

UK Property & UK Liability Proposal Form



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Business Details

Broker Company	Proposer
<input type="text"/>	<input type="text"/>

Insured	Email & Contact Number
<input type="text"/>	<input type="text"/>

Insured Address

Type of Policy	New/Renewal
<input type="text"/>	<input type="text"/>

Date Quote Given	Inception Date
<input type="text"/>	<input type="text"/>

Risk Address

Description of Occupation/Business Activities of all occupants/tenants at risk address:

Continue on page 10 if additional space is required.

Number of Years in Business	Interested Party
<input type="text"/>	<input type="text"/>

Number of Employees

Turnover in New Zealand	Turnover to Australia
<input type="text"/>	<input type="text"/>

Turnover in USA/Canada	Turnover Elsewhere
<input type="text"/>	<input type="text"/>

Total

Building Details

Year Built

Structural Performance Score of Building New Building Standard (NBS%) percentage

Type of Premises

Commercial Residential

Number of Stories

Construction

Concrete/Brick Wood Mixed (If more than 25% of the building is wood, select option - Wood)
 Other

If other, please specify:

Fire Protection

None Fire Hoses Fire Extinguishers
 Heat & Smoke Detection Single Supply Sprinkler System Dual Supply Sprinkler System

Security

Audible alarm Alarm Monitored by professional security company Patrolled by professional security company

Material Damage (MD)

If required, attach a separate Schedule with declared Items Insured, sum Insured and risk details for each location.

Buildings	\$ <input type="text"/>	<input type="checkbox"/> Indemnity	<input type="checkbox"/> Replacement	<input type="checkbox"/> First Loss
Contents, Plant, Machinery (RV)	\$ <input type="text"/>			
Stock (IV)	\$ <input type="text"/>			
Portable Plant/Equipment (AINZ)	\$ <input type="text"/>			
Total	\$ <input type="text"/>			

Is MD Earthquake Cover required? Yes No

Is General Liability Cover required? Yes No

Limit of Indemnity

Is Employers Liability Cover required? Yes No

Limit of Indemnity

Is Statutory Liability Cover required? Yes No

Limit of Indemnity

Business Interruption (BI) Sums Insured

Claim Preparation Fees \$

Gross Profit \$

Gross Revenue \$

Additional Increased Costs \$

Rents \$

Total \$

Indemnity period required (Months)

Is BI earthquake cover required? Yes No

1. For the insurance proposed, has the proposer, any partner or director:

- a. Ever been refused this type of cover or had any policy cancelled or had special terms imposed? Yes No

If YES, give details

- b. Or any other person or entity to be insured, during the last 5 years in respect of the liability sections, had any claims, losses, proceedings, notices, circumstances or complains, or any fine imposed or any prosecution, have any pending claims or investigations under any legislation whether insured or not including, but not limited to the *Accident Compensation Act 2001*, *Fair Trading Act 1986*, *Companies Act 1993*, Health and Safety in *Employment Act 1992*? Yes No

If YES, give details

- c. Or any other person or entity to be insured had any claims in respect of the material damage and business interruption sections, during the last 5 years or would there have been any claims if this policy had been in force? Yes No

If YES, give details

- d. Previously held or now hold this type of insurance? Yes No

If YES, give details

2. Subject to the criminal records (*Clean Slate*) Act 2004, has the proposer, any partner or director been convicted of any criminal offence or charged with any criminal offence or have any prosecution pending? Yes No

If YES, give details

3. Does the proposer store, handle, manufacture, transport or dispose of any chemical, bulk liquid gases and asbestos or any explosive, flammable, hazardous or toxic goods or substances? Yes No

If YES, give details

4. Is there any insulating panel construction at the premises eg. EPS / Polypanel / Sandwich Panel which exceeds 30% of the building area in which it is situated? Yes No

If YES, give details

5. Is there a spray booth at any of the premises to be insured? Yes No

If YES, give details

6. Is there a deep fat fryer at any of the premises to be insured? (This includes bench top and/or commercial fryers) Yes No

If YES, give details

7. Do you undertake work away from your premises?

Yes

No

If YES, give details

8. Do you have any property of others in your legal or physical control?

Yes

No

If YES, give details

9. Do you carry out any hot works (i.e soldering, welding, brazing, cutting)?

Yes

No

If YES, give details

10. Does the proposer assume any liability of others or hold harmless including agreements with suppliers?

Yes

No

If YES, give details

11. Does the proposer, any partner or directors have dealings with any Sanctioned Country (for example Syria, North Korea, Iran or DR Congo), organisation (for example Al Qaeda IRA) or Person? Dealings would include, by way of example only, business activities, travel to or from, import or export, joint ventures, banking or currency transfers, gifts? For a list of Sanction Countries, Organisations and people please refer to: www.treasury.gov/resourcecenter/sanctions/Pages/default.aspx

Yes

No

If YES, give details

If you need additional space, please go to the page 10 of this document.

Important Disclosures

Important Information

In this proposal, “we”, “our” and “us” means the **Insurer** (and 360 Commercial Limited on their behalf to administer this insurance).

“You” and “your” means the person(s) or entity named in the schedule as ‘**Insured**’ including any new entity or subsidiary companies or subsidiaries thereof or any controlled or managed entity now or hereafter formed or acquired. **We** may also use the word ‘**Insured**’ to describe you.

Duty of Disclosure

The insureds duty of disclosure

Before entering into a contract of insurance with the **Insurer**, each prospective **insured** has a duty to disclose to the **Insurer** information that is material to the **Insurer’s** decision whether to accept the insurance and, if so, on what terms. This includes material information about the **insured**, any other people and all property and risks **insured** under the policy. Information may be material whether or not a specific question is asked.

There is the same duty to disclose material information to the **Insurer** before renewal, extension, variation or reinstatement of a contract of insurance with the **Insurer**. The **insured** should also provide all material information when they make a claim or if circumstances change during the term of the contract of insurance.

It is important that each prospective **insured** understands all information provided in support of the application for insurance and that it is correct, as each prospective **insured** will be bound by the answers and by the information it has provided.

The duty of disclosure continues after the application for insurance has been completed up until the time the contract of insurance is entered into.

Consequences of non-disclosure

If an **insured** fails to comply with its duty of disclosure, the **Insurer** may be entitled, without prejudice to its other rights, to reduce its liability under the contract in respect of a claim or refuse to pay the entire claim. The **Insurer** may also have the right to avoid the contract from its beginning. This means the contract will be treated as if it never existed and no claims will be payable.

Fair Insurance Code

The **Insurer** is a member of the Insurance Council of New Zealand (**ICNZ**) and a signatory to ICNZ’s Fair Insurance Code (**the Code**). The Code and information about the Code is available at www.icnz.org.nz and on request.



Financial Strength Rating

At the time of print, Lloyd’s has an AA- financial strength rating given by S&P Global Ratings.

The rating scale is:

AAA Extremely Strong	AA Very Strong	A Strong
BBB Good	BB Marginal	B Weak
CCC Very Weak	CC Extremely Weak	
SD or D Selective Default or Default	R Regulatory Action	NR Not Rated

The rating from ‘AAA’ to ‘CC’ may be modified by the addition of a plus (+) or minus (-) sign to show relative standings within the major rating categories. A full description of the rating scale is available on the S & P Global Ratings www.spglobal.com.

The **Insurer’s** rating is reviewed annually and may change from time to time, so please refer to the **Insurer’s** website for the latest financial strength rating.

360 Commercial Limited is appointed by the **Insurer** to administer this insurance.

Privacy Statement

This statement is a summary of **our** privacy policy and provides an overview of how **we** collect, disclose and handle **your** personal information.

We are committed to protecting **your** privacy. **We** collect, use and retain **your** personal information in accordance with the requirements of *New Zealand’s Privacy Act*, as amended or replaced from time to time.

Declaration

On I/we declare on behalf of all of the proposed **insured's** that:

1. I/we have read and understand the Important Information statements above;
2. I/we confirm that all the information provided in this declaration, proposal and other information supplied are true and correct and there is no further information which may affect acceptance of the proposal.
3. I/we will inform 360 Commercial Limited of any material changes to the information provided whether occurring before or after the completion of this insurance contract.
4. If accepted by 360 Commercial Limited this proposal, declaration, and any other material provided will be incorporated into the contract of insurance.
5. If my broker/agent has completed the proposal or provided supporting information on my behalf I/we agree that all the information provided is true and correct.
6. I/we understand that the insurance will not be in force until this proposal has been accepted and the terms and conditions of cover have been confirmed by 360 Commercial Limited.

NOTE: Signing the proposal/declaration and any supplementary questionnaires does not bind either the applicant or 360 Commercial Limited to complete the insurance.

Signature

Date (dd/mm/yyyy)

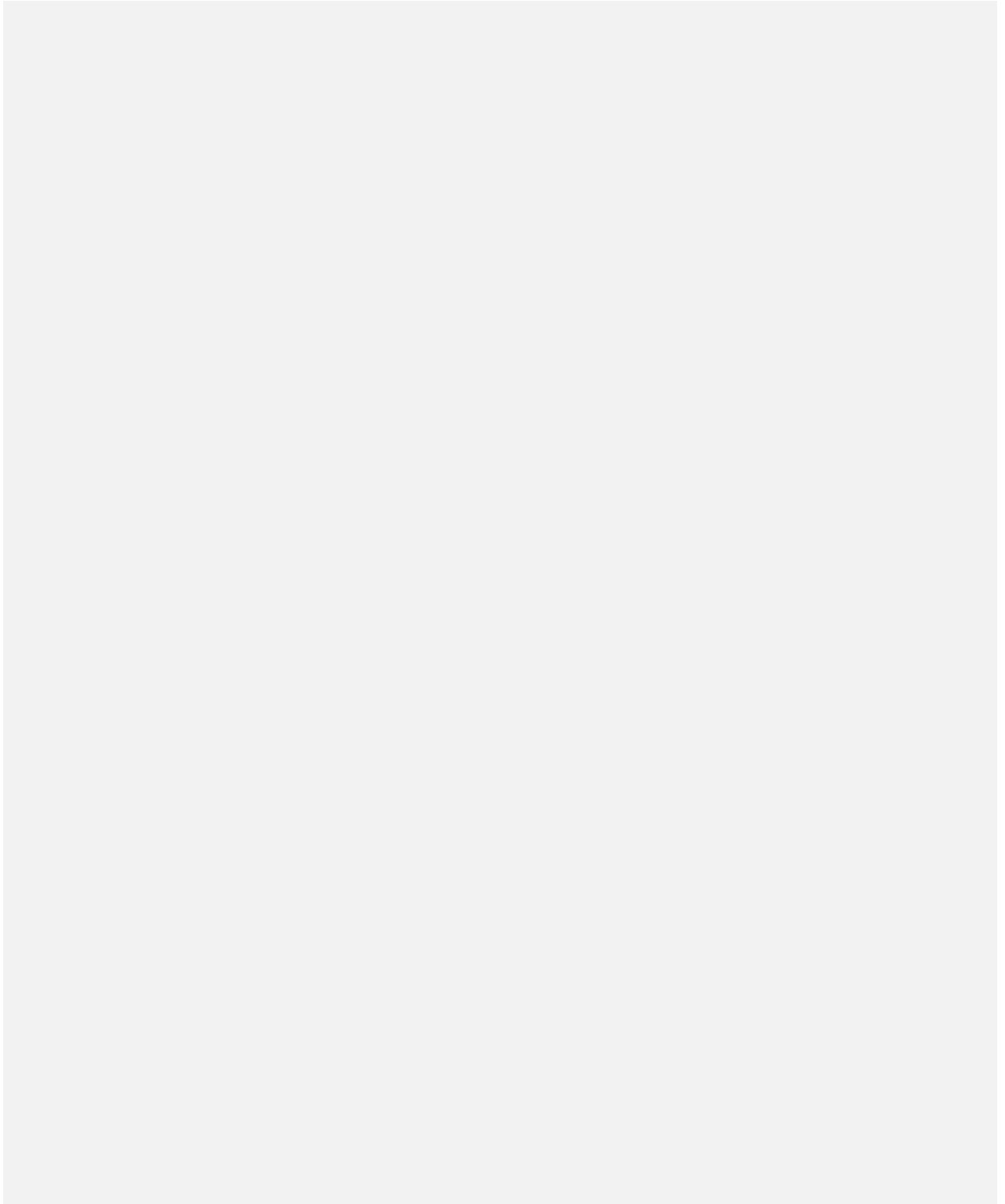
A handwritten signature is not required provided:

1. This proposal has been completed electronically; and
2. The full name and position of the individual completing this form is entered below; and
3. The fully completed proposal is submitted to 360 Commercial Limited via email.

Full name of Signatory or Individual completing the proposal

Position in Organisation

Additional Information Space





360

Commercial

PO Box 9521,
Waikato Mail Centre,
Hamilton 3240

