

# Builders Contract Works, Liability, Plant + Equipment INSURANCE QUOTE FORM

## Annual Construction Cover

The Building Centre Network can assist you with obtaining Builders Contract Works, Liability, Plant + Equipment Insurance. Below is information and declaration needed to provide an obligation-free insurance premium quotation from our Service Provider.

When completing this form, please provide detailed information where possible.

Please ensure your details are clear and correct, write in BLACK PEN and PRINT in CAPITALS, and then send to us.

## Builders Details

Insured name: \_\_\_\_\_ ABN#: \_\_\_\_\_

Title: \_\_\_\_\_ First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Office Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
(if different to Office Address)

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Mobile: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

## Business + Insurance Details Required for Annual Construction Cover

Name of other parties: (e.g. Clients, Principals, Financiers & Sub Contractors)

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Period of Insurance: From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Description of Business Activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Details of ALL claims in last 3 years (use extra sheets as necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimated Annual Turnover: \$ \_\_\_\_\_ Limit for any One Contract: \$ \_\_\_\_\_ per project

Limit of Liability Protection required:  \$10m  \$20m

### Bonus:

Hand Tools + Equipment, FREE COVER of \$20,000 – for any one claim  
12 month Maintenance & Product Liability Period from issue of Occupancy Certificate.

Insurance Services - The Building Centre Network  
P.O. Box 523, Milsons Point NSW 1565  
FAX: 02 9806 2099  
EMAIL: customerservice@shcorp.com.au



Did you undertake any of the following:

- |  |       |      |
|--|-------|------|
| 1. Projects valued over \$2,000,000?                       | YES * | NO * |
| 2. Civil works not associated with a building contract?    | YES * | NO * |
| 3. Excavation more than 2 metres in depth?                 | YES * | NO * |
| 4. Works under, over, in or near water (within 10 metres)? | YES * | NO * |
| 5. Work above the 25 <sup>th</sup> parallel?               | YES * | NO * |
| 7. Work involving special hazards?                         | YES * | NO * |
| 8. Work with Asbestos?                                     | YES * | NO * |
| 9. Work involving piling, shoring or propping?             | YES * | NO * |

(If NO, and you win a contract that includes such works, simply contact the insurance provider so we can assess and assist with the cover that may be requested)

### Duty of Disclosure

Prior to entering into a contract of general insurance you have a duty to disclose certain information. You have the same duty to disclose prior to renewing, extending or varying a general insurance contract. When answering the questions you must be honest and you have a duty under law to tell us anything known to you. You, and of which a reasonable person in the known circumstances would include in answer to the questions. We use the answers in deciding whether to insure you and on what terms. If you do not answer the questions in this way, we may reduce or refuse to pay a claim, or cancel the Policy. If you answer questions fraudulently, we may refuse to pay a claim and treat the policy as never have been valid.

### Declaration

I/ We confirm we have read the Duty of Disclosure included in this application form and confirm the answers are true and correct and that no information has been withheld which may affect the decision to accept this application or the terms and conditions.

Signed: ..... Date: ..... / ..... / .....

Print Name: .....

Please contact us to receive a free quotation for the following insurances:-

- \* Home Warranty Insurance
- \* Earth Movers, Motor Vehicle, Machinery and Plant Insurance
- \* Personal Accident and Sickness Insurance
- \* Worker's Compensation Insurance

Name: \_\_\_\_\_ Ph: (    ) \_\_\_\_\_

Position: \_\_\_\_\_ Email: \_\_\_\_\_

\*\* Please add me to your 'Newsletter' – Ideas, News and Information.

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