

A. General information

1. Period of Insurance

From	/ /	To	/ /	at 4pm
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B. Details of those proposed to be insured

2. Full Names of all Persons, or/and Companies intended to be Insured herein after referred to as you

Insured name 1		ABN	
Insured name 2		ABN	
Insured name 3		ABN	

3. Postal address

		State	Postcode

4. Have

(a) you, your Partners or Directors;

(b) Any current or former partnerships, companies or businesses of which you, your partners or your Directors are or have been partners, directors or more than 20% owners ever:

(i) Been charged with any offence regarding fraud or dishonesty?	Yes	No
(ii) Been declared bankrupt or placed in receivership, administration or liquidation?	Yes	No
(iii) Been convicted of a criminal offence?	Yes	No
(iv) Insurance refused or a proposal for insurance declined?	Yes	No
(v) Had special terms or conditions imposed on insurance?	Yes	No
(vi) Had Insurance cancelled?	Yes	No
(vii) Had a renewal or insurance not invited	Yes	No
(viii) Had an insurance claim rejected	Yes	No

If "Yes" please provide details

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(ix) Suffered losses or claims (both insured and uninsured) in relation to contractor's plant, mobile machinery, motor machinery, motor vehicle, public/products liability insurance during the last 5 years?	Yes	No
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If "Yes" please provide full details

Date	Claim Description	Amount	Insurer
/ /			
/ /			
/ /			

C. Information about the Business

5. Describe your business activities directly associated with plant operations to be insured

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6. Are any of your Machines used or expected to be used for Dry Hire activities (hired out without your Operator)? Yes No

If "Yes" what is the expected percentage of use in respect of Dry Hire? %

Do you offer the "dry hirer" a "damage waiver" or Insurance option in respect to Damage to the hired Machine? Yes No

Please attach a copy of your formal conditions of hire to this Proposal form.

- | | | |
|---|-----|----|
| 7. Are any of your Machines used or expected to be used | | |
| (a) On, in or under water or in tidal areas | Yes | No |
| (b) Underground | Yes | No |
| (c) In demolition? | Yes | No |
| (d) In connection with oil and/or gas exploration? | Yes | No |
| (e) In connection with any other hazardous activity? | Yes | No |

8. If "Yes" to any of the above questions, please provide full details of such use?

9. Estimated annual turnover for the business during the proposed Period of Insurance

\$

10. Total number of employees (including partners and directors performing employee duties)

The Schedules referred to below are at the back of this document.

D. Section 1 - Damage

Please complete the Schedule with your own machines you wish to insure against Damage?

E. Section 2 - Hired in Plant

Please complete the Schedule with Hired-in machines you wish to insure against Damage?

F. Section 3 - Additional Benefits (Automatic)

Please review the automatic additional benefits provided in the policy and complete the appropriate part of the Schedule. An additional premium may be required.

G. Section 3 - Additional Benefits (optional)

Please review the additional benefits and complete the appropriate part of the Schedule. An additional premium will be required.

H. Section 4 - Financial Protection

Do you wish to insure any machines for Financial Protection?

Includes options for:

Yes No

1. Loss of Revenue and Increased Cost of Working

Yes No

2. Loss of Revenue

Yes No

3. Increased Cost or Working

Yes No

4. Lease Payments Protection

Yes No

5. Lease Value Protection.

Yes No

Please complete the appropriate part of the Schedule. An additional premium will be required.

I. Section 5 - Breakdown

If you wish to insure any machines against Breakdown Damage?

Yes No

Please complete the appropriate part of the Schedule. An additional premium will be required.

J. Section 6 - Road Risk Third Party

Cover is included up to \$20,000,000 for Machines which have been declared as Road Registered or those are Road Registered during the Period of Insurance.

1. Do you require a higher limit?

Yes No

If "Yes"

\$

2. Do you require additional cover for Legal Liability in connection with Dangerous Goods cartage? (Policy automatically includes a sum insured of \$1,000,000)

Yes No

If "Yes"

(a) Please provide full details of the type or class of Dangerous Goods to be carried

(b) Please identify which vehicles require this extra cover by their item numbers the appropriate part of the Schedule.

K. Section 7 - Broadform Liability

1. Do you wish to insure against Legal Liability for Personal Injury, Property Damage or Advertising Injury cause by an occurrence in connection with Your Business? Yes No

If "Yes"

(a) Please indicate the limit of indemnity required

\$5,000,000 \$10,000,000 \$20,000,000 \$50,000,000

2. Please provide and categorise the precise nature of each activity performed as part of your Business and indicate the approximate percentage of your turnover that is derived from same (total must equal 100%)

Business Activity	Percentage
	%
	%

3. Do you engage personnel supplied by Labour Hire companies/Contractors/Sub Contractors to perform work on your behalf and in connection with your Business? Yes No

If "Yes"

(a) Please advise the following

Company Used	Type of Work	Annual Payments
		\$
		\$

- (b) Are you required to insure these labour hire personnel for Workers' Compensation? Yes No

- (c) Do you want to insure your Legal Liability for Personal Injury to labour hire personnel? Yes No

- (d) What measures are taken to ensure that Contractors and/or Sub-Contractors engaged have valid Liability and Workers' Compensation insurance policies in place?

- (e) Are you named as Principal on all Contractors and/or Sub-Contractors Liability Insurance Policies? Yes No

- (f) Do you want to insure your Legal Liability for Personal Injury to Contractors and/or Sub-Contractors? Yes No

4. Do you undertake any of the following business activities?

- (a) any rail line work, rail line construction and/or maintenance Yes No

- (b) any rail signal equipment construction and/or maintenance Yes No

- (c) demolition work, bridge work or underground works? Yes No

- (d) any stevedoring activities (loading/unloading on or off any ship, boat or vessel) Yes No

- (e) any operations whilst your Machines are placed on barges or any other form of watercraft? Yes No

Please state your Specific work activities/arrangements associated with these activities and the estimated turnover from each:

Activity	Estimated turnover
	\$
	\$

- (f) Do you manufacture, import, export, wholesale or distribute a product of any kind? Yes No

If "Yes" please provide full details of all products below (or attach full product listing or website details if available to this Insurance Proposal)

L. Declaration

I make the following Declarations and sign this Proposal on behalf of all the persons or companies nominated in this Proposal to be insured:

1. I have read the Important Notices in this Proposal and understand their meaning.
2. 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.
3. I authorise the Insurer's agent, Underwriting Agencies of Australia Pty Ltd, to give to Insurance Reference Services Limited and any similar, relevant organisation details about the persons and companies to be insured and myself in relations to the insurance.
4. I declare that where this form is completed in electronic form and submitted without a hand-written signature, the inclusion of a name in the signature panel shall be treated as the signature of the person named in the signature panel.

Name Position

Signature X Date / /

M. IMPORTANT NOTICES

Please read these carefully before completing this Contract of Insurance

1. Definitions

In this proposal:

We, Us, Our mean:

- (a) Underwriting Agencies of Australia Pty Limited (ABN 86 003 565 302) (AFS License No. 238517), as the agent of the Insurer; and
- (b) the Insurer.

Other words and expressions with initial capital letters have the same meaning as defined in the General Section of the Policy (available at www.aaa.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 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. Non 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 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 existing between you and us in the first place.

4. Underinsurance (Average)

Sections 1, 2 and 5 of this 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 indemnity payable under the contract; and
- (b) will apply even if the amount of indemnity would be less than the Sum Insured.

5. 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.

6. Interests of third parties

With respect to some covers in Sections 6 and 7, the interest of any third parties (e.g. financiers, lessors, etc.) will not be covered unless they are identified in the schedule as such. 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 Schedule of Machines in this Proposal.

7. Privacy Statement

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

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

8. Policy

Please consult your insurance broker or financial services provider:

- (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.

9. The Insurer

This Policy is underwritten by QBE Insurance (Australia) Limited, ABN 78 003 191 035, AFS Licence No. 239545 of Level 5, 2 Park Street, Sydney.

Underwriting Agencies of Australia Pty Ltd ("UAA"), ABN 86 003 565 302, AFS Licence No. 238517 acts as the Insurer's Agent.

Schedule attaching to ISP Insurance proposal

Please complete the Schedules below or attach separate Schedules in Excel or Word.

Section 1 Damage

Item no.	Item count	Year	Make/model	Attachments
Reg No.	Engine/serial no.	Interested party	Sum Insured	Cover Basis

Item no.	Item count	Year	Make/model	Attachments
Reg No.	Engine/serial no.	Interested party	Sum Insured	Cover Basis

Item no.	Item count	Year	Make/model	Attachments
Reg No.	Engine/serial no.	Interested party	Sum Insured	Cover Basis

Section 2 Hired In Plant

Specified Cover

Item no.	Item count	Year	Make/model	Attachments
Reg No.	Engine/serial no.	Interested party	Sum Insured	Cover Basis

Item no.	Item count	Year	Make/model	Attachments
Reg No.	Engine/serial no.	Interested party	Sum Insured	Cover Basis

Item no.	Item count	Year	Make/model	Attachments
Reg No.	Engine/serial no.	Interested party	Sum Insured	Cover Basis

Blanket Cover

Do you wish to have an annual blanket cover for machines you intend to hire in during the period of insurance? Yes No

If "Yes", please give describe the nature and type of machines hired-in;

Estimated annual hiring fees incurred for hiring these machines.

\$

Estimated market value of the most valuable individual machine hired in.

\$

Estimated market value of all machines hired in at any one time.

\$

Section 3 Additional Benefits

Automatic Additional Benefits	Existing Sum Insured	Increase Sum Insured to
1. Damage to Lifted goods	\$250,000	\$
2. Multiple Crane Operation	As Per Policy	N/A
3. Expediting costs	\$25,000 or 20% of indemnity	\$
4. Recovery Costs - No Damage	\$50,000	\$
5. Recovery Costs - Damage	\$250,000	\$
6. Employees' property damage	\$5000	\$
7. Indemnity to hirer - Wet Hire	As Per Policy	N/A

8. Appreciation in Value	As Per Policy	N/A
9. Extra costs of reinstatement	\$50,000 or 10% of Sum Insured	\$
10. Motor Vehicles	As Per Policy	N/A
11. Market Value Plus	As Per Policy	N/A
12. Owner's protection - excluding Dry Hire	As Per Policy	N/A
13. Windscreen Replacement	\$5000 any one Period of Insurance	\$
14. Sign writing	As Per Policy	N/A
15. Repatriation of employee	\$5000	\$
16. Locks and Keys	\$2,500 per Machine \$10,000 Period of Insurance	\$
17. Fire Brigade/Emergency Service Charges	\$20,000 any one Period of Insurance	\$
18. Funeral Expenses	\$5000 any one Period of Insurance	\$
Additional Benefits - Section 1 and 2		
19. Additions/deletions of machines	\$250,000 - 60 days Notification	\$
Optional Additional Benefits - Sections 1 Only		
20. Agreed value		Yes No
21. Owner's protection plus - including Dry Hire and Wet Hire		Yes No
22. Hired-out plant - damage waivers		Yes No

Section 4 Financial Protection

Cover Options:

1. Loss of Revenue and Increased Cost of Working
2. Loss of Revenue
3. Increased Cost or Working
4. Lease Payments Protection, and
5. Lease Value Protection.

Item Number and Machine Description	Type of cover (Please state cover option)	Weekly Sum Insured	Indemnity Period (Weeks)

Section 5 Breakdown

Item no.	Sum Insured	Item no.	Sum Insured

Section 6 Road Risk Third Party

if same items as listed in Section 1 Damage &/or section 2 Hired in Plant, please insert "As above"

Item numbers.	Sum Insured