



**CONTRACT WORKS & LIABILITY INSURANCE
QUESTIONNAIRE & DECLARATION**



| | |
|---|---|
| Insured Name | |
| ABN #: | |
| Postal Address | |
| Contact Person & Phone Number | |
| Email Address | |
| Name of Other Parties | |
| Period of Insurance | From: To: |
| Description of Business Activities | |
| Previous Experience | |
| Details of ALL claims in last 3 years | |
| Annual = Australia Wide Single Project = Site Location | |
| Estimated Annual Turnover (annual only) | |
| Limit any One Contract/Project Value | |
| Limit of Liability | |
| Plant & Equipment | \$20,000 |
| Do You Undertake any of the following: Projects Valued Over \$2,000,000 Civil works not associated with a building contact Excavation more than 2 metres in depth Works under, over, in or near water (within 10m) Work above the 25th parallel Work involving special hazards Work with Asbestos Work involving piling, shoring or propping <i>(if yes to any of above becomes referral)</i> | <input checked="" type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Duty of Disclosure | Prior to entering into a contract of general insurance you have a 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. You, and a which a reasonable person in the known circumstances would include in answer to the questions. We use the answers in deciding whether to insure you and on what terms. If you do not answer the questions in this way, we may reduce or refuse to pay a claim, or cancel the Policy. if you answer questions fraudulently, we many 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. |
| Signed / Dated | Signature Date/...../..... Print Name |

SEND THIS COMPLETED FORM TO US:

SH CORP

Phone: (02) 9806 2000 **Fax:** (02) 9806 2099

Address: PO Box 1305 PARRAMATTA NSW 2124

Email: hbbc@shcorp.com.au