



IMPORTANT NOTICE

The information provided in this proposal will form the basis of any contract of insurance entered into. Please read the following notices carefully and ensure you answer all questions in full and read and sign the Declaration at the end.

FOR CLAIMS MADE INSURANCE

This is a proposal for a 'Claims Made' policy of insurance. This means that the policy covers you for any claims made against you and notified to the insurer during the policy period. The policy does not provide cover in relation to:

- pollution conditions that occurred prior to the retroactive date (if one is specified) in the policy;
- any claim made, threatened or intimated against you prior to the commencement of the policy period;
- any claim or fact that might give rise to a claim, reported or which can be reported to an insurer under any insurance policy entered into before the commencement of the policy period;
- any claim or fact that might give rise to a claim, noted in this proposal or any previous proposal;
- any claim arising out of any fact you are aware of before the commencement of the policy period;
- any claim made against you after the expiry of the policy period.

However, the effect of Section 40(3) of the Insurance Contracts Act 1984 (Cth) is that where you become aware, and notify us in writing as soon as is reasonably practicable after first becoming aware but within the policy period, of any facts which might give rise to a claim against you, any claim which does arise out of such facts shall be deemed to have been made during the policy period, notwithstanding that the claim was made against you after the expiry of the policy period.

YOUR DUTY OF DISCLOSURE

Before you enter into a contract of general insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984 (Cth), to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

This includes but is not limited to every fact and matter that you know, or could reasonably be expected to know that might give rise to a claim against you. This may also include information which is additional to the questions asked in this proposal form.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance. This means that prior to renewal or any policy variations, as well as advising of new information, you also need to advise the insurer of any changes to the facts previously notified.

Your duty however does not require disclosure of matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows or, in the ordinary course of its business, ought to know;
- as to which compliance with your duty is waived by the insurer.

PRIVACY NOTICE

Liberty Specialty Markets Hong Kong Limited (No. 2400200) (Liberty) is a company incorporated and authorised to conduct insurance in Hong Kong. It is a member of the United States-based Liberty Mutual Group. Liberty's contact details are:

Address: Suites 2401-04 24/F Cityplaza One, 1111 King's Road Tai Koo Shing, Hong Kong

Phone: +852 3655 2600

Liberty is bound by the Personal Data (Privacy) Ordinance (Cap. 486) and its associated Data Protection Principles when it collects and handles your personal data.

Liberty collects personal data, including from insurance brokers, in order to provide its services and products, manage claims and for purposes ancillary to its business. Liberty passes it to third parties involved in this process such as Liberty's related companies, reinsurers, agents, loss adjusters and other service providers. We may store your information with third party cloud or other types of networked or electronic storage providers. Third parties may be located locally or overseas in the United States, Canada, United Kingdom, Singapore, Australia and Malaysia. Your information may be transferred to countries without comparable data protection laws if it is reasonably necessary to provide you with the products or services you seek from Liberty. If you do not provide the personal data Liberty or other relevant third parties require to offer you specific products or services, Liberty may not be able to provide the appropriate type or level of service.

If you wish to gain access to or correct your personal data, make a personal data complaint, or if you have any query about how Liberty collects or handles your personal data please write to Liberty's Privacy Officer at the address above or by emailing: privacy.officer.ap@libertyglobalgroup.com. To obtain a copy of Liberty's Privacy Policy go to Liberty's website (www.libertyspecialtymarkets.com.hk) or request a copy from Liberty's Privacy Officer.

When you give Liberty personal or sensitive information about other individuals, Liberty relies on you to provide its Privacy Notice to them. If you have not done this, you must tell Liberty before you provide the relevant data.



INSTRUCTIONS

Important: Please answer all questions <u>fully</u>. If any section does not apply, please indicate with N/A. All questions will be deemed to be answered in respect of all entities & persons to be insured under this policy. If the space provided is insufficient please include attachments on your company letterhead.

This application must be signed and dated by an owner, principal or other duly authorised person. Please submit the following with this application:

Standard client and sub-contractor contract documents used

Representative Project Listing with descriptions

Attach a list of proposed Named Insureds to be covered by this policy and include ownership information and description of operations for each entity (Only those entities performing the services and/or operations as proposed will be included as Named Insured)

APPLICATION FOR CONTRACTOR'S POLLUTION LIABILITY

THE INSURED

| 1. | Named Insured | |
|----|---------------------------|----------------------|
| | | |
| | | |
| 2. | Address | |
| | | |
| | | |
| | | |
| 3. | Email | |
| | Website Address | |
| 4. | Risk Address (if differen | t from above) |
| | | |
| | | |
| | | |
| 5. | Period of Insurance | |
| | From: | |
| | То: | Both dates inclusive |
| | | |
| Or | | |



| 6. | Project Details | | |
|---|--------------------------------------|-----------------|--|
| | | | |
| | | | |
| | | | |
| _ | 5 · | | |
| 7. | Project Name | | |
| | | | |
| | | | |
| 8. | Project Period | | |
| | From: | | |
| | To: | | |
| ~ | | | |
| C | OVERAGE DETAILS | | |
| | | | |
| 9. | Limits | | |
| | Occurrence Limit | Aggregate Limit | |
| | \$ | \$ | |
| 10. | Deductible | | |
| | \$ | | |
| | | | |
| If you require further options, please discuss with your broker | | | |
| COMPANY OPERATIONS | | | |
| | | | |
| 4.4 | On continue of the Name of Income of | | |
| 11. | Operations of the Named Insured | | |



%

TURNOVER OR CONTRACT VALUE

| 12. | Fiscal Year | | | | |
|-----|---|------------------|---|---|--|
| | From: | | | | |
| | То: | | | | |
| 13. | Current Fiscal Year | ar | \$ | | |
| | Estimated for next | Fiscal Year | \$ | | |
| Or | | | | | |
| 14. | Contract Value | | \$ | | |
| AC | ACTIVITIES | | | | |
| 15. | Activities | | | | |
| | General constructi | ion (including e | electrical, carpentry, plumbing, painting, concrete, steel) | % | |
| | General earthmoving, excavation, grading and site preparation | | | % | |
| | Demolition / dismantling/ drilling / dredging / marine / industrial facility maintenance / landfill O&M Soil and groundwater remediation, recycling / packaging of hazardous materials | | | % | |
| | | | | % | |
| | Underground work: installation of pipelines, underground storage tanks, mining support | | | % | |
| | Hazardous waste treatment | | | % | |
| | Energy services (oil and gas) | | | % | |



Total Percentage

| 16. | What Pollution / Environmental Risk Management Procedures are in place? | } | |
|-----|--|---------|----|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 17. | Do you select, arrange for the transportation of, or transport hazardous waste to treatment, storage or disposal facilities? | Yes | No |
| | If Yes, please explain: | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 18. | Do you own, operate, rent or lease a treatment, storage or disposal facility | Yes | No |
| | If Yes, please explain: | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 40 | | | |
| 19. | Have you entered into any Joint Venture Agreements to which this insurance should apply? | Yes | No |
| | If Yes, please explain and attach a copy of Articles of Joint Venture Incorpo | ration: | |



| 20. | Use of Written Contracts | | | |
|-----|--|--------------------|-----|----|
| | Does your contract contain a limitation of liability prov | ision? | Yes | No |
| | If Yes, please explain: | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 21. | Who reviews your clients' contracts on your behalf? | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 22. | Do you subcontract contracting services? | | Yes | No |
| | If Yes, please specify the service and the total gross turnover: | | | |
| | Service | Total Gross Turnov | er | |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| | | \$ \$ | | |
| 23. | Do you use written contracts with your subcontractors | | Yes | No |
| | | | | |



CLAIMS INFORMATION

If Yes, please explain.

| 24. | Has any application for Pollution Liability Insurance by the applicant, | | |
|-----|---|--|----|
| | present owners, principals or partners ever been declined or coverage | | No |
| | cancelled or non-renewed? | | |

25. Has any claim, suit, or demand for money or services ever been made

against the applicant, its subsidiaries, or its principals?

Yes No

If Yes, please explain:

26. Is the applicant aware of any of the following circumstances or any allegations of the applicant's liability, or any allegations of an act, error, or omission in the performance of the applicant's services which may result in any claim, suit, or demand for money or services against the applicant or any person or entity for who the coverage is sought?

Yes No

If Yes, please explain.

PLEASE NOTE THAT THE POLICY SHALL NOT APPLY TO SUCH REPORTED CLAIMS OR CIRCUMSTANCES, UNLESS SCHEDULED ONTO THE POLICY BY ENDORSEMENT.



DECLARATION

(To be signed by a partner or director.)

I, the undersigned, declare and acknowledge:

- that I am, after enquiry, authorised by all person(s) or entities seeking insurance, to make this proposal;
- that after enquiry, all information supplied in this proposal and any supporting documents attached to this proposal or supplied separately, is true and correct and I have not withheld any material information from this proposal
- that this proposal and any accompanying documents shall form or partly form the basis of the contract proposed.
- that until a Contract of Insurance is entered into, I am obliged to inform Liberty International Underwriters of any changes to any information supplied or of any new information that is relevant;
- that I understand Liberty International Underwriters relies on the accuracy of the information and documentation supplied proposing for this insurance;
- that I have read and understood the Important Notices which form part of this proposal;
- that I understand that no insurance is in force until a Contract of Insurance is entered into, which is upon the Proposer's acceptance of an offer by Liberty International Underwriters, if any.

Signed

Print Name

Title

Dated

HAVE YOU REMEMBERED TO ATTACH THE FOLLOWING?

Standard client and sub-contractor contract documents used

Representative Project Listing with descriptions

a list of proposed Named Insureds to be covered by this policy and include ownership information and description of operations for each entity (Only those entities performing the services and/or operations as proposed will be included as Named Insured)

any other document you have been asked to attach in the questions above

