

Please ensure that questions are answered fully and accurately and, where necessary, Schedules giving further explanation are provided.

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

Important Notice Concerning Disclosure: It is your duty to disclose all material facts to Underwriters. A material fact is one that is likely to influence an Underwriter's judgement and acceptance of your proposal. If your proposal is a renewal of an existing policy, it should also include any change in facts previously advised to Underwriters. If you are in any doubt as to whether or not facts are considered material, you should disclose them.

SECTION 1 **DETAILS OF PROPOSAL**

1. VAT No./TRN (where applicable): _____
2. a. Name of Proposer/Principal: _____
 b. Mailing Address: _____ Postal Code: _____
 c. Telephone Nos.: _____
 d. Email address: _____
3. a. Name of Contractor (if different): _____
 b. Mailing Address: _____ Postal Code: _____
 c. Telephone Nos.: _____
 d. Email address: _____
4. 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.):
5. Calculation of sum insured

Total contract value	\$ _____
<input type="checkbox"/> Add _____% for Architect, Surveyors, Engineers	\$ _____
<input type="checkbox"/> Add _____% for Debris Removal	\$ _____
<input type="checkbox"/> Add _____% for Increased costs of reconstruction if damaged	\$ _____
Contractors construction plant/equipment/tools etc.	\$ _____
Total:	\$ _____
6. Do you wish cover for the following?
 - a. Construction Materials in Transit Yes No
 - b. Third Party Liability Yes No If Yes, limit required: \$100,000 \$250,000 \$500,000
 - c. Employers Liability for Workmen Yes No
 - d. Labour Wages for Contract Yes No If Yes, state Total \$ _____
 - e. Employees' Tools and Personal Effects Yes No If Yes, \$250 per employee

SECTION 2 DECLARATION

NOTE: SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE.

I/We declare that the statements and particulars in this Proposal are true and that no material facts have been mis-stated or suppressed after enquiry. I/We agree that this Proposal, together with any other information supplied shall form the basis of any contract of insurance effected thereon. I/We undertake to inform the Insurers of any material alteration to those facts occurring before the completion of the contract of insurance.

Proposer Name (Please print) _____

Signature _____ Date _____