

ALLIANZ CONSTRUCTION INSURANCE – SINGLE PROJECT QUOTE REQUEST

Please email completed form to engineering@allianz.com.au or fax to 1300 20 30 80

BROKER INFORMA	TION							
Broker (Company):								
Broker:								
Postal Address:								
Phone:								
Fax:								
Email:								
Your Allianz BDM:								
GENERAL INFORM	ATION							
Named Insured:								
Is the Insured the Prince	cipal, Contrac	tor, Owner E	Builder or	Other (please ad	vise):			
Construction Period:	Мо	nths OR	Period	of Insurance:		to		
Full Description / Nat	ure of Contra	act Works (mandato	ry):				
Full Address of Contr	ract Site (ma	ndatory):						
Maintenance Period: 0/3/6/9/12/18/24 Months (nil months if owner builder)								
Construction Material (sandwich panel, EPS,					d,			
Ground Conditions (sand, rock, clay, gravel, filled, other – please advise):								
Max. No. of Floors:	s: Max. Depth of Excavation: metres							
If excavation is required, please advise reason(s) (e.g. pool / basement):								
SECTION 1 – MATE	RIAL DAMA	AGE						
a) Contract Value:	\$		b) Princip	al Supplied Mate	rials:	\$		
c) Total Contract Value (a + b): \$			Escalation Allowance (up to 15%): 20 %			up to 15%): 20 %		
Removal of Debris:	YES / NO		\$	OI	R	% of Contract Value		
Professional Fees:	YES / NO		\$	OI	R	% of Contract Value		
Expediting Expenses:	YES / NO		\$	OI	R	% of Contract Value		
Pre-existing Property *	*: \$		Mitigation	Costs:	9	\$		
** Please supply addition restumping?	al information:	Age & condit	tion of exis	ing structure; any	load be	earing walls affected;		
Material in Transit:	\$		Material i	n Storage Off-Sit	e: S	\$		
Plant & Machinery:	\$		Employees Effects:			\$		
Temporary Buildings & Tools of Trade:					\$			
Excess Options (\$500 (minimum excesses m					,000):	\$		



SECTION 2 – THIRD PARTY LIABILITY						
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?	YES / NO					
If contractors/sub-contractors are included, are their policies policed?	YES / NO					
Are contractors/sub-contractors required to carry their own liability insurance?	YES / NO					
Are contractors/sub-contractors covered under this Insured's Workers Compensation Policy?	YES / NO or N/A					
Does the insured have a hot works permit system in place (N/A for owner builder)?	YES / NO					
Limit of Liability: \$ 5,000,000 / \$ 10,000,000 / \$ 20,000,000	\$					
Excess Options (\$500 / \$1,000 / \$2,500 / \$5,000 / \$10,000 / \$20,000 / \$25,000): (minimum excesses may apply depending on Contract Value)	\$					

ADDITIONAL INFORMATION / COVERS REQUIRED:

CLAIMS

Has the Insured had any Material Damage or Third Party Liability Claims in the past 5 years?

YES / NO If Yes, please provide details below.

Date of Loss	Nature of Claim (Theft, Malicious Damage, etc)	Turnover for Period	Excess	Amount Paid
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$



DUTY OF DISCLOSURE Disclosure (applies to questions (a) to (d) below): Have you ever alone or in partnership or jointly with any other party or if a corporation,

any of its directors:

(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?

YES / NO

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?

YES / NO

If YES, please provide & attach full details.

(c) In the last five (5) years ever been placed in receivership or liquidation or declared bankrupt?

YES / NO

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?

YES / NO

If YES, please provide & attach full details.

ADDITIONAL INFORMATION: