liquidation or declared bankrupt?	<b>YES / NO</b> If YES, please provide & attach full details.			
(d) In the last ten (10) years been convicted of or had any fines or penalties imposed for any crime involving drugs, dishonesty, arson, theft, fraud or violence against any person or property?	<b>YES / NO</b> If YES, please provide & attach full details.			
<b>ADDITIONAL INFORMATION:</b>				