

Construction Insurance Proposal

Applicant Details

Name of applicant(s)

Mailing address (including Postcode)

Business phone number

Cell phone number

Home phone

Email address

Occupation/Employer

Insurance start date (MM/DD/YYYY)

Location(s) of property to be insured

Mortgage or other financial interest's name and address

Sums to be insured in respect of

Sum insured \$

Section 1 – Public Liability

Section 2 – Contract Works

Item 1. Contract Works

Item 2. Construction plant

Equipment

Tools

Temporary buildings

Item 3. Employee's personal effects and tools while on the site

General Questions

- Describe below in full the nature of your trade or business. If this policy is to apply to a single contract for construction provide a full description of the work undertaken and the site details in the space below:

Construction Insurance Proposal

2. How long have you been in business?

3. State the annual turnover of the business

4. Please state the number of persons doing manual labour.

Principals/Partners

Employees

If sub-contractors are to be insured, state their names below and describe in full the nature of their work.

- | | Yes | No |
|---|--------------------------|--------------------------|
| 5. Are you at present or have you been insured by Argus or any other insurer for Construction Insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Has any insurer cancelled, declined to accept or renew your Construction Insurance Policy or imposed special terms? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you in the past 5 years sustained any loss under your Construction Insurance Policy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you involved in the following types of work? | | |
| (a) construction, repair or installation work on vessels and/or aircraft | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) wrecking and demolition | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) sub aqueous construction and/or other work | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you use mechanically propelled plant? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you use oxy-acetylene or similar welding or cutting equipment, blowlamps, blowtorches, flame guns or hot air guns? | <input type="checkbox"/> | <input type="checkbox"/> |

If you have answered "Yes" to any of Questions 6 – 10, state details on a separately



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Declaration

Please read the following carefully as the information given by you forms the basis of the contract with Argus Insurance Company Ltd. (the "Company"). Any misrepresentation or non-disclosure or failure to disclose any material fact may result in the avoidance of the policy. All material facts must be disclosed. A material fact is one that is likely to influence the Company in the assessment and acceptance of any Proposal. If you are in any doubt as to whether a fact is material, it must be disclosed here. Please give details below.

THE COMPANY RESERVES THE RIGHT TO DECLINE ANY APPLICATION. A SPECIMEN COPY OF THE POLICY WORD IS AVAILABLE UPON REQUEST.

I DECLARE that to the best of my knowledge and belief, the information provided in this Proposal, which I have read over and checked, is true and complete and the sums insured represent the full replacement value of the property.

I AGREE and ACKNOWLEDGE that this Proposal forms the basis of the contract between myself and the Company. I have withheld no information material to the application whether it is the subject of a specific question or not. I agree to accept and conform with the terms of the policy.

- I hereby authorize the Company to collect and use my personal data with (1) other members of the Argus Group of companies for the purpose of improving customer service, developing new product and marketing; and (2) with those service providers contracted by the Argus Group of companies for the sole purpose of administering those products, pensions or policies that affect me.
- I hereby authorize the Company to forward relevant documentation to the email address I have supplied.

Signature of Proposer

Signature of Agent/Underwriter

Date