

LEVEL 13 / 141 WALKER ST
NORTH SYDNEY NSW 2060
PO BOX 1813
NORTH SYDNEY NSW 2059

MOBILE PLANT AND MACHINERY INSURANCE PROPOSAL FORM

IMPORTANT NOTICES

The information you provide in this document and through any other documentation, either directly or through your insurance broker, will be relied upon by the insurers to decide whether or not to accept your insurance as proposed and if so, on what terms.

Every question must be answered fully, truthfully and accurately. If space is insufficient for your answer, please use additional sheets, sign and date each one and attach them to this document.

If you do not understand or if you have any questions regarding any matter in this document, including these Important Notices, please contact us or your insurance broker before signing the Declaration at the end of this document.

Unless we have confirmed in writing that temporary cover has been arranged, no insurance is in force until the risk proposed has been accepted in writing by us and you have paid or agreed to pay the premium.

AGENT OF INSURERS

SURA Plant and Equipment Pty Ltd acts as the agent of the insurer and not as your agent when issuing insurance policies, dealing with or settling any claims. This is an important document, please read it carefully.

DUTY OF DISCLOSURE

Before You take out insurance with Us, You have a duty to tell Us of everything that You know, or could reasonably be expected to know, may affect Our decision to insure You and on what terms.

If You are not sure whether something is relevant You should inform Us anyway. You have the same duty to inform Us of those matters before You renew, extend, vary, or reinstate Your contract of insurance. The duty applies until the Policy is entered into, or where relevant, renewed, extended, varied or reinstated (Relevant Time).

If anything changes between when the answers are provided to Us or disclosures are made and the Relevant Time, You need to tell Us. Your duty however does not require disclosure of matters that:

- reduce the risk;
- are common knowledge;
- We know or, in the ordinary course of Our business, ought to know; or
- We have indicated We do not want to know.

If You do not comply with Your duty of disclosure, We may be entitled to:

- reduce Our liability for any claim;
- cancel the contract;
- refuse to pay the claim; or
- avoid the contract from its beginning, if Your non-disclosure was fraudulent.

PRIVACY

We are committed to protecting your privacy in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles (APPs), which will ensure the privacy and security of your personal information. Our Privacy Policy explains how we collect, use, disclose and handle your personal information as well as your rights to access and correct your personal information and make a complaint for any breach of the APPs.

A copy of our Privacy Policy is located on our website at www.sura.com.au. Please access and read this policy. If you have any queries about how we handle your personal information or would prefer to have a copy mailed to you, please ask us. If you wish to access your file please ask us.

GENERAL INSURANCE CODE OF PRACTICE

We proudly support the General Insurance Code of Practice (the 'Code'). The purpose of the Code is to raise the standards of practice and service in the general insurance industry.

The objectives of the Code are:

- to promote better, more informed relations between insurers and their customers;
- to improve consumer confidence in the general insurance industry;
- to provide fair and effective mechanisms for the resolution of complaints and disputes between insurers and their customers;
- to commit insurers and the professionals they rely upon to higher standards of customer service; and
- to promote continuous improvement of the general insurance industry through education and training.

For further information on the Code, please visit www.codeofpractice.com.au or alternatively You can request a brochure on the Code from Us.

BROKER DETAILS

Company	Contact Name	
Address		
Suburb	State	Postcode
Telephone	Email	
ABN		

DETAILS OF NAMED INSURED

Insured Name	ABN
Address	Suburb
State	Postcode
Telephone	Email
Website	No. of Years in Business

GENERAL INFORMATION

Period of Insured requested From / / To / /
at 4:00pm

Details of any Interested Parties to be noted

Who is your current Insurer for Material Damage and Road Risk?

Policy Number

Who is your current Insurer for Liability?

Policy Number

Main Location at which you conduct your business As above Various as detailed below

NO.	ADDRESS	ESTIMATED TOTAL VALUE AT LOCATION AT ANY ONE TIME
1		\$
2		\$
3		\$
4		\$
5		\$

SECTION 1 – MATERIAL DAMAGE INSURANCE

Describe the main use of your equipment

Please indicate the main areas in which you will be operating

CBD Suburbs Country Australia wide

New Zealand Other Overseas Locations Details of overseas locations

Detail the prevention measure used in your operation for:

a) The actual items of plant

Fire

Theft/Vandalism

b) Your storage locations/depots when not in use

Fire

Theft/Vandalism

c) If left on site overnight

Fire

Theft/Vandalism

d) Detail any of your locations that are located in known Floor Zones

Is your operator:

a) Employed with the equipment and its manufacturer's operating manuals Yes No

b) The relevant Statutory Requirements for operating the equipment Yes No

c) Subject to verification of their licences, qualifications and past history Yes No

If you have answered No to any of the above, please provide details:

If your equipment includes any Cranes, are they fitted with operational audible and visual Overload Alarms? Yes No

If No, please provide full details

Do you Dry Hire (without an operator) any of the Insured Items? Yes No

If Yes, do you offer a damage waiver? (Please attach a copy of the hire agreement) Yes No

Do you use any Insured Items in contravention of the Manufacturer's Instruction Manual? Yes No

Please advise if any items may be used underground during the Policy Period? Yes No

If Yes, and you require cover to be extended please refer to questionnaire

Please advise if any items may be used on a barge, under or over water during the Policy Period? Yes No

If Yes, and you require cover to be extended please refer to questionnaire

Please advise if any of the items may be used in connection with Harvesting, Logging or Forestry during the Policy Period? Yes No

Please advise if any of the items may be used in connection with Railworks? Yes No

a) If Yes, please advise what items are used in Rail corridors

b) Do any of the machines used in rail works have Hi-Rail Attachments? Yes No

If Yes, please advise which items have Hi-Rail Attachments

OPTIONAL COVERS

The following Optional Covers are available at an additional premium, please advise if you wish to obtain terms to extend your Policy to include any of these covers:

Agreed Value – Please advise which Insured Items it is to apply Yes No

If Yes, please note we may require a current independent valuation prior to providing this cover

Automatic Additions and Deletions increased above the current \$500,000 limit Yes No

If Yes, what limit would you require?

Breakdown Yes No

[Please complete the supplementary questionnaire](#)

Consequential Additional Costs Covers Yes No

a) Substitute Hire Costs – Plant Yes No

b) Ongoing Hire Costs Yes No

c) Finance Payment Protection Yes No

d) Substitute Hire Costs – Trucks and Motor Vehicles

[Please complete the supplementary questionnaire](#)

Damage Waiver Protection (Extended Dry Hire) Yes No

a) Please provide a copy of the Hire Agreement to which the Cover is to be linked

b) Please advise the specific items to which this Cover is to apply

c) Do you charge a Damage Waiver? Yes No

d) Please advise if there are any of your Hirers that you do not wish us to seek recovery from for any Indemnity we provide to you under this policy

Lifted Goods increase above the current \$100,000 Yes No

[Please complete the supplementary questionnaire](#)

Hired In Item cover required Yes No

[Please complete the supplementary questionnaire](#)

Increased Cost of Working Yes No

[Please complete the supplementary questionnaire](#)

Loss of Revenue Yes No

[Please complete the supplementary questionnaire](#)

Underground Operations Yes No

[Please complete the supplementary questionnaire](#)

Barge Operations Yes No

[Please complete the supplementary questionnaire](#)

SECTION TWO — REGISTERED INSURED ITEM LIABILITY INSURANCE

Do you require registered, conditional registered, or items which may be temporarily registered during the Policy Period insured under this Section? Yes No

If Yes, please specify the items to be covered and registration number on the schedule

If you require a limit higher than the \$20,000,000 offered, please advise the limit required: \$

OPTIONAL COVERS

The following Optional Covers are available at an additional premium, please advise if you wish to obtain terms to extend your Policy to include any of these covers:

Do you wish to increase the Dangerous Goods cover from the \$500,000 provided? Yes No

If Yes, please advise the limit required \$

Do you require cover for Hired in Registered Items? Yes No

If Yes, how many items?

a) Would you have in your hire during a 12 Month Period? Yes No

b) Would you have in your possession at any one time? Yes No

SECTION THREE – BROADFORM LIABILITY INSURANCE

Do you require cover for your General and Products Liability exposures? Yes No

If Yes, please advise the Liability Limit of Indemnity required: \$10m \$20m

\$50m Other

\$

Estimated Annual Business Turnover for the next 12 months \$

Full Description of Proposed Business Activities

List each distinct business activity to be covered by this Policy, and provide a value or Percentage split of the activities anticipated contribution to the Turnover for the proposed Period of Insurance:

INCOMING GENERATING BUSINESS ACTIVITY

ESTIMATED TURNOVER (\$ OR % OF TOTAL)

_____	_____
_____	_____
_____	_____
_____	_____

Total \$

Non Income Generating Incidental Exposures

Detail any business activities undertaken, that do not actually generate an income:

Owner and/or Occupier of Storage Yards and Offices

Number of Storage Yards

Number of Offices

Number of Yards used as Workshops, Storage Yard and Offices

Contractors / Sub Contractors and Labour Hire

Do you utilise non direct employees (Contractors/Sub Contractors or Labour hire) in any of your activities? Yes No

If Yes, please provide the following details:

a) Nature of work to be Contracted/Sub Contracted for this period of Insurance:

Labour Only	Estimated Payments	\$
Labour and Materials	Estimated Payments	\$

b) Do these entities carry their own Liability and Workers Compensation Insurance? Yes No

If Yes, how do you check the adequacy and currency?

c) Do you require these entities to indemnify you against any loss or liability which may result from their negligence?

d) Are you always named as Principal on their Liability Policies?

Do you ever waive your rights or assume liability of others under any contracts or agreements? Yes No

If Yes, provide details

In undertaking any of your business activities do you create trade waste? Yes No

If Yes, please provide details of the waste and how you dispose of it:

Is any of your equipment used in land fill or waste disposal operations? Yes No

Do you store, transport, handle or use any hazardous goods or materials? Yes No

If Yes, please provide details

Do you undertake any construction or demolition activities above 10 metres in height? Yes No

If Yes, please provide details

Is any of your equipment operated above 10 metres in height? Yes No

As a part of your business do you Produce/Import or Export any Products, or Equipment? Yes No

If Yes, please provide details:

Do you undertake any underpinning or dewatering work? Yes No

If Yes, please provide details:

Do you undertake any work over water/underwater/from barges? Yes No

If Yes, please provide details:

Do you conduct any welding or hot work away from your premises? Yes No

If Yes, please advise details of these activities:

Do you perform any work or service in any Airside Area of an airport? Yes No

(Airside means an area where airships and airplanes take off, land, taxi, load and/or unload including runways, taxiways, aprons adjacent to runways and/or taxiways, air bridges and aircraft standing areas)

If Yes, please note special conditions may be imposed

Do you undertake any Tree Lopping work? Yes No

If Yes, please provide details

OPTIONAL COVERS

The following Optional Covers are available at an additional premium, please advise if you wish to obtain terms to extend your Policy to include any of these covers:

Do you wish to increase the care custody and control sublimit from the current \$250,000? Yes No

If Yes, please advise the increased limit you require: \$

Do you wish to increase the vibration and removal of support sublimit from the current \$1,000,000? Yes No

If Yes, please advise the increased limit you require: \$

CLAIMS EXPERIENCE

Have you had any losses and incidents in relation to Material Damage, Registered Insured Item Liability or Broadform Liability during the last five (5) years, whether insured or otherwise, that could have given rise to a claim being made? Yes No

If Yes, please advise the following details for each

DATE OF INCIDENT	DETAILS	TOTAL AMOUNT OF LOSS
<hr/>	<hr/>	\$ <hr/>
<hr/>	<hr/>	\$ <hr/>
<hr/>	<hr/>	\$ <hr/>
<hr/>	<hr/>	\$ <hr/>
<hr/>	<hr/>	\$ <hr/>
<hr/>	<hr/>	\$ <hr/>

DECLARATION AND AGREEMENT

Has any Insurer, in respect of risks to which this proposal relates, ever:

- | | |
|---|--|
| a) Declined a proposal, refused a renewal or terminated insurance? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) Required an increased premium or imposed special conditions? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) Declined an insurance claim by the Insured or reduced its liability to pay an insurance claim in full (other than by application of excess)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If Yes, to a), b) or c) please give details

This Declaration must be signed by the intending insured as the Proposer(s). If the intending insured is a Company, Partnership or other business venture or involves more than one person or entity, then the person signing this declaration must be authorised to sign on behalf of all persons/entities identified as the intending insured(s).

Before completing this document, I/We have read and understood the information herein, including the Important Notices.

I/We agree that this Proposal Form together with any other information supplied by me/us shall form the basis of any Contract of Insurance effected. I/We undertake to inform the insurer of any material alteration to this information occurring before the proposed insurance commences.

I/We declare that the statements and particulars contained within this Proposal Form are true and that I/We have not mis-stated or suppressed any material facts.

I/We understand that the insurer is relying on information supplied herein to decide whether or not to accept or reject this risk and that no material information has been knowingly withheld.

I/We acknowledge that by submitting this completed Proposal Form (with any other information) I/We consent that the insurer may use and disclose my/our personal information in accordance with the "Privacy Statement" at the beginning of this Proposal. This consent remains valid until I/We alter or revoke it by written notice. I/We also undertake to advise any changes to my/our personal information.

NAME OF FIRM:

SIGNATURE:

(This Proposal is to be signed by a Principal, Partner or Director of the Proposed Insured)

TITLE OF SIGNATORY:

FULL NAME:

DATE:

SCHEDULE OF EQUIPMENT TO BE INSURED

ITEM	YEAR	MAKE	MODEL	TYPE	REGISTRATION	SERIAL NUMBER	VIN/CHASSIS NUMBER	SUM INSURED
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$

*Copy and attach separate sheets in excel format if required.

BREAKDOWN EXTENSION QUESTIONNAIRE

Please advise details of the insured items requiring breakdown cover

ITEM	DESCRIPTION	AGE	SUM INSURED
1			\$
2			\$
3			\$
4			\$
5			\$
6			\$
7			\$
8			\$
9			\$
10			\$

Please confirm that all items are subject to a scheduled routine maintenance programme Yes No

Please confirm that you maintain records of the maintenance undertaken Yes No

Who is the maintenance, and/or repairs carried out by?

Our staff External long term contractors Contractors on a random basis

Have any of the items had a full refurbishment, or a major repair in the last 3 years? Yes No

If Yes, please advise details:

Have any of the items been subject to a Machinery Breakdown claim in the last 5 years? Yes No

If Yes, please advise details:

CONSEQUENTIAL ADDITIONAL COSTS COVERS QUESTIONNAIRE

The cover provides a number of alternate protections to the insured items.

To be able to structure the covers correctly please advise the following:

a) Substitute Hire Costs

Please advise which Insured Items you wish this cover to apply:

What would be the longest Hire period required?

Months

What would be the maximum monthly hire cost incurred?

\$

b) Ongoing Hire Costs

Please advise which Insured Items you wish this cover to apply:

What would be the longest Hire period required?

Months

What would be the maximum monthly hire cost incurred?

\$

c) Finance Payment Protection

Please advise which Insured Items you wish this cover to apply:

What would be the longest Payment period required?

Months

What would be the maximum monthly payment Amount?

\$

d) Hire Costs for Trucks and Motor Vehicles

Please advise which Insured Items you wish this cover to apply:

What would be the longest Hire period required?

Months

What would be the maximum monthly hire cost incurred?

\$

Have you submitted any claims, or had any financial loss for any of the above in the last 5 years?

Yes No

If Yes, please provide details

LIFTED GOODS EXTENSION QUESTIONNAIRE

Please advise details of the insured items used for lifting goods

ITEM	DESCRIPTION	AGE
1		
2		
3		
4		
5		

Please advise the value of the Lifted Goods Cover required? \$

Please detail the types of goods being lifted:

Fragile Yes No Size Max Weight

Do you undertake any Dual Lifting? Yes No

If Yes, how often and types of items being lifted?

Do you have established written procedures available to all operators for this process? Yes No

What is your estimated Turnover from the Lifting Operations? \$

Please detail your experience in the lifting activities to be undertaken:

Please advise details of any damage caused or sustained during any lifting operations in the past 3 years:

HIRED IN ITEMS QUESTIONNAIRE

Cover can be arranged in two forms under this extension of cover or a combination of both:

1. Blanket Cover

Cover can be arranged on a blanket basis for items up to and including a maximum of \$500,000

Do you hire in items on a regular basis? Yes No

Please advise the type of equipment likely to be hired in:

What is the estimated value of Hire Charges to be incurred by you for the next 12 Month period? \$

Are any of the items hired in likely to be registered or Conditional Registered? Yes No

If Yes, do you wish us to include Road Risk cover? Yes No

If you do, please advise an estimated number of registered or condition registered items at any one time:

2. Specified Items

Please advise the items that you require covered:

ITEM	DESCRIPTION	SUM INSURED REQUIRED	REGISTERED
1		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
2		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
3		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
4		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
5		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
6		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
7		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
8		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
9		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
10		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please advise details of any damage, whether insured or not, to hired in plant in the past 3 years:

INCREASED COST OF WORKING QUESTIONNAIRE

Please advise details of the insured items requiring Cover for increased cost of working:

ITEM	DESCRIPTION	AGE	SUM INSURED REQUIRED
1			\$
2			\$
3			\$
4			\$
5			\$
6			\$
7			\$
8			\$
9			\$
10			\$

Do you currently have spare capacity within the plant fleet to be able to continue the work being carried out by all the above items? Yes No

If No, what would be the maximum duration before work could be recommenced? Weeks

Are all these items readily replaceable, or easily available for hire? Yes No

Have you suffered any loss, whether insured or not for this type of loss in the last 5 years? Yes No

If Yes, please advise details:

i) Full details of Loss

ii) Time period that the business was affected and the costs incurred

LOSS OF REVENUE QUESTIONNAIRE

Please advise details of the insured items requiring loss of revenue cover:

ITEM	DESCRIPTION	AGE	SUM INSURED REQUIRED
1			\$
2			\$
3			\$
4			\$
5			\$
6			\$
7			\$
8			\$
9			\$
10			\$

Do you currently have spare capacity within the plant fleet to be able to continue the work being carried out by all the above items? Yes No

If No, what would be the maximum duration before work could be recommenced? Weeks

Are all these items readily replaceable, or easily available for hire? Yes No

If No, what is the estimated replacement times for the items not readily available? Weeks

Have you suffered any loss, whether insured or not for this type of loss in the last 5 years? Yes No

If Yes, please provide details:

i) Full details of Loss

ii) Time period that the business was affected and the costs incurred

UNDERGROUND OPERATIONS QUESTIONNAIRE

Please advise details of the insured items operating underground:

ITEM	DESCRIPTION	AGE	SUM INSURED REQUIRED
1			\$
2			\$
3			\$
4			\$
5			\$
6			\$
7			\$
8			\$
9			\$
10			\$

How many years have you been involved in working underground? _____ Years

Are all of your employees accredited and are their accreditations current? Yes No

In which State and areas do you normally work underground? _____

What types of Mines do you normally work in? _____

Have you had any losses or been involved in any underground incidents, whether insured or not, in the last 5 years? Yes No

If Yes, please provide details:

BARGE OPERATIONS QUESTIONNAIRE

Which Items may be carried and/or operated on any barge?

Type of works to be undertaken?

Estimated number of trips?

Maximum period likely to be operated on barge

Weeks

Area in which barge may be operating

Is this area within protected waters?

Yes No

Are they tidal?

Yes No

Is this area Coastal Open Waters?

Yes No

Maximum distance from land?

Metres

Does the barge Owner/Operator carry their own Insurance?

Yes No

Do you check both the cover and currency of the Policy?

Yes No

Will the barge ever be under the direct control of You or Your Staff?

Yes No

If Yes, what qualifications and experience does the operator have?

Have you experience in working on projects involving Barge Operations?

Yes No

Do you use the same Owner/Operator regularly?

Yes No

Please attach a sample copy of the Hire Agreements you accept.
