

ISP

INSURANCE PROPOSAL

Incorporating:-

- ▶ Section 1 Damage
- ▶ Section 2 Hired - In Plant
- ▶ Section 3 Additional Benefits
- ▶ Section 4 Consequential Loss
- ▶ Section 5 Breakdown
- ▶ Section 6 Road Risk
- ▶ Section 7 Broadform Liability



First in Plant Protection

IMPORTANT NOTICES

Please read these carefully before completing this Proposal.

1. Definitions

In this proposal:

You, Your mean all of the persons and companies seeking to be named as the Insured.

We, Us, Our mean:

- (a) Underwriting Agencies of Australia Pty Limited (ABN 86 003 565 302) (AFS Licence No. 23 85 17), as the agent of certain insurers; and
- (b) those insurers.

Other words and expressions with initial capital letters have the same meaning as defined in the General Section of the Policy (available at www.uaa.com.au).

2. Your duty of disclosure

You have a duty under the Insurance Contracts Act 1984 to disclose to Us, before You enter into a contract of insurance with Us, all information about the risk to be insured that is relevant to Our decision as to:

- (a) whether or not to insure You; and
- (b) the terms and conditions of the insurance, if We agree to insure You.

You have the same duty to disclose such information to Us when You vary, renew or reinstate the insurance with Us.

Your duty of disclosure does not require You to disclose facts that:

- (a) diminish the risk;
- (b) are common knowledge;
- (c) We know or ought to know in the ordinary course of Our business as insurers.

3. Breach of Your duty of disclosure

If You do not comply with Your duty of disclosure, We may either:

- (a) cancel the contract of insurance; or
- (b) reduce the amount of the indemnity that We may be liable to pay under the contract of insurance.

If Your non-disclosure is fraudulent, the Insurance Contracts Act 1984 allows Us to avoid the contract of insurance, which means to treat the contract as if it had never come into existence between You and Us in the first place.

4. Fraud and the duty of utmost good faith

The law characterises contracts of insurance as 'contracts of utmost good faith'. This means that You are under an obligation to be completely honest in all Your dealings with Us in relation to the insurance You are seeking.

For example, You must answer all Our questions in this Proposal honestly, truthfully and with diligence and not provide false or misleading information.

5. Under-insurance (Average)

Sections 1, 2, 4 and 5 of the Policy are subject to 'Average', which is a formula that applies if there is under-insurance.

There will be under-insurance if the Sum Insured is 90% or less than the value of the insured item to which the Sum Insured applies. In that event, the Average formula:

- (a) will reduce the amount of the indemnity payable under the contract of insurance; and
- (b) will apply even if the amount of the indemnity would be less than the Sum Insured.

6. Precautions and compliance with systems and procedures

You are required to ensure that You, Your employees and all persons operating the insured machinery comply with:

- (a) manufacturers' and distributors' recommendations and guidelines; and
- (b) systems and procedures imposed or recommended by law and international, Australian and industry standards;

in servicing, maintaining, using and operating the insured machinery.

7. Interests of third parties

The interest of any third parties (e.g. financiers, lessors, etc ...) in the insured machinery will not be covered unless they are identified in the schedule of the contract of insurance as third party interests to be covered. If You wish a third party's interest to be included in the insurance, it is necessary for You to nominate the third party and identify its interest to be insured in the Master Schedule of Machines in this Proposal.

8. Interest earned on the Premium

In accordance with the Corporations Act 2001 and regulations dealing with interest earned on an insurance broking account (i.e. section 981B(1)(b)(iv) of the Act and regulations 7.8.01(4), 7.8.02(2)-(4), (7) and (8) of the Corporations Regulations 2001), We declare that We may hold Your Premium in Our insurance broking account for periods of up to a maximum of 90 days, depending upon Our credit terms. During that time, We will be entitled to retain any interest earned on the Premium. However, We will also be required to pay any bank fees and government charges associated with the holding of the Premium.

9. Privacy Principles

We are committed to protecting the privacy of personal information in accordance with the Privacy Act. Our privacy principles, set out at www.uaa.com.au, explain what personal information is collected from Insureds, why it is collected, how it will be used and to whom it can be disclosed.

See Our full privacy statement at www.uaa.com.au

10. General Insurance Code of Practice

We are signatories to the General Insurance Code of Practice, which aims to raise the standards of practice and service in the insurance industry. We will make available to every Insured entitled to them the internal and external dispute resolution procedures as required by the Code. Further information about the Code is available upon request.

11. Policy

You should consult Your insurance broker:

- (a) if You have any queries in relation to the terms and conditions of the insurance; and
- (b) before entering into a contract of insurance with Us.

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BROKER DETAILS

Cover Note Number: Broker: Broker Address: Account Executive Name: Email:

GENERAL INFORMATION

1 Proposed Period of Insurance: From to at 4 pm.**2 Details of those Proposed to be Insured**

(a) Full names of all persons and companies intended to be insured:

Name	Trading Name	ABN
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

(b) Your postal address: Postcode: (c) Contact phone no.: Fax no.: (d) Website address: Email:

(e) Full names of and positions held by all directors, proprietors and partners of Your business:

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

(f) Have:

(i) any of You, Your partners or directors;

(ii) any current or former partnerships, companies or businesses of which any of You, Your partners or Your directors are or have been partners, directors or more than 20% owners;

ever been:

(1) charged with any offence regarding fraud or dishonesty?

YES NO

(2) made bankrupt or placed in receivership, administration or liquidation?

YES NO

(3) convicted of a criminal offence?

YES NO (g) If "Yes", please provide details

3 Information About the Business(a) Describe Your current business activities directly associated with plant operations and details of any anticipated changes in Your Business activities:
(b) Describe Your current business activities not directly associated with plant operation and details of any anticipated changes in Your business activities:

INDUSTRIAL SPECIAL PLANT INSURANCE PROPOSAL

(c) Are any of Your machines used or expected to be used for Wet and/or Dry Hire Activities? YES NO

If "Yes", what percentage of use are machines expected to be used for:

(1) WET HIRE (hired with Your own operator) %

(2) DRY HIRE (hired without Your operator) %

(3) If Your Machines are Dry Hired, do You offer the "dry hirer" a "Damage Waiver" option in respect to Damage to the hired Machine? YES NO

(4) If Your machines are Dry Hired, please attach a copy of Your formal conditions of hire to this Proposal form.

(d) Are any of Your machines used or expected to be used:

(1) on, in or under water or in tidal areas? YES NO

(2) underground? YES NO

(3) in demolition? YES NO

(4) in connection with exploration, of oil, natural gases or any other hazardous occupation? YES NO

(e) If "Yes", to any of the above questions please provide full details of such use:

(f) Situation of depot:

Postcode:

(g) Geographical area of operation:

(h) If You propose to insure any road transport/goods carrying vehicle(s) with Us, what will the operating radius of these vehicle(s) be from their garaging address? Klms N/A

(i) How many years has Your business been established?

(j) How many years have You owned the business?

(k) If the business is new, please describe the previous business(es) (including the length of operation) of each of You (if a partnership, each of the partners of the business), of each of Your directors and of each previous company or partnership of each of You or Your directors?

(l) Estimated annual turnover during the proposed Period of Insurance: \$

(m) Estimated annual wage roll during the proposed Period of Insurance: \$

(n) Total number of employees (including partners & directors performing employee duties):

(o) Total number of employees and others who operate the machinery:

4 Insurance History

(a) Have:

(i) any of You, Your partners or directors;

(ii) any current or former partnerships, companies or businesses of which any of You, Your partners or Your directors are or have been partners, directors or more than 20% owners;

ever had:

(1) insurance refused or a proposal for insurance declined? YES NO

(2) special terms or conditioned imposed on insurance? YES NO

(3) insurance cancelled? YES NO

(4) renewal of insurance not invited? YES NO

(5) an insurance claim rejected? YES NO

(b) If "Yes", please provide full details (including insurer's name, type of insurance, reasons and dates):

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(c) Previous plant/machinery insurer:

(d) Previous liability insurer:

(e) Have:

(i) any of You, Your partners or directors;

(ii) any current or former partnerships, companies or businesses of which any of You, Your partners or Your directors are or have been partners, directors or more than 20% owners;

ever suffered losses or claims (both insured and uninsured) in relation to contractors' plant, mobile machinery, motor machinery, motor vehicle, public/products liability insurance during the last 5 years? YES NO

If "Yes", please provide full details:

Date	Description	Amount	Insurer
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(f) Have any of You or Your machinery operators or drivers been reported for or convicted of any offence in connection with the use, operation or control of any mobile machinery or motor vehicles during the previous 5 years? YES NO

If "Yes", please provide full details:

CONCEPT OF COVER - Industrial Special Plant (ISP)

Section	Description	Action
1. Damage	Damage to Your specified machines	Complete "Master Schedule of Machines" on Page 6 and Questions for Section 1, on Page 7
2. Hired in Plant	Liability for Damage to machines Hired in by You	Complete "Master Schedule of Machines" on Page 6 and Questions for Section 2, on Page 7
3. Additional Benefits	Optional and automatic additional benefits applicable to Sections 1 and 2	Complete "Master Schedule of Machines" on Page 6 and Questions for Section 3, on Page 8
4. Consequential Loss	Consequential Loss of Revenue to Your business resulting from damage to machines	Complete "Master Schedule of Machines" on Page 6 and Questions for Section 4, on Page 9
5. Breakdown	Breakdown of specified machines	Complete "Master Schedule of Machines" on Page 6 and Questions for Section 5, on Page 9
6. Road Risk	Third Party Property Damage arising from occurrences involving Your machine being used as a Road Vehicle	Complete "Master Schedule of Machines" on Page 6 and Questions for Section 6, on Page 10
7. Broadform Liability	Your Legal Liability to Third parties in connection with Your business activities and your Products	Complete Questions for Section 7, on Page 10 11 and 12

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1. Do You wish to have insurance under Sections (1 to 6) of the Industrial Special Plant Insurance Policy?

YES NO

2. If "Yes", please complete the Master Schedule of Machines below.

3. If You wish to insure a third party's interest in a machine, please name the third party in the Master Schedule.

NOTES:

- See Important Notice 7 on page 2.
- Cover for third parties' interests not available under Section 4 - Consequential Loss, Section 6 - Road Risk and Section 7 - Broadform Liability.

"MASTER SCHEDULE OF MACHINES"

Item No.	Full Description of Machine to be Covered, Including Attachments (Year/Make/Model)	Reg. No.	Serial & Engine No.	Lifting/ Carrying Capacity	Full Name of Third Party and their Interest	Current Market Value
1						
2						
3						
4						
5						
6						
7						
8						
9						

If insufficient space please attach your own schedule

INDUSTRIAL SPECIAL PLANT INSURANCE PROPOSAL

Section 1 - Damage

1. Do You wish to insure Your own machines against Damage? YES NO

2. If "Yes", please identify which machines are to be covered under Section 1 by their item numbers from the Master Schedule of Machines:

Item No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Section 2 - Hired-In Plant

1. Do You wish to insure Hired-in machines against Damage? YES NO

Specified Cover

2. If "Yes", please provide details of hired-in machines to be covered under Section 2 and attach a copy of the hire agreement::

Specify the Item Number from the Master Schedule of Machines	Full name of owner of the machine	Length of hire period under contract of hire	Hiring charges (fees) under contract of hire
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Blanket Cover

3. If You wish to have cover under Section 2 for machines You intend to hire in during the period of Insurance, please complete the following:

General Description of the nature and type of machines to be hired-in	Estimated number of machines hired-in	Estimated total annual hiring fees	Estimated market value of all hired-in machines at any one time	Estimated market value of the most valuable hired-in machine
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Section 3 - Additional Benefits for Sections 1 and 2

NOTES:

- Additional Benefits 1-6 apply automatically to Sections 1 and 2.
- Additional Benefit 7 applies automatically to Section 1, but is not applicable to Section 2.
- Additional Benefits 8, 9, 10 and 11 are optional for both Sections 1 and 2.
- Optional Additional Benefits are available for an additional premium.
- Optional Additional Benefits apply to the relevant Section only if the Policy Schedule shows that they apply to that Section.

Additional Benefits

- | | |
|------------------------------------|--|
| 1. Damage to Lifted Goods | Sum Insured \$5,000* |
| 2. Multiple Crane Operation | |
| 3. Expediting Costs | Sum Insured \$10,000 or 20% of indemnity, whichever is the lesser* |
| 4. Recovery Costs | |
| 5. Indemnity to Hirer | |
| 6. Appreciation in Value | |
| 7. Additions/Deletions of Machines | Sum Insured \$50,000 - notification required within 30 days* |

* For additional premium, the limits for these Additional Benefits can be increased. If You require an increased limit, please complete the following:

Additional Benefit	Sum Insured
No. <input style="width: 150px;" type="text"/>	Increase to \$ <input style="width: 100px;" type="text"/>
No. <input style="width: 150px;" type="text"/>	Increase to \$ <input style="width: 100px;" type="text"/>
No. <input style="width: 150px;" type="text"/>	Increase to \$ <input style="width: 100px;" type="text"/>

Optional Additional Benefits

8. Agreed Value
9. Owner's Protection (applies to wet hire activities)
10. Owner's Protection Plus (applies to dry hire activities)
11. Hired-Out Plant (Damage Waiver-protection for the dry hirer)

If either or both Sections 1 and 2 are to be included in the Policy:

(1) Do You wish Additional Benefit 8 (**Agreed Value**) to apply? YES NO

(2) If "Yes", please identify the machines to have Agreed Value cover by their Item No.'s in the Master Schedule of Machines and attach licensed valuers' certificates to substantiate each items value.

Item No.

(3) Do You wish Additional Benefit 9 (**Owner's Protection**) to apply? YES NO

(4) Do You wish Additional Benefit 10 (**Owner's Protection Plus**) to apply? YES NO

(5) Do You wish Additional Benefit 11 (**Hired-Out Plant-Damage Waivers**) Cover to apply? YES NO

If "Yes": (a) Please attach a copy of Your Conditions of Hire.

(b) What is the total revenue of Your business, derived from dry hiring plant? \$

(c) What is the total revenue raised from the damage waiver provision? \$

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Section 4 - Consequential Loss

1. Do you wish to insure Your business under Section 4 against loss of revenue consequent upon Damage to your machines? YES NO

Note: Machines must be insured against Damage under Section 1, or similar insurance with another insurer before Section 4 cover applies.

2. If "Yes", please provide the following details:

(a) Amount of cover required: \$

(b) Indemnity Period required: 4 weeks 12 weeks 26 weeks Other-please specify: weeks

(c) Total revenue of the business from all insured machines for the last 12 months, after deducting total costs of working: \$

(d) Estimated total revenue of the business from all insured machines for the proposed Period of Insurance, after deducting total costs of working: \$

(e) Estimated maximum time to obtain a replacement for a damaged machine: weeks

3. Could any machines (or parts of any machines) be difficult to replace if damaged during the proposed Period of Insurance? YES NO

4. If "Yes", please provide details:

Item No.	Details
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Section 5 - Breakdown

1. Do you wish to insure machines against Breakdown Damage under Section 5? YES NO

2. If "Yes":

(a) Please identify which machines are to be covered under Section 5 by their Item Numbers from the Master Schedule of Machines:

Item No.

(b) Have any major components of these machines been replaced, reconditioned or otherwise undergone major work in the last 3 years? YES NO

(c) If "Yes", please provide details, using their Item Numbers from the Master Schedule of Machines:

Item No.	Details of work	Date of work
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide any other information which may be relevant to cover Sections 1 to 5 proposed for by You in this

Proposal:

INDUSTRIAL SPECIAL PLANT INSURANCE PROPOSAL

Section 6 - ROAD RISK (THIRD PARTY PROPERTY DAMAGE)

1. Do you wish to insure Your legal liability to others for property damage caused by incidents arising out of the use of a road vehicle in connection with your business? YES NO
2. If "Yes":
 - (a) Please indicate amount of cover required: \$5 Million \$10 Million \$20 Million
 - (b) Please identify by their Item No.'s from the Master Schedule of Machines the registered vehicles that are to be covered:

Item No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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3. For an additional premium, We may agree to insure:
 - Unregistered vehicles against Road Risk while under conditional registration or temporary road permits obtained from Your State's motor registry; and/or
 - Unregistered vehicles which become registered during the period of insurance.
 - (a) Please identify by their Item No.'s from the Master Schedule of Machines the unregistered vehicles for which You may obtain conditional registration, temporary road permits or which You may register during the Period of Insurance:

Item No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 - (b) Please estimate how many temporary road permits You expect to obtain for such unregistered vehicles during the Period of Insurance:

Please provide any other information which may be relevant to the Road Risk insurance proposed for by You in this proposal:

Section 7 - BROADFORM LIABILITY INSURANCE

1. Do you wish to be insured against Legal Liability for an occurrence in connection with Your business? YES NO
2. If "Yes":
 - (a) Please indicate limit of indemnity required: \$5 Million \$10 Million \$20 Million
 - (b) Amount of indemnity required for goods in your physical &/or legal control:

	\$100,000 <input type="checkbox"/>	\$500,000 <input type="checkbox"/>	\$1 Million <input type="checkbox"/>
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 - (c) Amount of indemnity required for Hook Liability:

Nil/Not Applicable <input type="checkbox"/>	\$100,000 <input type="checkbox"/>	\$500,000 <input type="checkbox"/>	\$1 Million <input type="checkbox"/>
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3. Please identify which of the persons and companies identified at question 2 of the General Information Section (page no. 3) are to be covered under the Broadform Liability Section:

(NOTE: Write "As Above", if all are to be covered).

Person/Company	Business Activities
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

INDUSTRIAL SPECIAL PLANT INSURANCE PROPOSAL

(Section 7 - BROADFORM LIABILITY INSURANCE cont.)

4. Do you undertake demolition work? YES NO

5. If "Yes", please provide full details of the type of work undertaken, and the percentage of turnover that relates to

Demolition Activities:

6. Do You Dry Hire in Plant, to complete or compliment your business activities? YES NO

7. If "Yes": what type of equipment hired in and how often:

8. Railways:

(a) Do You undertake work activities that involve an exposure to railways? YES NO

(b) Are You involved in any rail line, rail track construction and/or maintenance? YES NO

(c) Are You involved in any rail signal equipment construction and/or maintenance? YES NO

If YES, to any of the above questions, please state Your specific work activities/arrangements and the estimated derived turnover from these activities?

9. Contractors/Sub-Contractors:

Do You use contractors or sub-contractors to perform work on Your behalf to

fulfill your business activities? YES NO

If YES,

(a) Please state the type of contractors engaged, and annual payments made?

Contractor / Work Type involved	Payments Made
	\$
	\$
	\$

(b) Please state the precautions taken to identify the adequacy of the contractors, sub-contractors liability and workers compensation policies?

INDUSTRIAL SPECIAL PLANT INSURANCE PROPOSAL

(Section 7 - BROADFORM LIABILITY INSURANCE cont.)

10. Labour Hire:

Do You use personnel supplied by labour hire companies to perform work in

Your business activities?

YES NO

IF YES, please advise the following:

Company Used	Type of Work	Annual Payments

(a) Are You required to insure these labour hire personnel for Workers Compensation? YES NO

(b) Please provide copies of the indemnity and insurance clauses of the agreements entered into with these labour hire companies.

11. Full details of any hazardous activities undertaken in the course of Your business activities (eg: handling of waste; welding; water activities, etc...):

Please provide any other information which may be relevant to the Broadform Liability insurance proposed for by You in this Proposal:

DECLARATION

I, _____, the undersigned, make the following Declarations and sign this Proposal as agent of all the persons and companies nominated in this Proposal to be insured:

1. I have read the Important Notices in this Proposal and understand what they say.
2. I am aware of the duty of disclosure under the Insurance Contracts Act 1984 of each of the persons and companies to be insured and I am aware of the possible consequences of a breach of that duty.
3. All of the information provided by or on behalf of the persons and companies to be insured in this Proposal and any accompanying documents is correct.
4. I have checked to ensure that all of the information in handwriting other than mine in this Proposal and in any accompanying documents is correct.
5. I authorise the underwriters' agent, Underwriting Agencies of Australia Pty Ltd, to give to Insurance Reference Services Limited and any similar, relevant organisation any details about the persons and companies to be insured and myself in relation to the insurance.

Signed: _____ Date: _____

Print Name: _____ Position: _____

Please attach Your conditions of hire and/or Your Schedule of Machines to this page.



First in Plant Protection

Underwriting Agencies of Australia Pty Ltd

ABN 86 003 565 302

AFS Licence Number: 23 85 17

Head Office Newcastle:

Hunter Mall Chambers
175 Scott St
PO Box 656
Newcastle NSW 2300

P: (02) 4925 6666

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Sydney Office:

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Parramatta NSW 2151

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PO Box 1664
West Perth WA 6872

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PO Box 202
Salisbury QLD 4107

P: (07) 3272 7502

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PO Box 2130
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