

Delta Insurance New Zealand Ltd. Level 3, 57 Fort Street, Auckland 1010. PO Box 106 276, Auckland 1143. Tel 09 300 3079 [deltainsurance.co.nz](http://deltainsurance.co.nz)

## Environmental Liability Insurance Contractors Professional and Pollution Liability

### Notice

This proposal forms the basis of any insurance contract entered into. Please complete it fully and carefully, remembering to sign the Declaration. If you have insufficient space to complete any of your answers please continue on a separate attachment.

You have an ongoing duty to disclose all material facts and failure to do so could prejudice future claims.

### Applicant details

- 1 Name of applicant including trading names:
- 2 Names of subsidiaries:
- 3 Names of any other parties required to be insured (including their relationship with the applicant):
  
- 4 Postal address:
- 5 Website address:
- 6 During the past five years has the name been changed, any other business been purchased, any merger or consolidation taken place or has the nature of the business changed significantly?  Yes  No

**If Yes,** please provide full details:

- 7 Advise the number of years that the business has been operating:

### Staff Details

- 8 Please provide details in respect of all principals, partners and directors:

Name:

Professional qualifications:

Years as a principal, partner, director of the business:

- 9 Indicate the number of personnel in each applicable category:

Category	Number
Principals, partners and directors	
Qualified professionals	
Other technical staff	
Administrative and clerical	
Other (please describe):	

## Financial information

10 Please provide total gross revenue split as follows:

Country	Last financial year Combined Professional & Contracting (actual)	Current financial year Professional Services (Estimated)	Current financial year Contracting Operations (Estimated)
New Zealand	\$	\$	\$
Australia	\$	\$	\$
Pacific Islands	\$	\$	\$
Other. Please specify:	\$	\$	\$
<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

## Section 1: Errors & Omissions

11 Enter your **Estimated Gross Revenue** for the next 12 month period by the appropriate **Professional Services** listed below. The sum of **Estimated Fee Revenue** below should equal the **Estimated Gross Fee Revenue** entered in Question 10 above.

Professional services	Estimated fee revenue (\$)	Professional services (cont)	Estimated fee revenue (\$)
Acoustic Engineering	\$	Laboratory Testing - Factual Reporting	\$
Air Pollution - Assessment	\$	Laboratory Testing - Interpretative	\$
Asbestos Surveys	\$	Landfill Site Management / Design	\$
Asbestos Project Management - Remediation	\$	Hydrogeology	\$
Chemical Engineering	\$	Oceanography	\$
Contaminated Land - Identification	\$	Marine Surveys (Environmental)	\$
Contaminated Land - Assessment	\$	Microbiological	\$
Contaminated Land - Remediation Design	\$	Pharmaceutical - Regulatory Compliance	\$
Contaminated Land - Remediation Project Management	\$	Pharmaceutical - Product Development	\$
Ecological Consultancy	\$	Pharmaceutical - Clinical Trials Management	\$
EMC Compatibility Testing	\$	Planning Supervisor	\$
Energy Conservation	\$	Product Management	\$
Environmental Policy Advice	\$	Quality Assurance/Systems Development	\$
Environmental Management System Advice	\$	Product Development	\$
Geotechnical Engineering	\$	Regulatory Compliance Advice	\$
Geology	\$	Research Services	\$
Health & Safety Consultancy	\$	Surveying - Underground services mapping	\$
Hydraulic Engineering	\$	Surveying - Land/ Setting out	\$
Engineering - Process	\$	Toxicology	\$
Environmental Impact Assessment	\$	Waste Disposal Treatment Advice Only	\$
Flood Risk Assessment / Reporting	\$	Waste Disposal Treatment Management Engineering Solutions	\$
Flood Risk Mitigation / Prevention	\$	Zoology	\$
Forensic Services	\$	Other (Please specify below)	\$
<b>TOTAL: Professional Services Revenue</b>			<b>\$</b>

## Section 2: Contractors Liability

12 Enter your **Estimated Gross Revenue** for the next 12 month period by the appropriate **Contracting Operations** listed below. The sum of **Environmental and Non - Environmental Contracting Operations** should equal the **Estimated Contracting Operations Revenue** entered in Question 10 above.

Environmental Contracting Operations	Estimated gross revenue	% subcontracted
Asbestos/Lead Abatement	\$	%
Residential Mold Abatement	\$	%
Commercial Mold Abatement	\$	%
Construction or Project Management	\$	%
Dredging (Remedial)	\$	%
Emergency Response Clean-up	\$	%
Testing and Sampling	\$	%
Hazardous Material Remediation	\$	%
Landfill Construction/Expansion/Capping	\$	%
UST Installation/Removal & Maintenance	\$	%
AST Installation/Removal & Maintenance	\$	%
Transportation Associated Environmental Contracting Operations	\$	%
Other Environmental Contracting Operations (Describe below):	\$	%
<b>TOTAL: Environmental Contracting Revenue</b>	<b>\$</b>	<b>%</b>
Non-Environmental Contracting Operations	Estimated gross revenue	% subcontracted
Carpentry/Framing	\$	%
Construction or Project Management	\$	%
Demolition/Dismantling	\$	%
Dredging	\$	%
Drilling / Tunneling	\$	%
Electrical	\$	%
Excavation or Grading	\$	%
Residential Construction	\$	%
HVAC/Mechanical	\$	%
Industrial Cleaning	\$	%
Commercial Construction	\$	%
Energy or Utility Service / Maintenance	\$	%
Marine Construction and Service	\$	%
Operation & Maintenance of Facilities Owned by Others	\$	%
Painting/Coatings Application	\$	%
Pesticide/Herbicide/Fertilizer Application	\$	%
Pipeline/Railroad Construction or Maintenance	\$	%
Plumbing	\$	%
Roofing/Insulation	\$	%
Steel Erection	\$	%
Street / Road /Other Infrastructure	\$	%
Other Non-Environmental Contracting (Describe below):	\$	%
<b>TOTAL: Non-Environmental Contracting Revenue</b>	<b>\$</b>	<b>%</b>

## Risk Management

- 13 Does the applicant use written agreements on every project?  Yes  No

If No, provide details under what circumstances written agreements would not be used and note the percentage of work performed without a written agreement: \_\_\_\_\_ %

- 14 Does the applicant have legal counsel or insurance professionals review written agreements prior to implementing?  Yes  No

- 15 Has the applicant been successful in implementing Limitation of Liability clauses in its professional services agreements?  Yes  No

## Owned or Operated Facilities:

- 16 Are any of your owned or operated locations utilised for operations other than equipment parking / storage (no maintenance)?  Yes  No

Please enter the number of owned or operated facilities by type:

## Safety Practices:

- 17 Do you have a written procedure for avoiding underground hazards?  Yes  No

If Yes, please provide details:

- 18 Do you have a written Employee Health and Safety Plan?  Yes  No

If Yes, please provide details:

- 19 Do you have a written Quality Control or Quality Assurance program in place?  Yes  No

If Yes, please provide details:

## Sub-contractors:

- 20 Do you obtain certificates of insurance from your subcontractors?  Yes  No

- 21 Do you require a subcontractor's insurance policy to add you as an additional insured?  Yes  No

## Temporary or Casual Employees:

- 22 Do you use temporary or casual employees?  Yes  No

If Yes, please describe:

## Claims history

- 23 Has any partner, principal, director or staff member ever been the subject of disciplinary proceedings for professional misconduct?  Yes  No

If Yes, please provide full details:

**24** Have any claims ever been made against you, your predecessors in business, or any present or former partner, principal, director or employee of the business?  Yes  No

**If Yes**, please provide full details of for each matter including the date notified, the name of the insurer, details of the allegations, details of the amounts claimed, details of any amounts paid and the current status of the claim.

**If a current loss summary is available from your present and past insurers please attach a copy.**

**25** Are you, or any partner, principal, director or employee, after enquiry, aware of any claims or circumstances which might result in claims against you or your predecessors in business or any present or former partner, principal, director or employee of the business?  Yes  No

**If Yes**, please provide full details for each matter including the name of the claimant or potential claimant, a description of the allegations and an estimate of the amount of potential liability

### Cover required

**26** Limit of indemnity required:  \$1m  \$2m  \$5m  \$10m  Other:

**27** Level of excess required:  \$5,000  \$10,000  \$15,000  \$20,000  \$50,000  Other:

### Declaration

On behalf of all proposed Applicants I/We declare and agree that all information provided in this proposal or attachments is true and correct in every respect and that all information that may be material in considering this proposal form has been fully and accurately disclosed to Delta Insurance New Zealand Ltd in writing in a manner which would not mislead a prudent insurer.

I/We agree that this declaration shall be the basis of and incorporated in the insurance contract and that the insurance contract may be avoided (amongst other things) if any statement in this proposal is “substantially incorrect” or “material” as both terms are defined in the Insurance Law Reform Act 1977.

I/We undertake to inform Delta Insurance New Zealand Ltd of any material alteration to the above information whether occurring before or after the completion of this insurance contract.

I/We understand that:

- (a) I/We am/are obliged to advise Delta Insurance New Zealand Ltd of any information which may be material to its consideration of this application. This information includes all information I/We know (or could reasonably be expected to know) which could influence the judgement of Delta Insurance New Zealand Ltd whether or not to accept this application and (if accepted) on what terms, including cost and otherwise.
- (b) Failure to provide this information may result in Delta Insurance New Zealand Ltd refusing to provide the insurance.
- (c) I/We have certain rights of access to and correction of this information.

Signature of Principal, Partner or Director:

Full name of individual:

Date: