

Single Project Extension Supplementary Application

Important Information

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 the Important Information, 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.

General Advice Warning

Any advice about this insurance that we or SURA give you is of a general nature. We do not consider your individual objectives, financial situation or needs. It is up to you to choose the cover you need, and you should carefully read this document and any other documents that form part of the policy before deciding whether this insurance is right for your individual objectives, financial situation and/or needs.

Duty of Disclosure

Before you enter into an insurance contract with us, you have a duty to tell us of anything that you know, or could reasonably be expected to know, that may affect our decision to insure you and on what terms. You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary, or reinstate an insurance contract.

You do not need to tell us anything that:

- reduce the risk we insure you for;
- is of common knowledge;
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If you do not tell us something

If you fail to comply with your duty of disclosure, and we would not have entered into the contract, for the same premium and on the same terms and conditions, had the failure not occurred, we may, subject to applicable law:

- be entitled to cancel your contract or reduce the amount we will pay you if you make a claim, or both; or
- if your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Privacy Statement

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.

The information provided in this document and any other documents provided to us will be dealt with in accordance with our Privacy Policy. By executing this document you consent to collection, use and disclosure of your personal information in accordance with our Privacy Policy. If you do not provide the personal information requested or consent to its use and disclosure in accordance with our Privacy Policy, your application for insurance may not be accepted, we may not be able to administer your services/products, or you may be in breach of your duty of disclosure.

Our Privacy Policy explains how we collect, use, disclose and handle your personal information including transfer overseas and provision to necessary third parties 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 of our Privacy Policy mailed to you, please ask us.

If you wish to access your file please ask us.

Agent of Insurers

SURA Construction 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.

Important Notices

Cover will not commence until:

1. Inception of cover

- a) you have answered ALL questions and signed the Declaration; AND
- b) you or your broker accept our quotation and advise us of the project start date by e-mail; AND
- c) we confirm by e-mail the inception date of the policy.

2. Claims

The policy does not provide cover in relation to events that occurred before the contract of insurance was entered into.

3. Excess

An excess is the sum of money we will not pay in respect of a claim. The schedule and policy details the excesses which may be applicable.

4. Liability assumed under agreement

This policy does not cover liability which You have agreed to accept unless You would have been so liable in the absence of such agreement.

Single Project Extension Supplementary Application

Broker Name

Broking Company

Named Insured

Policy No

Please complete all questions below.

1. What extension period is coverage required for?

weeks

2. Please provide the reasons(s) why the extension is required in the space below

3. Has there been any change to the original scope of works? If Yes, please describe below

☐

Yes

☐

No

4. Please provide a detailed description of the works to be completed in the space below

5. What is the total contract value for the project?

\$

6. What percentage of the contract value has been completed

%

7. What percentage of the contract value which is remaining?

%

8. If the project is the construction of the building, what is the total floor area in square metres?

m²

9. Will after hours manned security be employed during the works?

☐ Yes ☐ No

10. Will the project site be occupied by the owner prior to completion?

☐ Yes ☐ No

11. Is the construction site fully fenced?

☐ Yes ☐ No

12. Has all work stopped on the project site?

☐ Yes ☐ No

13. Has there been any loss, damage, circumstance, liability or a claim against you for this project?

☐ Yes ☐ No

If Yes, please specify below.

Declaration

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 document 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 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 insurers 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.

Signature

Date

Signature

Date