



PILING CONTRACTORS QUESTIONNAIRE

This questionnaire is to be completed by the Proponent/Insured where Piling / Pile Driving Activities are performed. This questionnaire should be completed in conjunction with the ISP Proposal Form and any other questionnaires relevant for the purpose of underwriting consideration for Section 7 Broadform Liability of the ISP.

Name of Proponent/Insured: _____

Policy Number: _____

1) Estimated Annual Wage Roll for the next 12 months? _____
Actual Wage Roll last 12 months? _____

2) Details of Your and Your employees experience with piling operations?

3) Details of the type of Plant operated and whether registered:

TYPE OF PLANT OPERATED	REGISTERED YES / NO	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>

4) Details of the type of work completed over the past three (3) years:

5) Locations where Piling work is completed:



6) Type and value of structures/buildings constructed on Piles:

TYPE OF STRUCTURES/BUILDINGS	VALUES (\$)
	\$
	\$
	\$
	\$
	\$
	\$
	\$

7) Details of Your typical and largest depth of Piling Operations?

8) Details of the different types of Piling Operations performed:

9) Percentage of contracts conducted under the direction / supervision of an Engineer / Project Manager: _____%

10) Details of Engineers used and the type of reports provided (e.g. structural reinforcement of adjacent property etc)

11) Details of any future proposed contract which is materially different to current or past work:

12) Are all projects for new Homes Only or do You perform slab repairs as well? **Yes** **No**



13) Is a Geotechnical report on soil and strata composition provided for each project site? **Yes No**

If No, what and whose reports do you rely upon?

14) Do you use explosives of any kind? **Yes No**
If yes, please provide details:

15) Do you engage Labour Hire/Contractors/Sub-Contractors? **Yes No**

If YES,

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

Labour Hire/Contractor/Sub-Contractor & Work Type involved	Payments Made
	\$
	\$
	\$
	\$
	\$

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

16) Please provide details of Your Professional Indemnity Insurance (if any) including coverage for injury and/or property damage:

17) Details of risk management programs including monitoring of vibration and noise levels: (Please provide copies of past risk management job profiles and copies of any other documented risk management programs)



18) Detail any other pertinent information:

Declaration & Signature

I/We declare that:

1. All of the information provided in this Questionnaire provided by or on My/Our behalf and any accompanying documents is correct.
2. I/We have checked to ensure that all of the information in handwriting other than mine in this Questionnaire and in any accompanying documents is correct.

Signed: _____ Date: _____

Print Name: _____ Position: _____