

Project Plan (Annual Cover) Proposal



1. ProjectPlan provides insurance cover for specific types of work as detailed in 6 below. Insurance cover shall not apply for work not specified.
2. This proposal is to be used for insurance of multiple projects on an annual basis.
3. Please complete all details in Sections 1 to 4, and read and sign the proposal in Section 5.

Section 1. Registered Master Builder details

| | | | |
|--|---------------|--------------------------|----------------------------|
| 1. Name | | | |
| | | | |
| 2. Postal address | | | |
| | | | |
| 3. Member ID number | | Contact person | |
| | | | |
| 4. Insured's contact details | | | |
| Phone | Mobile | Email | |
| | | | |
| 5. Period of insurance from | | | |
| | / | / | to 4 pm |
| 6. Type of contracts to be insured | | | |
| | | | |
| | | | |
| 7. What general conditions of contract do you normally work to? | | | |
| <input type="checkbox"/> | NZS3910 | <input type="checkbox"/> | NZ Institute of Architects |
| <input type="checkbox"/> | | <input type="checkbox"/> | Master Builders Federation |
| <input type="checkbox"/> | | <input type="checkbox"/> | Other |
| If Other please supply a copy of the contract. | | | |
| 8. Estimated annual turnover: | | | \$ |
| | | | |
| 9. Region(s) where contracts are undertaken: | | | |
| | | | |

Section 2. Property to be insured

Please complete details of the items to be insured

| Item | Description | Sum Insured |
|------|---|-------------|
| 1 | Contract works - maximum any one contract | \$ |
| 2 | Professional fees | % |
| 3 | Removal of debris | % |
| 4 | Increased construction costs during construction period | % |
| 5 | Escalation of cost during reinstatement period | % |

Company Earthquake sum insured can be based on turnover or maximum at risk any one time

| | |
|--------------------------------|----|
| Company earthquake sum insured | \$ |
|--------------------------------|----|

Section 3. Contractors plant

Specify items valued over \$5,000

Note 1. Employee's tools are not insured by this policy

Note 2. The premium is not calculated at the same rate as the contract works items.

a)

| Item | Description | Age of Item | Current market value |
|------|-------------|-------------|----------------------|
| 1. | | | \$ |
| 2. | | | \$ |
| 3. | | | \$ |
| 4. | | | \$ |
| 5. | | | \$ |
| 6. | | | \$ |

b) Miscellaneous items

| | |
|--|----|
| i) The aggregate market value of items under \$5,000 | \$ |
| ii) Maximum market value of any one item | \$ |

Section 4. Background information

Business Activities

1. What was your annual turnover from contract works over the last three years?

| Year | Turnover |
|------|----------|
| | |
| | |
| | |

2. Do you sub-contract work?

Yes No

3. Do you sub-contract to labour only contractors?

Yes No

If Yes to either of the above, please give details below including the various trades and how much work:

| |
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4. Do you ever perform work on a speculative basis?

If Yes, please specify below:

Yes No

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|--|
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5. What is the maximum construction period of any one contract?

6. What is the maximum maintenance period of any one contract?

Machinery testing risk

Note: The policy includes provision for the testing of building services

7. 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:

| Period of testing | Whom responsible |
|-------------------|------------------|
| | |

The work being done

8. Do you intend to complete any of the type of work outlined below:

| | | | |
|------------------------------|--------------------------|------------------------------|--------------------------|
| Schools | <input type="checkbox"/> | Blasting | <input type="checkbox"/> |
| Historic properties | <input type="checkbox"/> | Underpinning | <input type="checkbox"/> |
| Major site excavations | <input type="checkbox"/> | Piling | <input type="checkbox"/> |
| Below the natural water line | <input type="checkbox"/> | Pools and tanks | <input type="checkbox"/> |
| Earthquake strengthening | <input type="checkbox"/> | Any work of a similar nature | <input type="checkbox"/> |

If Yes, to any of the above, please give details below:

Security and insurance history

9. Outline below what precautions are taken to prevent theft of materials and property from contract sites:

10. Have you suffered any losses (insured or not) during the last three years?

Yes No

If Yes, please give details below:

11. Has any company or underwriter declined, cancelled, refused to renew or imposed special terms on any contract works policy?

Yes No

If Yes, please give details below:

Section 5. Important Notices

Privacy Act

Pursuant to the Privacy Act 1993 the following is brought to your attention.

1. This insurance application form collects personal information about you.
2. This information is collected to evaluate the insurance you seek.
3. The intended recipients of the information are Jardine Lloyd Thompson Limited and Vero Insurance New Zealand Ltd.
4. The information is being collected and held by Jardine Lloyd Thompson Limited, PO Box 6743, Auckland and Vero Insurance New Zealand Ltd, Private Bag 92120, Auckland.
5. The collection of this information is required pursuant to the common law duty to disclose all material facts relevant to the insurance sought and is mandatory.
6. The failure to provide this information may result in your application being declined, or your insurance being void from the beginning.
7. You have rights of access to, and correction of, this information subject to the provisions of the Privacy Act 1993.

Declaration

I/We hereby declare and warrant that subject to any rights I/we have under the Criminal Records (Clean Slate) Act 2004

I/We have never been refused or had any policy cancelled, renewal refused or special terms imposed.

I/We authorise the disclosure of personal information held by any other member of the insurance industry regarding my/our previous insurances.

I/We hereby declare and warrant that the information and answers given in this application are in every respect correct and complete and I/We agree that this application and declaration shall be the basis of the contract between us; and I/We further agree to accept the terms, exceptions, and conditions contained in the policy issued by Jardine Lloyd Thompson Limited and underwritten by Vero Insurance New Zealand Ltd, as modified or extended by any endorsements thereon or the policy schedule or on any certificate of insurance issued to me/us in lieu of a policy.

Important Notice

Please note that you are required to:

- a) Tell Jardine Lloyd Thompson Limited about any other circumstances that may be relevant to us in considering this application, and
- b) Notify Jardine Lloyd Thompson Limited of any material events or changes which may occur once this application is accepted and the insurance cover commences.

Signature

Date

/ /

Position

OFFICE USE ONLY

RATES

| Base | Rate | Premium |
|--------------|------|---------|
| CEQ | | |
| Other items | | |
| TOTAL | | |

PREMIUM

| | |
|--------------------|----|
| Company premium | |
| Company earthquake | |
| Fire services levy | |
| Sub-total | |
| Plus GST | |
| TOTAL | \$ |

EXCESSES

| | |
|------------------------------|----------------|
| Contract works: | |
| Standard excess | \$ |
| Excess for named perils | |
| Perils | Excess |
| | \$ |
| | \$ |
| Excess for earthquake perils | |
| % of loss | Minimum Excess |
| | \$ |

CODES

| Cover | Area | Construction |
|-------|------|--------------|
| | | |

CLAUSES

| Clause no. | Clause no. | Clause no. |
|------------|------------|------------|
| | | |

| BLACKBOARD | Print | |
|------------|-------|----|
| | YES | NO |
| | | |
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EXTRA INFORMATION

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