

CONTRACTORS AND/OR CONSULTANTS PROPOSAL FORM

Full Name of the Insured(s): _____

Registered Address: _____

Postal Address: (if different from above) _____

ABN / ACN: _____ **Website:** _____

Phone: _____ **Fax:** _____ **Email:** _____

Nature / activities of Business: _____

1. **Annual Income:** What was your actual income for the last 12 months? \$ _____
 (Please indicate which form of income applies to your business eg Fees/Revenue/ Sales) _____
 What is your estimated income for the next 12 months? \$ _____
 What percentage of your estimated income is from mining/resource based clients? _____%

2. **Number of employees:** _____ **Estimated annual payroll?** \$ _____

Please state the total number of employees located in the following States/Territories and Overseas.

NSW _____ VIC _____ QLD _____ SA _____ WA _____ TAS _____ ACT _____ NT _____ O/S _____ **TOTAL** _____

3. **Do your Business activities require you or your employees to travel to and undertake work at any of the below?** If yes, please state the major locations, how often visited and average duration of each trip.

Offshore oil/gas facilities:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Onshore oil/gas facilities:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Mine Sites - Surface Operations:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Mine Sites - Underground:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Any other Site, away from the office:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Any Overseas, Offshore/Onshore: facilities, Mine Sites or other Sites:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

Please advise the total time you estimate you and/or your employees will spend at all of these facilities (weeks per year)? _____

4. **Do you carry out any manual work?** Yes No

If yes, please describe the exact nature of the manual work: _____

Approximately what percentage of your activities would be regarded as manual work (please tick one box)

0% - 25% 26% - 50% 51% - 75% 76% - 100%

5. **Do you perform any blasting activities?** Yes No

If yes, are you duly licensed? Yes No

Please describe nature and frequency of blasting activities: _____

6. **In the course of your activities do you manufacture, modify, sell, supply or install any goods, parts or components?** Yes No

If yes, please give a full description of the goods / parts or components: _____

7. **Do you appoint Contractors and/or Sub-Contractors to undertake any activities on behalf of the Business / Insured?** Yes No

If yes, please state:

- type of work carried out: _____
- estimated Annual Payments: _____
- estimated number of Contractor and/or Sub-Contractors employed: _____

8. a) **In the past 5 years has any claim(s) been made against the Proposer or any principal, partner, director, consultant, employee or any other party deemed to be an Insured in respect of the risks to which this proposal relates?** Yes No

If yes, please provide full details including date, circumstances and quantum: _____

b) **Is the Proposer or/any principal, partner, director, consultant, employee or any other party deemed to be an Insured, AFTER ENQUIRY, aware of any circumstance(s) which might give rise to a claim?**

Yes No

If yes, please provide full details: _____

9. **Has any principal, partner, director, consultant, employee or any other party deemed to be an Insured ever:**

- been declined insurance? Yes No
- been refused renewal for a policy? Yes No
- had a policy cancelled? Yes No
- had a policy endorsed to include additional terms, premium loadings or deductibles imposed? Yes No
- been declared bankrupt, insolvent or had an administrator/liquidator appointed? Yes No
- been convicted of or charged with any criminal offence? Yes No

If yes, please provide full details including dates and the circumstances: _____

10. **Please advise which Limit of Indemnity you require?**

AUD\$10,000,000

AUD\$20,000,000

11. **Period of Insurance: From: _____ to: _____ (4pm)**

(Note cover will not commence until the date confirmed in writing by EBM)

DECLARATION AND AGREEMENT

I/We the undersigned duly authorised person(s) declare that:

- i) I am/We are authorised by each of the proposers to sign this Proposal Form; and
- ii) the above statements are correct, true and complete; and
- iii) no information material to this Proposal Form has been withheld; and
- iv) I/We have diligently made all necessary and detailed enquiries in order to comply with the **duty of disclosure**; and
- v) I/We understand that no insurance is in force until such time as the Insurer has confirmed acceptance of the proposed insurance; and
- vi) I/We undertake to inform the insurer of any material alteration to these facts occurring before completion of the contract of insurance; and
- vii) I/We acknowledge that the Insurer relies on the information and representations in this Proposal Form and otherwise made by me/us in relation to this insurance.

Signed _____ Date _____

Name of Partner(s) or Principal(s) _____

On Behalf of (Name of Insured) _____

Insurance Arranged by: **Elkington Bishop Molineaux Insurance Brokers Pty Ltd**
 Trading as **EBM Insurance Brokers**
 ABN: 31 009 179 640 AFS Licence No: 246986

Insurance Underwritten by: **LLOYD'S - Syndicate 2987**

Insurers approved by Australian Prudential Regulation Authority (APRA)

EBM Offices in Australia:

Sydney L9, Suite 1, 333 George Street, Sydney NSW 2000
Melbourne Suite 4/651 Victoria Street, Abbotsford VIC 3067
Brisbane Level 5/ 150 Edward St Brisbane QLD 4000
Perth 105 Outram St West Perth WA 6005
Gold Coast Level 8/ 64 Marine Pde Southport QLD 4215
Kalgoorlie 49 Boulder Rd Kalgoorlie WA 6430
Bunbury 28 Stirling St Bunbury WA 6230
Geraldton 65A Forrest St Geraldton WA 6530
Margaret River PO Box 658 Margaret River WA 6285

Phone

Fax

For your nearest office:

PHONE

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(1300 467 873)

Fax: (02) 9276 6998
 Fax: (03) 9425 1899
 Fax: (07) 3316 2401
 Fax: (08) 9213 4566
 Fax: (07) 5555 6255
 Fax: (08) 9080 1701
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