EBM

CONTRACT WORKS AND PUBLIC LIABILITY INSURANCE REQUEST FOR QUOTATION/PROPOSAL FORM

Privacy - We are committed to protecting your privacy. We use the information you provide to advise about and assist with your insurance and/or financial planning needs. We only provide your information to insurance companies, underwriting agencies, wholesale brokers and premium funders with whom you choose to deal (and their representatives). We do not trade, rent or sell your information.

If you don't provide us with full information, we can't properly advise you and you could breach your duty of disclosure. You can check the information we hold about you at any time. For more information about our Privacy Policy, ask us for a copy or visit our website www.ebm.com.au.
By completing the quotation request below, I certify that I am aware that any collection of personal information is used in accordance with EBM's Privacy Policy.

1. Insured Name including Trading names:
2. ABN:
3. Period of Insurance From: To:
4. Contact Name:
5. Postal Address:
6. Place of Business:
7. Phone: Fax: Mobile:
8. Maintenance Period: ◯ 6 Months ◯ 12 Months ◯ 24 Months
9. Construction Period: Months
10. Full Description of Works Undertaken:
11. Annual: Australia Wide (tick if single project only)
12. Single Project Site Location:
13. Do contracts involve:
    - Piling: ◯ No ◯ Yes *Details:*
    - Shoring: ◯ No ◯ Yes *Details:*
    - Blasting: ◯ No ◯ Yes *Details:*
    - Underpinning: ◯ No ◯ Yes *Details:*
    - Civil Works not associated with building contract: ◯ No ◯ Yes *Details:*
    - Work under, over or near water: ◯ No ◯ Yes *Details:*
    - Work with Asbestos: ◯ No ◯ Yes *Details:*
    - Excavation maximum depths:
    - Construction maximum height:
    - Dewatering activities:
14. Indicate type of work generally undertaken: Domestic: % Commercial: % Industrial: %
15. Indicate where work is generally undertaken: CBD: % Suburbs: % Rural: %
16. Do you undertake work in: Schools: % Shopping Centres: % Hospitals: %
17. Other - *Please Specify*
18. All Subcontractors carry and provide evidence of their own Public Liability Insurance: ◯ No ◯ Yes

Form continued on next page

19. Do you own/hire cranes or other lifting devices/equipment that you require insurance for? ◯ No ◯ Yes

If 'Yes', please advise if you are responsible under the terms of hire. If you own the equipment please provide full details (make, model, etc.).

Details:

20. Have you ever had:

a) Insurance declined or cancelled? ◯ No ◯ Yes

If 'Yes' please provide details

b) Claims in the past 5 years? ◯ No ◯ Yes

Claims History (past 5 years):

Date	Details of Claim	Amount

Limit of Insurance Cover

N.B. If no amounts noted, Insurer standard limit will apply

Estimated Turnover for the coming twelve (12) months: (Annual Only)

Project Value: (Single Project Only)

Limit any one contract:

Principal Supplied Materials: (Any one Contract)

Tools of Trade: (◯ On Site Cover Only/ ◯ Australian Wide) (please indicate) Included in Contact Value

Expediting Expenses: (Any one Contract)

Removal of Debris: (Any one Contract)

Professional Fees: (Any one Contract)

Materials Stored off-site:

Materials in Transit:

Public & Products Liability (please indicate) ◯ $10,000,000 ◯ $20,000,000

N.B. Products Liability cover not available for Single Project policies.

Current Insurer & Expiry:

Duty of Disclosure: Prior to entering into a contract of general insurance you have the 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 duty under law to tell us anything known to you, and which a reasonable person in the known circumstances would include in answer to the questions. The Insurer will use the answers in deciding whether to insure you and on what terms. If you do not answer the questions in this way, the Insurer may reduce or refuse to pay a claim, or cancel the Policy. If you answer the questions fraudulently, the Insurer 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.

Signature: _____ Date:

Click Here to Print Click Here to Submit

Name:

Submit to quotes@ebm.com.au or print & fax to 1300 365 822