

# heavy motor / mobile plant & equipment and liability proposal form



Wesfarmers General Insurance Limited, ABN 24 000 036 279

## 1. Important Information

“you” “your” where used in this Proposal means the Proposer and if more than one, each of them

“we” “us” “our” “Lumley Insurance” means Wesfarmers General Insurance Limited, ABN 24 000 036 279, trading as Lumley Insurance

### Your Duty of Disclosure

Before you enter into a contract of General Insurance with an insurer, you have a duty at law to disclose to the insurer anything that you could reasonably be expected to know which is relevant to the to the insurer’s decision whether to accept the risk of insurance and if so, on what terms.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows or, in the ordinary course of business, ought to know;
- as to which compliance with your duty is waived by the insurer.

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract.

If your non-disclosure is fraudulent, the insure may also have the option of avoiding the contract from its beginning.

### Proposal Included in “Policy”

Anything you state in this Proposal will form part of the Policy document unless we tell you otherwise. Before you complete this Proposal, you should read the policy because it will tell you about the insurance you are Proposing we provide and contains definitions of words used in this Proposal.

### Co-Insurance

The Policy contains a condition of Co-Insurance for sums insured for Insured Property of this Proposal. This means that if the sums insured for those items are inadequate at the time of loss, part of the claim may not be insured.

### GST

All sums insured exclude GST.

### Privacy

Lumley Insurance respects your privacy and complies with the Privacy Act and the National Privacy Principles. A copy of our Privacy Statement is attached at the back of this proposal.

### Confirming Transactions

You may contact us or your adviser, in writing (which is always required if you are advising cancellation) or by phone, to confirm any transaction under the Policy. Any transaction will be documented by us as quickly as possible.

NSW	Lumley House, Level 9, 309 Kent Street, Sydney 2000 Suite 19, 50 Glebe Road, The Junction 2291	Phone (02) 9248 1111 Phone (02) 4925 7500	Fax (02) 9248 1122 Fax (02) 4940 0295
VIC	Level 3, 99 King Street, Melbourne 3000	Phone (03) 8627 4333	Fax (03) 8627 4312
ACT	Level 4, 10 Rudd Street, Canberra City 2601	Phone (02) 6279 0333	Fax (02) 6279 0330
TAS	Level 11, 27 Paterson Street, Launceston 7250	Phone (03) 6345 4700	Fax (03) 6345 4711
SA	465 Pulteney Street, Adelaide 5000	Phone (08) 8228 1700	Fax (08) 8228 1777
WA	Level 9, 50 St George’s Terrace, Perth 6000	Phone (08) 9220 8222	Fax (08) 9220 8251
QLD	Level 2, 99 Melbourne Street, South Brisbane 4101	Phone (07) 3307 4800	Fax (07) 3307 4899
	Level 5, Northtown Tower, Flinders Mall, Townsville 4810	Phone (07) 4722 6000	Fax (07) 4724 4398
NT	Level 2, Beagle House, 38 Mitchell Street, Darwin 0800	Phone (08) 8946 4600	Fax (08) 8946 4666

Lumley Insurance is a trading name of Wesfarmers General Insurance Limited

## 2. Applicant Details

Proposer (name insured)

Proposers business address

Suburb

State

Postcode

Contact phone number

Proposers business postal address (if different to above)

Suburb

State

Postcode

Business activities

### Goods and Services Tax (GST)

To ensure that you do not incur any unnecessary GST liabilities on claim settlements please advise:

1. Your ABN, if applicable:

2. Any entitlement you have to an Input Tax Credit:

 %

### Other Required Insured Parties

Are the Interests of Financiers required to be noted?

 Yes  No

If **Yes**, please state whom and their particular interest (e.g. Australian Bank Pty. Limited, First Mortgagee)

### Period of insurance

From  to  at 4:00pm local standard time

## 3. Geographical Limits

Nominate the Region, State that Heavy Motor / Mobile Plant and Equipment will be used and stored

Postcode if applicable

For the purpose of allocating a Terrorism Levy please provide the postcode where most of the Heavy Motor / Plant and Equipment will be stored.

## 4. Business and Experience

### State your Business or Trade applicable for the proposed Heavy Motor / Mobile Plant and Equipment

Business or Trade

How long have you been in your present business?

Have you ever been declined Insurance, or had Heavy Motor or Mobile Plant Insurance issued subject to special terms, conditions or restrictions?

 Yes  No

If **Yes**, please state details

Have you made any claim in the past five years, for Mobile Plant or Heavy Motor?

 Yes  No

If **Yes**, provide details (attach separate pages if necessary).

If more than 25 items insured, please complete the following table:

Insurance year	Gross claims (after application of excess)	Excess applicable	Number of claims	Number of items insured	Market value of items insured
Last year	\$	\$			\$
2 years ago	\$	\$			\$
3 years ago	\$	\$			\$
4 years ago	\$	\$			\$
5 years ago	\$	\$			\$

**SECTION 1 – Heavy Motor / Mobile Plant Insurance**

## 5. Proposed use of Heavy Motor / Mobile Plant & Equipment

Will your Heavy Motor / Plant and Equipment be used:

- in a tidal zone, or mounted or transited on a floating platform or barge?
- underground?
- where more that 10% of the work is for demolition activities?
- in connection with explosives?
- for railway work?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

If **Yes** to any of the above, please provide more details (what plant is involved, what percentage of activities are involved, precautions taken)?

Will your Heavy Motor / Plant and Equipment be highly exposed to any of the following perils

- Fire, explosion
- Flood, inundation
- Landslip, subsidence
- Fall over the edge
- Falling rocks
- Storm, cyclone

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

If **Yes** to any of the above, please provide more details (what plant is involved, what percentage of activities are involved, precautions taken)?

**Plant Condition**

Are all your insured items of Heavy Motor / Mobile Plant and Equipment thoroughly sound and in good condition, and do they conform with all Government or Statutory and other Regulations? Yes  No

If **No**, please provide more details

## 6. Plant Risk Management

### Maximum Accumulation Value

If more than one item of Heavy Motor / Mobile Plant and Equipment is to be insured, state your estimation of "Maximum Accumulated Value" of risk at any one location.

### Cranes

Where your Heavy Motor / Mobile Plant and Equipment consists of cranes, is each crane with 15 Tonne capacity lifting capacity or more fitted with a load movement indicator?  Yes  No

If **No**, please provide more details

Will cranes be involved in Multi lifting or lowering operations?  Yes  No

If **Yes**, please provide more details (number of times expected, what cranes will be involved, number of machines involved in any one lift)

### Theft and Malicious Damage

State details of provisions currently in place that you use to prevent or minimise loss or damage by theft or malicious damage.

### Fire Extinguisher

Is a suitable fire extinguisher fitted to each item of Heavy Motor / Mobile Plant and Equipment, readily accessible and properly maintained?  Yes  No

### Dry Hire

Do you Dry Hire any of your Heavy Motor / Mobile Plant and Equipment to other parties?  Yes  No

If **Yes**:

(a) attach to this Proposal a signed copy of the "Conditions of Hire", and

- (b) (i) where specific items are nominated, please select the items, noted in the "Schedule of Heavy Motor / Mobile Plant and Equipment" table on the next page,  
 (ii) where Insured Property is described as a blanket amount for all plant, please advise the amount of Dry Hire.

Percentage of total plant involved

 %

Average percentage of the year

 %

(c) Do you offer a damage waiver to hirers?  Yes  No

### Note:

*Our policy does not provide cover for plant on Dry Hire, where there are no conditions in place that makes the hirer responsible for loss or damage, or if the hire agreement is subject to damage waivers or conditions that restrict our rights of subrogation.*

## 7. Optional Extensions of Cover

Please tick **Yes** or **No** for each Optional Extension of the Policy

	Yes	No
Overseas Airfreight	<input type="checkbox"/>	<input type="checkbox"/>
Agreed Value	<input type="checkbox"/>	<input type="checkbox"/>
Appreciation of Plant Value	<input type="checkbox"/>	<input type="checkbox"/>
Additional Equipment (Blanket Cover)	<input type="checkbox"/>	<input type="checkbox"/>
Extended Dry Hire	<input type="checkbox"/>	<input type="checkbox"/>
Hold harmless (Subrogation Waiver)	<input type="checkbox"/>	<input type="checkbox"/>
Finance Gap Protection	<input type="checkbox"/>	<input type="checkbox"/>
Substitute Hire Costs or Finance Payment	<input type="checkbox"/>	<input type="checkbox"/>
Ongoing Hire Costs	<input type="checkbox"/>	<input type="checkbox"/>
Finance payment	<input type="checkbox"/>	<input type="checkbox"/>
Plant and Equipment on Watercraft	<input type="checkbox"/>	<input type="checkbox"/>
Search locate and retrieval Costs	<input type="checkbox"/>	<input type="checkbox"/>
Recovery Costs	<input type="checkbox"/>	<input type="checkbox"/>
Multiple Crane Lift	<input type="checkbox"/>	<input type="checkbox"/>
Unintentional Overload	<input type="checkbox"/>	<input type="checkbox"/>
Underground Risks	<input type="checkbox"/>	<input type="checkbox"/>



## 10. Turnover and Liability Claims Experience

Have you had any Public Liability claims made against you in the past five years?

Yes  No

If **yes**, provide details (attach separate pages if necessary)

### Annual Turnover

What is the estimated turnover of works to be carried out over the next 12 months?

\$

What was your turnover last year?

\$

What was your turnover 2 years ago?

\$

What was your turnover 3 years ago?

\$

What was your turnover 4 years ago?

\$

What was your turnover 5 years ago?

\$

## 11. Liability Exposure

Does any of your work involve the following:

- (a) Underpinning or piling?
- (b) Demolition? To what Height?  m
- (c) Alteration of Existing Structures?
- (d) Excavation greater than 2.5m? To what Depth?
- (e) Underground Operations?
- (f) Blasting?
- (g) Hazardous chemicals/flammable liquids?
- (h) Refuse removal or disposal
- (i) Hot works (welding, cutting, grinding etc)?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

If **Yes** to any of the above give brief details

## 12. Liability Risk Management

(a) Do you require sub-contractors to have their own liability policy?

Yes  No

(b) If **Yes** to above, is this process monitored and enforced?

(c) Do you hold regular meetings with relevant on-site staff where work hazards and risk management issues are discussed?

(d) What precautions do you take to minimize danger to the Public at your construction sites?

### 13. Declaration and Signature

You declare that the answers you give herein are in every respect true and correct and that you have not withheld any information likely to affect the acceptance of this Proposal and that you have read and understood the Proposal and the Policy wording.

You acknowledge that we may give to, and obtain from, other insurers and/or insurance reference bureaux, personal information relating to this Proposal as well as insurance claims information obtained during the course of this contract.

You acknowledge that we may not accept the sums insured or any aspects of the insurance cover you have requested in this proposal form. However, if this is the case, we will contact you, or your insurance representative, prior to issuing any insurance certificate or the Policy.

Signature

Date (dd/mm/yyyy)

Title