

Western Pacific Insurance Limited CONSTRUCTION RISK INSURANCE PROPOSAL FORM (SINGLE)

PLEASE READ THIS CAREFULLY BEFORE COMPLETING THE PROPOSAL

Your duty of disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty at law, Insurance Law Reform Act 1977 and 1985 to disclose to the insurer every matter that you know, or could reasonably expect to know is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of General Insurance.

Your duty however does not require disclosure of matter:

- that diminishes the risk to be undertaken by the insurer;
- that is common knowledge;
- that your insurer knows or, in the ordinary course of business, ought to know;
- as to which compliance with your duty is waived by the insurer.

Non-disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce his liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

Average (underinsurance) Provisions

As Reinstatement and Replacement Cover may be included in this policy, it is important to insure for full Replacement Cost to avoid application of the following provision.

The provision of the average clause will have effect only if the property insured under the policy is underinsured at the time of loss.

If the property insured under the policy is underinsured at the time of loss, the following will apply:

- if you suffer total loss, the provision will have no effect.
- if you suffer a partial loss, the maximum amount you may recover will bear the same proportion to your actual loss as the amount for which the property insured bears the full value of the property.
- whatever your loss, in no case will you be entitled to recover more than the amount for which the property is insured.

For Example: Your property is worth \$20,000. You insure it for \$10,000. You suffer a loss of \$5,000. If your policy is subject to average, the maximum amount you may recover will be \$2,500.

Rights of subrogation

This Insurance provides that you will not be able to recover under it if you enter into any agreement, which excludes or limits your right of recovery from other parties; therefore you must not have agreed and must not agree to give away any of your rights because that will affect the subscribing Underwriters right to recover from these other parties.

Interests of other parties

For any party to be indemnified by this insurance they must be named in the contract or otherwise be included as a party with a proven insurable interest.

Excess/Deductibles

Excess or a Deductible is the first amount of each claim you are required to bear yourself, may not apply to each Part. Details of the Excess (es) applicable will be shown on the Schedule against the particular Section or Part.

Claims

The Insurance proposed on this Proposal Form does not provide cover in relation to events that occurred before the contract was entered into.

Acceptance of the Proposal

The Insurance proposed on this Proposal will not be in force until the completed Proposal has been received and the risk accepted by the Insurer. The subscribing Underwriters reserve the right to decline any Proposal.

Cancellation by You

You may cancel this Policy at any time by notifying WESTERN PACIFIC INSURANCE LIMITED (WPIL) in writing and advising WPIL of the future date on which cancellation will take effect.

The Premium retained by WPIL will not be less than the minimum premium.



Western Pacific Insurance Limited

Insurance Ltd.

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(Please Print)

INSURED DETAILS

Name of Propser:		Business Occupation:	
The Principal (if not the Propser):			
Address (Street):		Suburb	Town
Address (Street):		Suburb	Town
Post Code		Post Code	
Telephone: ()	Facsimile: ()	Other:	Cell Phone: ()
Email:			
Main Contractor:			
Are Sub-Contractors to be Insured by this Policy?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", Please Give Details Below of Trades Involved:			
Other Interested Parties (Please Show Name and Interests):			
Name		Interest	
Contract Description (Please give full Details of Work to be done, Including any site Preparation/Excavation):			
Contract Site:			
Period of Construction: / / to / /			
Followed by a Maintenance Period of days			
Company Earthquake Sum Insured			\$

CONTRACT WORKS ITEMS TO BE INSURED

The sum insured on item 1. Contract works, should be the contract price shown in the schedule to the building contract. Other amounts should be as specified in the schedule to the building contract. Other contingencies could include land or dedicated access to site (e.g. bridge). A separate premium/rate will apply.

Item	Description	Sum Insured
1	Contract Works	\$
2	Principal Supplied Materials	\$
Plus Allowance for:		
3	Increased Costs During Construction	\$
Item	Description	Sum Insured
4	Escalation of Cost During Reconstruction	\$
5	Existing Buildings/Property Under the Contractors Custody/Control	\$
6	Professional Fees	\$

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7	Removal of Debris	\$
8	Other Contingencies	\$
	Total	\$
Company Earthquake Sum Insured		\$

CONTRACTORS PLANT

Specify Items Valued Over \$5,000

Item	Description	Sum Insured
1		\$
2		\$
3		\$
4		\$
5		\$
6		\$
	Total	\$

Miscellaneous Items:

i) The Aggregate Market Value of Items Under \$5,000	\$
ii) Maximum Market Value of any One Item	\$

**N.B. Employee's tools are not insured by this policy.
The Premium is not calculated at the same rate as the contract works items.**

OTHER INFORMATION

Name of Contractor:

Address of Contractor:

What General Conditions of Contract Apply?

NZS3910 NZ Institute of Architects Master Builders Association Other

If there is not a principal named in the contract, is this work on a speculative basis? Yes No

Is this contract on a labour only basis? Yes No

Is Cover required to test new mechanical or electrical equipment? Yes No

If "Yes", how long will this testing take and who will be responsible for the work? Yes No

Type of Machinery	Period of Testing	Who will be Responsible

Are existing buildings to be insured under this cover? Yes No

If "Yes", please provide details below:

Age:

Type of Construction

Floor	Walls	Roof	No. of Storeys

OTHER INFORMATION CONTINUED

Condition	Poor <input type="checkbox"/>	Average <input type="checkbox"/>	Excellent <input type="checkbox"/>
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If "Poor", please give details:

Fire Protection	Sprinklers <input type="checkbox"/>	Smoke Detectors <input type="checkbox"/>
	Hose Reels <input type="checkbox"/>	Extinguishers <input type="checkbox"/>

Will the building be occupied? Yes No

Type of Cover Required:	Contracting Perils Only <input type="checkbox"/>	Full Cover <input type="checkbox"/>
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Please specify the Construction Materials of the building to be insured:		
Roof	Exterior Walls	
Floor	No of Storeys	
Will the Contract include any piling or excavation work?		<input type="checkbox"/> Yes <input type="checkbox"/> No
(a) Depth of Excavation:		
If over 3 metres, please provide details and method below:		
(b) Type of Piles:		
Value	Number	Depth
If over 3 metres, please provide details and method below:		
Will the contract include installation of pools or tanks?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please provide details and method below:		
Is town water available at the contract site?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "No", please provide details of alternative water supply, if any, during constructions:		
Is the work of a complex nature? This includes proto-type work, blasting, gas cutting, underpinning, work below the water table and earthquake strengthening. Provide a method statement.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a history of flooding in the district?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", advise distance from the contract site:		
Have the insured parties suffered any losses in the last three years?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please provide details:		
Has any company or underwriter declined insurance in respect of this or any other contract?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please provide details:		

INSURANCE HISTORY

Have you either alone or jointly with any other party or, if you are a corporation, has the corporation or any of its directors:			
Made any claim under an Insurance Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Had any judgment entered against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Had any Insurer decline any claim submitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Been convicted or charged with any criminal offence in the last ten years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Had any Insurer decline any proposal submitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Received notice of any claim, proceedings or action whatsoever against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Had any Insurer cancelled or refused to renew a Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Been involved in any incident whatsoever whereby you suffered loss or damage to property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Had any Insurer require increased premiums or imposed special conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Been involved in any incident whatsoever in the last twelve months, which may give, rise to a claim and/or action against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Ever been declared bankrupt or had bankruptcy proceedings commenced against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the business having difficulty meeting its immediate obligations or those in the foreseeable future?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If a corporation, have proceedings for its liquidation or winding up or the official appointment of a receiver or official manager ever been instigated or threatened?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you had any application for a loan declined in the past twelve months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "Yes" to any of the above please give details. Please attach full details on a separate sheet of paper.			

PERSONAL HISTORY

Have you ever:	
Been imprisoned for any criminal offence, or	<input type="checkbox"/> Yes <input type="checkbox"/> No
Had any other conviction or fine for any other criminal offence in the last 7 years, or	<input type="checkbox"/> Yes <input type="checkbox"/> No
Had any prosecution pending for any criminal offence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Know of any other information which could affect the acceptance of this insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" please attach full details on a separate sheet of paper.	

PRIVACY ACT STATEMENT

We are committed to protecting your privacy. We only use the personal information you provide to us to quote on and insure your risks. We only provide personal information to our underwriters and re-insurers (and their representatives) and those we appoint to assist us with claims under your policy. We will not trade, rent or sell your information.

If you don't provide us with complete information, we cannot properly quote for your insurance and we cannot insure you. Indeed, if we subsequently find that you failed to provide all relevant information it may be grounds on which we refuse a claim and/or deny the policy.

If you provide us with personal information about anyone else, we rely on you to have told them that you will provide their information to us, to whom we may provide it, the purposes for which we will use it and that they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters.

Your claims history is passed on to, and held by, Insurance Claims Register Ltd. This enables other insurers you deal with to access it, and prevents fraudulent claims.

DECLARATION AND ACKNOWLEDGMENTS

I/We declare and acknowledge as follows:

- I/We have not suppressed, misrepresented or misstated any material information within my/our knowledge likely to affect the decision of Insurers as to my/our eligibility for insurance, and the answers given in this Proposal are truthful and frank in every respect.
- Insurance cover will only arise upon the Insurer's acceptance of this Proposal as notified by the issue of an appropriate Policy Schedule and/or Policy Document.
- Subject to the Insurance Law Reform Acts 1977 and 1985, if this Proposal is accepted by the Insurer, the Proposal and the Policy and the Policy Schedule which are issued shall constitute the entire agreement between the parties and shall supersede any prior representations or warranties.

DECLARATION AND ACKNOWLEDGMENTS CONTINUED

- The subscribing Underwriters will be relying on the information provided by me/us in the Proposal in deciding whether to provide cover, and if so, on what terms.
- I/We have read and understood the notice concerning my/our duty of disclosure.
- Where answers to questions contained on this Proposal are not in my handwriting they have been checked by me/us and I/we certify that they are in every respect, truthful and frank.
- I/We will make the premises available for inspection by Western Pacific Insurance Ltd and/or their agent.
- I acknowledge that all personal information collected by WPIL may be disclosed to other members of the insurance industry and Insurance Claims Register Ltd. Any personal information held by other members of the insurance industry and Insurance Claims Register Ltd may be disclosed to WPIL.

Signature: _____

Date: _____

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