

# Contract Works Insurance Application



MAS  
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 -  
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**i Important information**  
 Please read the information below before completing this application. You have a duty to disclose all information that MAS may want to take into account in deciding whether or not to accept your application and, if so, on what terms. The information that you provide in this application must be true, correct and complete. In addition to answering the specific questions asked, you must disclose everything you know that may be relevant to this insurance.

## Parties involved

### The insured

Member No.

Name in full – include name of trustees if applicable

Contract site

Interested parties

### The contractor

Who is the main contractor and who is their insurer?

Full name

Licensed building practitioner number

Insurer

Is the contractor to be named as an insured party?  Yes  No

What experience does the contractor have in this type of work?

Has the contractor had any losses in the last five years?  Yes  No

Has the contractor been a director or officer of any firm placed in liquidation in the last five years, or been declared bankrupt?  Yes  No

Contact details of consulting engineers and architects.

	Engineer	Architect
Name	<input type="text"/>	<input type="text"/>
Company	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
Phone	<input type="text"/>	<input type="text"/>

## Insurance required

Contract price		\$\$
Principal supplied materials(PSM)		\$\$
Existing structure (if not covered elsewhere)		\$\$
Variations	2.5% of the contact price + PSM or	\$\$
Increased construction costs	2.5% of the contact price + PSM or	\$\$
Professional fees	5% of the contact price + PSM or	\$\$
Demolition and disposal costs	10% of the contact price + PSM or	\$\$
Increased costs as a result of loss	2.5% of the contact price + PSM or	\$\$
Transit of materials within New Zealand	2.5% of the contact price + PSM or	\$\$
Materials in storage away from the risk location	2.5% of the contact price + PSM or	\$\$
<b>Total sum insured (excluding GST)</b>		\$\$

Disaster cover (if required)

Yes  No

Excess (please select one)

\$500  \$1,000

## Anticipated construction period

From  To

## The project

Under which conditions of contract are the contract works carried out, e.g. NZIA, NZS 39102003, NZ Master Builders?

Please give a general description of the contract works, including construction materials and any site preparation/excavation.

  
  
  


Has a building permit been obtained?

Yes  No

Has any required building consents been obtained?

Yes  No

Will the contract works involve piling? *\*If yes, please advise the number of piles and maximum depth.*

Yes\*  No

If excavation for foundations or other is involved, please advise:

1. Who is doing the work?

2. What is their experience?

  


3. What is the depth of excavations?

4. What is the proximity of other buildings?

5. Are there retaining walls or support structures to be built or that are affected by the works?

## The project (cont.)

Will the contract works involve under-pinning of adjoining buildings?

Yes\*  No

*\*If yes, please provide full details.*


Is any demolition necessary? *\*If yes, please provide full details.*

Yes\*  No


Will the contract include earthquake strengthening?

Yes\*  No

*\*If yes, please provide full details and method below.*


Is there anything which would make this project more difficult or complicated than normally expected?

*\*If yes, please provide full details.*

Yes\*  No


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## Existing building

Is there an existing structure?

Yes\*  No

*\*If yes, is it insured by MAS?*

Yes\*  No\*\*

*\*If yes, what is the policy number?*

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*\*\*If no, is cover required under this policy?*

Yes\*  No

*\*If yes, what is the value?*

\$
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When was the existing building first built?

dd-mm-yyyy
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Will the existing building continue to be occupied while the project is underway?

Yes  No\*

*\*If no, please describe security in place while the site is unattended.*


Please describe in full all precautions taken to protect the existing building from loss or damage (including whether all roof and wall openings will be covered by secured tarpaulins outside normal hours of work).


Does the existing building use unreinforced masonry construction?

Yes  No

## Previous insurance and criminal convictions

Have you or anyone else to be covered by this insurance, ever engaged in criminal activity, had any criminal convictions or have any criminal prosecutions pending?

Yes\*  No

*The information sought by this question is subject to the rights set out in the Criminal Reports (Clean Slate) Act 2004.*

*\*If yes, please provide full details.*


Have you had other contract works carried out in the last five years?

Yes\*  No

*\*If yes, please provide details of claims or losses.*


Is there any further information likely to affect the acceptance of this insurance?

Yes\*  No

*\*If yes, please provide full details.*


## Please attach

- Plans of the contract works
- Copy of the relevant sections of the works contract
- Scope of works

**Note, this policy does not extend to cover in any way loss, damage or liability suffered by the contractor.**

## Declaration

### Disclosure of relevant information

I understand that I have a duty to disclose all information that Medical Insurance Society Limited (MAS) may want to take into account in deciding whether or not to accept my application and if so, what terms. I confirm that:

- all the answers in this application are true and correct and complete,
- I have disclosed everything I know that may be relevant to this insurance.

I understand that if I have not disclosed all relevant information that I know, MAS may decline a claim I make under this policy, cancel the policy or treat the insurance as being invalid from the beginning.

### Privacy Act 1993

I understand that

- the personal information MAS collects from me will be used to underwrite and administer my insurance;
- I am entitled to access and correct the personal information MAS holds about me, in accordance with the provisions of the Privacy Act 1993.

I authorise MAS to give or obtain personal information about me (relevant to my insurance) to or from others including but not limited to the Insurance Claims Register Limited.

Signature

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Date

dd-mm-yyy
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For assistance call 0800 800 627 or check online at [mas.co.nz](http://mas.co.nz)