

PROPOSAL FOR CONTRACT WORKS -THIRD PARTY INSURANCE

1. Details of Principal

- (a) Name
- (b) Address
- (c) Telephone No.: (h) (w) (c)
- (d) Email:

2. Details of Contractor (if different)

- (a) Name
- (b) Address
- (c) Telephone No..... (w) (c)
- (d) Email:

3. Details of Contract

- (a) Alterations New Construction Other
- (b) Address of Risk
- (c) Type of construction of dwelling - walls/roof
- (d) Period of contract
- (e) Length of Maintenance period (if any)
- (f) State security precautions to be taken on site (storage, fencing, watchman, etc.)

4. Calculation of sum insured

Total contract value		\$
• Add % for Architect, Surveyors, Engineers		\$
• Add % for Debris Removal		\$
• Add% for Increased costs of reconstruction if damaged		\$ Contractors
construction plant/equipment/tools etc.	\$	
Total:		\$

5. DO YOU WISH COVER FOR THE FOLLOWING:

- (a) Construction Materials in Transit? Yes No
- (b) Third Party Liability? Please tick limit required:-

- | | | | | |
|-----|--|---------------------|---------------------|--------------------------|
| | \$100,000.00 | \$250,000.00 | \$500,000.00 | <input type="checkbox"/> |
| (c) | Employers Liability for Workmen? | | Yes | <input type="checkbox"/> |
| | | | No | <input type="checkbox"/> |
| (d) | State Total Labour Wages for Contract | | \$ | |
| (e) | Employees' Tools and Personal Effects? | | Yes | <input type="checkbox"/> |
| | | | No | <input type="checkbox"/> |
| | (\$250.00 per employee) | | | <input type="checkbox"/> |

The information contained herein will form the basis upon which the premium will be computed and the policy issued.

Signed:

Dated: