

The purpose of this application form is for us to find out more about you. You must provide us with all information which may be material to the cover you wish to purchase and which may influence our decision whether to insure you, what cover we offer you or the premium we charge you.

How to complete this form

The individual who completes this application form should be a senior member of staff at the company and should ensure that they have checked with other senior managers and colleagues responsible for arranging the insurance that the questions are answered accurately and as completely as possible. Once completed, please return this form to your insurance broker.

Section 1: Company Details

- 1.1 Please state the name and address of the principal company for whom this insurance is required. Cover is also provided for the subsidiaries of the principal company, but only if you include the data from all of these subsidiaries in your answers to all of the questions in this form:

Company name:

Primary Address (Address, State, Postcode, Country):

Website Address:

- 1.2 Date the business was established (DD/MM / YYYY):

- 1.3 Are you GST registered? Yes No If "yes", please state your ABN:

- 1.4 Please state the number of employees:

- 1.5 Please provide the following information in respect of all subsidiaries that you have majority ownership of (meaning more than 50% ownership) and state whether insurance is required for these subsidiaries as part of this application (if you need additional subsidiaries provide this information in the Additional Information section):

Name:	Date of acquisition (if applicable):	Country of domicile:	Insurance required?
			Yes No
			Yes No
			Yes No
			Yes No

- 1.6 How many principals / directors / officers / partners are there in the company?

a) Please show the details of all principals / partners / directors:

Name	Years in position	Years experience	Qualifications

- 1.7 Date of financial year end (DD/MM/YYYY):

- 1.8 a) Please state your gross revenue in respect of the following years:

	Last complete FY	Estimate for current FY	Estimate for next FY
Domestic revenue:	\$	\$	\$
USA revenue:	\$	\$	\$
Other territory revenue:	\$	\$	\$
Total revenue:	\$	\$	\$
Profit/ (Loss)	\$	\$	\$

Please note: If you selected "Other territory" please confirm which territory:

Please state the relevant law or jurisdiction:

1.9 Please state your revenue split into the following categories:

	Previous year	Last year	Current year (estimate)
Revenue			
a. % of total where you carry out construction / installation and you are responsible for the design* and the design* is under taken by your own partners, directors or employees:	%	%	%
b. % of total revenue where you carry out the construction / installation and you are responsible for the design* and the design* is undertaken by third parties appointed by you, on your behalf, or whose appointment is novated to you:	%	%	%
c. % of total revenue where you carry out the construction / installation but have no responsibility for any aspect of the design* i.e. you work to designs* provided by your clients or main contractor with no input from you at all:	%	%	%
d. All other revenue. Please provide full details of the activities undertaken in the box below:	%	%	%

*Design means any design or specification, feasibility study, technical information calculation or survey carried out in relation to a contract.

Section 2: Activities

2.1 Please describe below the products and services supplied by your business:

If you have a brochure, or company literature, please attach to this form.

2.2 Please provide a full breakdown of your total revenue by activity:

The total of all activities listed here should equal 100%.

Architectural	% Mechanical Engineering (not processing engineering)	%
Civil Engineering	% Project Co-Ordination	%
Chemical/ Process Engineering	% Project Management	%
Electrical Engineering	% Soil Engineering	%
Environmental Engineering	% Structural Engineering	%
Heating/ Ventilating/ Air Conditioning Engineering	% Other	%
Marine Engineering	%	

2.3 Please advise the percentage of your revenue received in the following areas of work

The total of all activities listed here should equal 100%.

Airports	% Hospitals	%
Amusement Structures	% Industrial Buildings	%
Basements	% Marine Structures	%
Bridges and tunnels	% Mines	%
Bulk Handling Structures	% Petrochemical/ Refineries	%
Cladding	% Public Buildings	%
Clean rooms	% Railways	%
Commercial Buildings over 4 stories	% Refrigeration	%
Commercial Buildings up to 4 stories	% Renewable energy/ Fuel Cell	%
Dams	% Roads/ Highways	%
Data centres	% Swimming pools	%
Domestic Buildings over 4 stories	% Water/ Sewerage Systems	%
Domestic Buildings up to 4 stories	% Other (Please detail below)	%

2.4 Do you belong to any association related to these activities? Yes No

If 'yes', please list these associations below:

2.5 Do you engage in actual construction, installation, or erection? Yes No

2.6 Do you engage in any actual manufacture, fabrication, or assembly? Yes No

2.7 Do you assume responsibility for any of the activities mentioned in questions 2.5 and 2.6 above? Yes No

2.8 If you have answered 'yes' to questions 2.5, 2.6, or 2.7 above then please provide full details of operations below:

2.9 In the event that your product or service failed or delivery was delayed please describe the worst case scenario. Consider the potential for loss of life, injury to people, damage to buildings or other tangible property, or financial loss (consequential or otherwise) for your clients:

Section 3: Contract & Risk Management Information

3.1 a) Please give details of the 5 largest contracts you have carried out in the past 3 years:

Name of client	Your contract value	Nature of your work undertaken for this contract	Total project value	Start date (MM/YY)	Completion date (MM/YY)

b) Please give details of the 3 largest contracts you expect to commence during the next 12 months:

Name of client	Your contract value	Nature of your work undertaken for this contract	Anticipated total project value	Anticipated start date (MM/YY)	Anticipated completion date (MM/YY)

c) Please state whether all of your current contracts are progressing on time and on budget: Yes No

If 'no' please provide details below:

3.2 Please state whether you have ever undertaken a contract as a member of a consortium or a joint venture: Yes No

If 'yes', please provide details below:

3.3 Approximately how many customers do you have?

3.4 Do you carry out work only under a written contract signed by every client? Yes No

Please supply a copy of your standard form of contract, or typical examples of contracts used.

If 'no', please explain in what circumstances, and why:

3.5 Do you limit your liability for consequential loss under contract? Yes No

If 'yes', please explain what percentage of your contracts this is applicable to and what these are capped at:

3.6 Do all of your current contracts exclude liability for pollution or contamination? Yes No

If 'no' please provide details below:

3.7 Please describe your legal review process, if any, before entering into new contracts or agreements:

3.8 Please describe the impact on your clients if your products or services failed or you were unable to deliver your products or services:

3.9 Do you employ subcontractors? Yes No

If "yes", please state:

a) the approximate percentage of your revenue, in your current financial year, that will be paid to subcontractors (%):

.....

b) whether you sign reciprocal hold harmless agreements: Yes No

.....

c) whether you ensure that contractors have their own errors and omissions and general liability insurance: Yes No

3.10 If you answered "yes" to c) above, what is the limit of liability that subcontractor must purchase? \$

Section 4: Insurance History

4.7 Please provide details of your current Errors and Omissions insurance, if applicable, and what you require for the next year of insurance:

	Retroactive date (MM/YY)	Effective date (MM/YY)	Limit	Deductible	Premium	Insurer
Current:						
Required:					N/A	N/A

Section 5: Claims Experience

5.7 Please state whether you are aware of any incident:

- a) which may result in a claim under any of the insurance for which you are applying to purchase in this application form: Yes No
- b) which resulted in legal action being made against any of the companies to be insured within the last 5 years: Yes No
- c) or cease and desist orders been made against you: Yes No
- d) which resulted in a partner or director being found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body: Yes No

If you have answered "yes" to any of the above then please describe the incident, including the monetary amount of the potential claim or the monetary amount of any claim paid or reserved for payment by you or by an insurer. Please include all relevant dates, including a description of the status of any current claim which has been made but has not been settled or otherwise resolved.



Design & Construction Insurance application form

AUS

Important Notice

By signing this form you agree that the information provided is both accurate and complete and that you have made all reasonable attempts to ensure this is the case by asking the appropriate people within your business. CFC Underwriting will use this information solely for the purposes of providing insurance services and may share your data with third parties in order to do this. We may also use anonymised elements of your data for the analysis of industry trends and to provide benchmarking data. For full details on our privacy policy please visit www.cfcunderwriting.com/privacy

Contact name:

Position:

Signature:

Date (DD/MM/YYYY):

Additional Information