

A. Notice to the proposed insured

Disclosure of relevant facts - your duty of disclosure

Before you enter into a contract of general insurance with us, you have a duty to disclose to us every matter that you know, or could reasonably be expected to know, is relevant to our decision whether to accept the risk of insurance and, if so, on what terms. This includes facts which are not subject to questions in this proposal.

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

Non-Disclosure / Misstatement

If you fail to comply with your duty of disclosure, QBE may be entitled to avoid the contract altogether, and so decline to pay any claim.

Inadequate space to answer

If there is inadequate space to answer our questions or you need to disclose something to us because of your duty of disclosure, please attach a separate sheet of paper to this proposal giving full details of additional information.

Important

- Please answer ALL questions fully. If there is insufficient space please provide details on your letterhead.
- Where provided, tick appropriate box to indicate answer.
- The applicant will be referred to in this proposal as “You” or “Your”.

Markets

Please use the checklist below to indicate the operation in the QBE Pacific Islands region to which you will be submitting your proposal.

MARKET	BUSINESS NAME	PLEASE TICK
Fiji	QBE Insurance (Fiji) Limited	<input type="checkbox"/>
Papua New Guinea	QBE Insurance (PNG) Limited	<input type="checkbox"/>
Solomon Islands	QBE Insurance (International) Pty Limited	<input type="checkbox"/>
Vanuatu	QBE Insurance (Vanuatu) Limited	<input type="checkbox"/>

Note: For any other markets please contact the local QBE office.

Jurisdiction

The content and use of this proposal form or any policy entered into pursuant to this form or any dealing in relation to or arising from this form are governed by:

- the laws of the country of the QBE office which issues the policy/ies arising from this proposal; unless
- the policy/ies refer to the laws of a different country applying, in which case the laws of that country,

and in relation to those matters, the parties submit to the exclusive jurisdiction of the courts of that country.

For those policies governed by the laws of the Republic of Vanuatu, the validity, interpretation and effect and the rights and obligations of the parties to such policies shall be governed exclusively by English law as applicable within Vanuatu immediately before 30 July 1980 and shall be exclusively justiciable before the Supreme Court of Vanuatu.

Note

Values, Sums Insured, Limits and Deductibles further marked as * are in the currency of the country in which a policy will be issued, upon the approval of this proposal.

B. Details of the proposed insured

Name(s) in full

Phone no Fax no Mobile no email

Postal address

Name(s) in full of main contractor

Contractor's postal address

Name of principal

Name and address of other interested parties (e.g. mortgagees or lessors)

Type of interest (eg. mortgage, bill of sale holder)

Type of cover: (please tick) Single project Annual policy Owner builder

Construction period of insurance: From and ending

Maintenance period: commencing at the end of the construction period and continuing for months

C. Details of contract works

1. Contract site(s)

1.1. Location(s)

1.2. a) Is there a river, lake, sea or creek near the construction site(s)? If so, please name.

What distance is it from the construction site(s)? kms

What is the height above the high tide mark or flood water levels? metres

1.3. If the site(s) is subject to the action of the sea, cyclone, flood, inundation, landslip or earthquake or any other adverse exposure of hazard, please give details.

2. Contract works

2.1. Describe the work being undertaken.

2.2. Please supply the following dimension details:

No of storeys	Depth	Length	Spans	Width	Height	Basements
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2.3. What construction methods will you use?

2.4. What construction materials will you use?

E. Testing and commissioning

Do you require cover for testing and commissioning? If "Yes" please complete a) and b).

Yes

No

a) Period of cover required weeks

b) Give full details of machines and their replacement value

Machine description

Replacement value *

Machine description	Replacement value *

F. Public Liability - for single projects cover only

If you are applying for cover for a single project, you can also obtain cover under this policy for public liability.

Please specify the limit of indemnity you require *

G. Claims Details

1.1. Has the Principal, the Main Contractor of any company associated with or related to either the Principal or Main Contractor (in the past 5 years)

1.1 made any claim(s) on an insurer for loss or damage? If "Yes", please provide details.

Yes

No

1.2 had any insurance declined or cancelled, proposal/application rejected, renewal refused, claim rejected or special conditions or excess imposed by an insurer? If "Yes", please provide details.

Yes

No

1.3 suffered any loss or damage which would have been covered by the proposed insurance policy?

Yes

No

If "Yes", please provide details.

H. Signature and declaration

I/We the undersigned authorised proposed insured person(s), after enquiry declare as follows:

1. I/we are authorised by each of the other applicants to make this proposal.
2. I/We have read and understood the Notice to the proposed insured on the front of this proposal form.
3. I/We have read and understood this proposal and the accompanying documents and acknowledge the contents of same to be true and complete.
4. I/We understand that, up until a contract of insurance is entered into, I/we are under a continuing obligation to immediately inform QBE of any change in the particulars or statements contained in this proposal or in any accompanying documents.

If accepted by QBE, this proposal form and declaration, and any other material which I/we have provided to QBE shall be incorporated into and form the basis of the contract of insurance.

Policyholder 1

Name	<input type="text"/>
Position	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>

Policyholder 2

Name	<input type="text"/>
Position	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>

Fiji

QBE Insurance (Fiji) Limited

QBE Centre, 33 Victoria Parade
Suva
Tel: + 679 331 5455
Fax: + 679 330 0285
email: info.fiji@qbe.com
qbepacific.com

Papua New Guinea

QBE Insurance (PNG) Limited

QBE Building, Musgrave Street
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Solomon Islands

QBE Insurance (International) Pty Limited

Panatina Plaza, Prince Philip
Highway, Honiara
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Fax: + 677 388 87
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Vanuatu

QBE Insurance (Vanuatu) Limited

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