



Demolition, Excavation, Earthmoving, Salvage, Salvage Sales and Asbestos Removal Proposal Form

Important Notices:

Please read the following advice before completion of this Proposal Form

- The persons whose interests are to be insured under this policy should understand the terms, definitions and cover provided by this policy by reference to our Policy Wording. It is available from Your Insurance Adviser or our Website.
- When SRS Underwriting Agency Pty Ltd place this policy of insurance under an authority given to us by the Insurer, we will be effecting the contract as Agent of the Insurer.

Your Duty of Disclosure.

When we provide Insurance terms for you, whether for a new policy, renewal of a policy or changes to or reinstatement of your policy, we rely on the information you provide to us. You must tell us anything that you know, or should know, that could affect

- Our decision to insure you,
- the amount of the premium we charge you or
- whether we should impose special conditions to this cover.

You do not need to tell us about anything which:

- Reduces the likelihood of a claim
- Is of common knowledge
- We know, or as an Insurer should know
- We indicate that we do not want to know

What you must tell us. When answering our questions, you must be honest and you have a duty under law to tell us anything known to you, and which a reasonable person in the circumstances, would include in answer to the question. We will use the answers in deciding whether to insure you and anyone else to be insured under the policy, and on what terms.

Who needs to tell us. It is important that you understand you are answering our questions in this way for yourself and anyone else whom you want to be covered by the policy.

If you do not tell us. If you do not answer our questions in this way, we may reduce or refuse to pay a claim, or cancel the policy. If you answer our questions fraudulently, we may refuse to pay a claim and treat the policy as never having existed

Privacy 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 reinsurers (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 do not provide us with complete information, we cannot properly quote for your insurance and we cannot insure you. You can check the personal information we hold about you at any time.

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.

For more information about our Privacy Policy, ask us for a copy or visit our website.

No Cover if Rights "Signed Away"

This policy does not cover loss, destruction, damage or legal liability in respect of which any right which you may otherwise have had against any person, company or partnership is excluded or limited by reason of any agreement you may enter into.

Please be careful before you sign anything that you do not jeopardise your entitlement to be covered under this Policy.

Persons Covered

Unless this insurance is otherwise extended, the insurance proposed here will, when incepted, cover only the interests of those persons/entities specifically named in this proposal and accepted by us. It will not cover the interests of any other persons / entities.

Please note if there is insufficient space provided to fully answer any question, please attach an additional sheet of paper with the extra information as required. All such attachments will form part of your application for insurance and be subject to the Declaration on the last page of this Proposal.

Please answer all questions. Any question left unanswered or answered as known to broker or insurer or otherwise answered in an incomplete way may delay the processing of your request for this insurance. **Ensure the cover you request is adequate for your requirements.**

Your Insurance adviser can assist you to complete this form. They will send it to us so that we may quote on your insurance request.

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Please print and/or tick the appropriate answers to the all questions below.

This application is for New Business Renewal - Policy Number (if known) is:

1. Proposer(s)

Full Name(s) of proposed insured including subsidiaries:

Company Name ABN

Postal Address: Postcode:

Full description of your operations and activities:

Number of years in continuous business:

2. Period of Insurance required

From: at 4pm To: at 4pm

3. Limit of Indemnity

- (a) Public Liability: \$..... any one Occurrence
- (b) Products Liability: \$..... in the aggregate for all Injury / Damage during the Period of Insurance
- (c) Asbestos Removal Liability: \$..... in the aggregate for all Injury / Damage during the Period of Insurance

4. Details of Premises

Please provide details of the premises occupied for the purpose of conducting the Business

	<i>Premises 1</i>	<i>Premises 2</i>	<i>Premises 3</i>
Location:
Occupied As:
Age of Premises: Years Years Years
Please Select:	<input type="checkbox"/> Owned <input type="checkbox"/> Leased	<input type="checkbox"/> Owned <input type="checkbox"/> Leased	<input type="checkbox"/> Owned <input type="checkbox"/> Leased

(For any additional premises, please attach a schedule supplying details as above.)

5. Estimated Payroll

Estimated Annual Payroll (including earnings of Principals, Directors, Partners)

	<i>Payroll</i>	<i>Number of Staff</i>
Management, Clerical and Sales	\$
Manufacturing:	\$
Work away from premises:	\$
Payments to contractors and/or sub-contractors:	\$
Other (please specify):	\$

6. Estimated Annual Turnover

(a) Please indicate estimated annual turnover / annual gross income for the following categories:

<i>Description of Product / Work</i>	<i>Annual Turnover / Annual Gross Income</i>
Demolition:	\$.....
Excavation:	\$.....
Earthmoving, salvage, salvage sales:	\$.....
Asbestos Removal:	\$.....
TOTAL:	\$.....

(If applicable, attach product brochures, annual reports and other material.)

(b) Do you manufacture, import, supply and / or distribute any product? Yes or No

If Yes, please provide details:
.....
.....

7. Activities

(a) What type of buildings and/or structures do you demolish?.....
.....

(b) What is the maximum height of the buildings and/or structures that you demolish?.....

(c) What methods and/or machinery are used for demolition?.....
.....

(d) Outline details of largest demolition project undertaken in past 2 years:
.....

(e) What is the maximum depth of excavations that you undertake?.....

(f) Do you carry out underpinning/shoring up? Yes or No

If Yes, provide details of previous work undertaken and experience in this type of work:.....
.....
.....

8. Contractors / Sub-Contractors

Do you use contractors and/or sub-contractors to perform work in your business operations? Yes or No

If Yes,

Do they work under your direct supervision or control? Yes or No

What is the estimated annual Payment: \$

What is the nature of work carried out:.....

Are contractors / sub-contractors required to carry their own insurance for;

- i) Public liability Yes or No
- ii) Workers' compensation Yes or No

If yes, how is this checked?.....
.....

What is the minimum limit for their public liability insurance? \$

9. Labour Hire

(a) Do you use personnel supplied by labour hire companies to perform any work in your business? Yes or No

If Yes, please advise:

<i>Company</i>	<i>Type of Works</i>	<i>Annual Payments</i>
.....
.....
.....

Are you required to insure these labour hire personnel for Workers Compensation? Yes or No

Please provide copies of the indemnity and insurance clauses of agreements entered into with the labour hire company.

(b) Do you hire out any of your employees to third parties on a labour hire basis? Yes or No

If Yes, please advise: Estimated Annual Revenue: \$.....

Activities Undertaken:

10. Pollution

- (a) Does your use and storage of all toxic substances comply with all statutory regulations and by-laws? Yes or No
- (b) Do any of your trade processes produce toxic wastes and other pollutants which have the potential to cause injury to persons or damage to property or otherwise harm the environment? Yes or No

If Yes, please provide details:

- (c) Does your waste disposal or waste storage comply with government regulations and by-laws? Yes or No

(d) Please give full details of any chemicals, gases, radioactive, explosive or toxic substances used and/or stored:

- (e) Are you required to hold EPA licenses? Yes or No

If Yes, please provide details:

11. Care, Custody and Control

Do you require cover for property of others in your care, custody or control? Yes or No
(No coverage is afforded unless specifically endorsed to the policy.)

If Yes,

(a) What limit of indemnity do you require: \$

(b) What is the total value of such property at all locations? \$

(c) What is the maximum value of any one item? \$

(d) Give a brief description of such property:

- (e) Is coverage afforded by any other policy of insurance? Yes or No

If Yes, please provide details:

12. General

(a) With regard to Demolition work, are you familiar with Australian Standard 2601 – 2001 “The Demolition of Structures” particularly Sections 1.5 to 1.8 and 2.1 to 2.5 and do you perform your operations in accordance with this Australian Standard? Yes or No

(b) With regard to Welding work, are you familiar with Australian Standard 1674 “Safety in Welding and Allied Processes” and do you perform your operations in accordance with this Australian Standard? Yes or No

13. Contractual Liability

Do you assume liability under contract or hold others harmless (other than lease liability)? Yes or No

If Yes, please provide full details and attach copies of all agreements (other than lease liability):
.....
.....

14. Professional Exposure

Do you provide any advice, design or specification to third parties (a) for a Fee? Yes or No

(b) for no Fee? Yes or No

(No coverage is afforded unless specifically endorsed to the policy.)

If Yes, please provide details:

15. Claims and / or Loss Experience

(a) After investigation with present and past insurers, please provide claims experience and/or uninsured loss experience over the last five years for losses and claims that would have been covered under the proposed insurance. Please show claim amount after the application of any excess.

Date of Loss	Total Amount Paid	Total Outstanding	Applicable Excess	Details

(b) After investigation, are you aware of any circumstances which could give rise to a claim under the proposed policy and which are not mentioned above? Yes or No

If Yes, please provide details:

.....

16. Insurance History

Has any Insurer ever declined, refused to renew, cancelled, or imposed special terms or conditions on any proposal, renewal or policy held by you? Yes or No

If Yes, please provide details:

.....

.....

.....

17. Duty of Disclosure

Are there any other matters to disclose to us to fulfil your Duty of Disclosure? Yes or No

If Yes, please provide relevant details:.....

.....

.....

.....

18. Previous Insurer Details

Please state the name of your previous Insurance Carrier:

.....

ONLY COMPLETE THE FOLLOWING QUESTIONS 18 TO 23 IF ASBESTOS LIABILITY IS REQUIRED, OTHERWISE PLEASE CONTINUE TO PAGE 6 AND COMPLETE THE DECLARATION.

19. Asbestos Removal

- (a) In what year did you commence removing Asbestos?
- (b) What type of Asbestos will you be removing?.....
-
- (c) What methods are used to remove the Asbestos?
-
-

20. Turnover and Wages

Estimated Turnover and Wages for Asbestos related work

	<i>Turnover</i>	<i>Wages</i>
Actual for previous 12 months	\$.....	\$.....
Estimate for next 12 months	\$.....	\$.....

Note: This declaration is subject to audit.

21. Code of Practice

Do your employees and sub-contractors fully comply with the Code of Practice for working with Asbestos and man-made mineral fibres as provided by all regulations and / or codes of practice governing the removal of asbestos and man-made mineral fibres? Yes or No

Note: Indemnity is subject to government mandatory standards being adhered to by you.

22. Asbestos Liability Insurance

(a) Do you currently have Asbestos Liability Insurance? Yes or No

If Yes,

(i) What retroactive coverage date appears on your insurance policy (if applicable)?

(ii) What is your current deductible?

(b) Have you ever purchased Asbestos cover for a higher limit than the amount stated? Yes or No

If Yes, please provide full details (eg. if the limit applied to a specific year of operation or particular contract):

.....

23. General

(a) With regard to Asbestos Removal, are you familiar with Australian Standard 2601 – 2001 “The Demolition of Structures” Section 1.6? Yes or No

(b) Do you adhere to the National Occupational Health and Safety Commission Code of Practice for Safe Removal of Asbestos NOHSC2020 “1988”, including amendments? Yes or No

24. Claims History

After investigation with present and past insurers, please advise of any Asbestos related claims suffered to date and any incident which you have been advised of or which may give rise to a claim.

Date	Description

Declaration and agreement:

I/We agree to make the property to be insured by this policy available for inspection by SRS or their representatives.

I/We acknowledge that no cover is provided unless and until, underwriters advise in writing of the cover and terms which they can provide, this cover and terms is then accepted by the Insured, Underwriters are advised of acceptance of their cover and terms offer and SRS acknowledges to the Insured that Cover is provided.

If additional pages are attached for inclusion in this proposal they form part of this proposal.

The answers and information given by me/us in this proposal are true and correct in all respects.

Where answers in this proposal are not in my/our own handwriting, they have been checked by me/us and I/we agree that they are correct and that the other person who completed this form did so as my Agent.

I/We acknowledge having been clearly informed of and understand the effect of all of the Notices on Page 1 of this Form.

I/We authorise SRS to give to, or obtain from other insurers or an insurance or credit reference bureau, any information relating to or which may impact on this insurance cover, and any other insurances held by me/us and claims under those insurances.

By signing this application, I/We agree to SRS collecting, using and disclosing my/our personal information, including sensitive information if applicable, in accordance with the Privacy Statement and the SRS Privacy policy.

Signature/s: **Date:**

Full Name of such Person: **Title:**