



Security & General
INSURANCE

CONTRACT WORKS/ALTERATIONS PROPOSAL FORM

SECTION A: PROPOSER

NAME: _____ TEL.# _____

POSTAL ADDRESS: _____

SECTION B: INSUREDS (Including Proposer)

(1) OWNER/EMPLOYER/PRINCIPLE _____

(2) MAIN CONTRACTOR _____

(3) CONSULTING ENGINEER/ARCHITECT _____

(4) SUB-CONTRACTOR(S) _____
(Give Names, Type of Work and Value of Work)

(5) FINANCER _____

(6) DEVELOPER _____

SECTION C: THE CONTRACT WORKS

(1) PROJECT NAME (If Any) _____

(2) (A) LOCATION OF WORK (Specify Fully) _____

(B) WHERE WILL MATERIALS BE STORED?

(a) On site location _____ Off site location _____

(What security Measures exist to prevent Theft?) _____)

NB. A Theft Limit of 20% of the value of all materials on Site applies in respect of unsecured materials

(3) DESCRIPTION OF WORK _____

(No. of Floors/Construction – Roof/Walls etc.) _____

(4) COVER LIMITATION: FIRE/PERILS/THEFT/PUBLIC LIABILITY ONLY YES NO

(5) PERIOD: (a) Construction _____ Months (b) Maintenance _____ Months
(NB. Please indicate start and finish dates)

(6) CONTRACT VALUE/PRICE: (Including Materials/Labour and Profit) \$ _____

SECTION D: THE CONTRACTOR

(1) HOW LONG IN BUSINESS _____ TEL.# _____ FAX.# _____ CELL# _____

(2) DETAILS OF LAST THREE(3) CONTRACTS

NATURE OF WORK	DATE	FOR WHOM	CONTRACT VALUE

SECTION E: COVER REQUIRED

(1A) CONTRACT WORKS \$
(including Temporary Works if not declared separately below)

(1B) TEMPORARY WORKS (e.g. Fencing/Lighting/Security/Scaffolding etc.) \$

(2) PLANT & EQUIPMENT (Specified – Please provide Schedule) \$

(3) PLANT & EQUIPMENT (Unspecified – Max. \$1,500 any *one* item) \$

(4) CONSTRUCTIONAL HAND TOOLS (Limit \$250 any one Item) \$

(5) PROFESSIONAL FEES/CLEARANCE COSTS \$

(6) EXISTING STRUCTURES \$
(Give details – Age/Construction/Value/Condition/Contents)

(7) PUBLIC LIABILITY (NB. Minimum Sum Insured is \$100,000) LIMIT \$

SECTION F: OTHER DETAILS

(1) PREVIOUS LOSSES/CLAIMS (Give FULL details of any Loss/Damage suffered or Claim(s) made by or against any party to be insured under the Policy).

(2) INDICATE ANY SPECIAL FEATURES OF CONSTRUCTION/LOCATION _____
(e.g. Blasting, Water based risks, Bridges etc.). _____

(3) IF "SOIL" OR OTHER CONSIDERATIONS REQUIRE SUCH, WHAT STEPS WILL YOU BE TAKING TO ENSURE THE STABILITY OF FOUNDATIONS? GIVE FULL DETAILS: _____

(4) INDICATE IF YOU WILL BE WORKING ON OR AROUND UNDERGROUND UTILITY SERVICES **YES / NO**
(NB. You must have Plans indicating location(s) of all

Underground Services)
DETAILS: _____

SECTION G: DECLARATION

I/We desire to effect with the Company an insurance in the terms of the policy used for this class of business and I/We warrant that the above statements and particulars are correct and complete. I/We agree that this proposal shall be the basis of the contract between me/us and the Company.

Proposers Signature

Date
