



# ProCon Quotation Request Form

## IMPORTANT INFORMATION:

This Quotation Request Form provides an indicative ProCon quotation. Quotation guarantee and/or effecting of cover shall in all circumstances be subject to the receipt and acceptance of a completed ProCon Insurance Proposal.

A. INSURANCE REQUIREMENTS – please indicate Policy Sections required					
COVER	COVER REQUIRED		LIMIT OF INDEMNITY REQUESTED	DEDUCTIBLE REQUESTED	
Broadform Liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$	\$	
Professional Civil Liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$	\$	
Directors' and Officers' Liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$	\$	
Statutory Liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$	\$	
Employment Practices Liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	\$	\$	
<b>Sub-Limits</b> - Amount of indemnity required for goods in Your physical &/or legal control under the Broadform Liability Policy Section: \$250,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1 Million <input type="checkbox"/>					
Period of Insurance	From	/ /	To	/ /	at 4pm
B. DETAILS OF PROPOSED INSURED(S)					
1. Full name of all entities to be insured. It is essential that You specify the name of all entities, including service, administrative or nominee companies and subsidiaries that You wish to be covered by this Policy.					
1					
2					
3					
4					
2. Date on which the Business was established			/ /		
C. OCCUPATION & BUSINESS ACTIVITIES					
3(a). Please state Your Occupation					
3(b). Please provide and categorise the precise nature of each activity performed as part of Your Occupation and indicate the approximate percentage of Your turnover that is derived from same including a breakdown of any professional services undertaken by You.					
Business Activities (e.g. Earthmoving, Excavation, Crane Operators, Concreting etc)					%
					%
					%
					%
					%
4. Percentage of Your work which is undertaken in accordance with plans, specifications and under the direction of third parties. <span style="float: right;">%</span>					
5. Do You undertake any demolition, bridge, underground work, work at Railways, Stevedoring or any hazardous activities as part of Your Business? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>					
If "Yes", please provide full details of the type of work undertaken, and the percentage of turnover that relates to such activities:					
6. Does the Business					
(a) have formal Quality Assurance Certification to ISO9000 series				Yes <input type="checkbox"/>	No <input type="checkbox"/>
(b) have a formal documented OH&S Procedures Manual which is distributed to all workers?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
(c) Employment policies and procedures?				Yes <input type="checkbox"/>	No <input type="checkbox"/>



D. ESTIMATED PAYROLL, TURNOVER & FINANCIAL POSITION							
7. Estimated Annual Payroll (including earnings of principals, directors, partners)		Total Payroll	\$	No. of Staff			
8. Estimated Annual Turnover			\$				
9. Please provide turnover percentage split by State (must equal 100%)							
NSW	VIC	QLD	SA	WA	TAS	NT	ACT
%	%	%	%	%	%	%	%
10. Do You engage labour hire, contractors or sub-contractors? <span style="float:right">Yes <input type="checkbox"/> No <input type="checkbox"/></span>							
If "Yes":							
(d) Please supply:							
TYPE		Estimated Annual Payments	Nature of work carried out				
Labour Hire		\$					
Contractors		\$					
Sub-Contractors		\$					
E. INSURANCE HISTORY (GENERAL)							
11. Has the Business or any Subsidiary or Controlled Entity had any insurance declined or cancelled, application rejected, renewal refused, claim rejected, special conditions or special excess / deductible imposed by an insurer? <span style="float:right">Yes <input type="checkbox"/> No <input type="checkbox"/></span>							
If You have answered "Yes", please supply details:							
12. Does the Business presently hold or has the Business ever held, Broadform Liability, Professional Civil Liability, Directors' and Officers' Liability, Statutory Liability or Employment Practices Liability Insurance? <span style="float:right">Yes <input type="checkbox"/> No <input type="checkbox"/></span>							
If You have answered "Yes", please supply details of the current Insurer, Expiry Date, Limit of Indemnity and Premium.							
F. CLAIMS HISTORY							
13. Claims Declaration - In the past 5 years have You had any Claims made against you or are there any notifications of potential Claims or do any circumstances exist that might give rise to a Claim?							
Broadform Liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>					
Professional Civil Liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>					
Directors' & Officers' Liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>					
Statutory Liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>					
Employment Practices Liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>					
If "Yes", to any of the above, please attach a detailed claims history this Quotation Request Form.							
G. DECLARATION							
1. I/We confirm all answers and statements made in this Quotation Request Form are true and accurate in every respect and no information has been withheld which is likely to affect the Insurer's decision about accepting this insurance.							
2. I/We understand that the completion of this Quotation Request Form allows for an indicative quotation to be provided and before any cover can be effected, I/We will be required to complete and submit the ProCon Insurance Proposal for consideration and acceptance by the Insurer.							
Signature: _____				Date: _____			