Name of Insured:

* Answer all questions in full.
* Please tick the ‘yes’ or ‘no’ box that best indicates your reply and provide further details as requested.
* All documents and correspondence pertaining to this insurance form part of this application form.
* If there is insufficient space provided for your answer the additional space at the end of the application can be used.

**The Business**

1. Please indicate the Type of work you do and the turnover for each

* Demolition   Yes  No $
* Asbestos Removal  Yes  No $
* Salvage Sales  Yes  No $
* General site clearing  Yes  No $
* Underground operations  Yes  No $
* Rail infrastructure  Yes  No $
* Docks/wharfs or offshore work  Yes  No $
* Other – describe below   Yes  No $

1. Do you undertake any of the following activities?

* Underpinning / Piering / Shoring  Yes  No
* Blasting  Yes  No
* Excavation / earthmoving / digging  Yes  No
* Welding or cutting hot work  Yes  No
* Lead Paint Removal  Yes  No
* Testing / Analysis of Material or Air Quality  Yes  No

if “yes” to any of the above activities please provide details

1. Please indicate the percentage of work undertaken by location

* Inner City i.e., High Rise %
* Low rise (two stories or less) %
* Other (please describe) below %

1. List of major works over the past 3 years

1. Which of the following method(s) of demolition do you us?

* Non-Explosive method  Yes  No
* Explosive Method  Yes  No
* Implosion  Yes  No
* Other (please describe)

1. If you indicated non-explosive method in Q5 please indicate the type of equipment used?

* Sledgehammer  Yes  No
* Excavators/Bulldozers  Yes  No
* Wrecking Balls  Yes  No
* High reach Excavators  Yes  No
* Other (please describe)

1. If you indicated explosive demolition is undertaken in Q5 please indicate the type of method used?

* Falling like tree  Yes  No  N/A
* Falling into its own footprint  Yes  No  N/A

1. If you indicated, you are involved in Asbestos removal in Q1 in what year did you first become involved in the removal of Asbestos
2. Which of the following Asbestos removal method do you use?

* Wet spray method  Yes  No  N/A
* Saturation and water Injection method  Yes  No  N/A
* The dry method  Yes  No  N/A

1. Use of Contractors/ Sub Contractors and Labour Hire Personnel

* List the type of work done by contractors/sub-contractors or labour hire personnel

* Are contractors / Sub Contractors under you direct control on site   Yes  No
* Estimated total annual payments made to contractors / subcontractors

and labour hire personnel $:

* Are all contractors / sub-contractors and labour hire personnel required to carry their own Liability insurance and is this confirmed before they are allowed on site?  Yes  No

1. Do you operate a service company that employs staff and then on-hire them or place them in companies within the group of companies owned and or operated by you?   Yes  No

If yes, please provide the following information:

Name of Service Company

Number of employees deployed

Total payments or internal charges

**Quality /Standards**

1. Are you familiar with and perform,
   1. your Demolition operations, in accordance with Australian Standard

2016 – 2001 Demolition of Structures;  Yes  No  N/A

* 1. your Welding and Cutting hot work, in accordance with Australian Standard

1674 Safety in Welding and Allied Processes;   Yes  No  N/A

* 1. your blasting operations, do you comply with the requirements of the

Explosives Act 2003 (NSW) or equivalent legislation in other states and

the Australian Standard AS 2187 Explosives – Storage, Transport and Use  Yes  No  N/A

* 1. your blasting operations, do you comply with the recommendations of the

Australian Explosives Industry and Safety Group Inc  Yes  No  N/A

* 1. your Asbestos removal operations, in accordance with the 2020 Safe

Work Australia how to safely remove asbestos code of practice  Yes  No  N/A

If “no” to any of the above, please advise with standard you adhere to, or which safe work practices are used.

**General**

1. Do you offer a design or specifications service  Yes  No

If Yes, do you charge a fee  Yes  No

1. Do you assume liability under contract or hold harmless agreement or assume a duty or obligation by way of contract, warranty, guarantee which exceeds your liability in the absence of such contract warranty or guarantee?   Yes  No
2. Have you
   1. ever been the subject of a health and safety investigation in the past 5 years  Yes  No
   2. been prosecuted under any safety legislation?  Yes  No
   3. or any of your directors or partners ever been charged with

a criminal offence (other than a motor offence)?  Yes  No

**Claims**

Please provide details of all Liability claims made against the Insured (whether insured or otherwise) in the past 7 years and any incident that has occurred in the past 12 months that could lead to a claim.

I / we understand that I/we are bound by the duty of disclosure.

The answers and information given in this questionnaire are true and correct and no information has been withheld that could influence the Insurers decision to insure this risk.

Full Name of Authorised person:

Title:

Signature:

Date: