



# Complex Risks Property Proposal Form



# Important Information

In this proposal form, “**we**”, “**our**” and “**us**” means the **Insurer** (and 360 Commercial Limited on their behalf to administer this **insurance** if permissible). “**You**” and “**your**” means **our** customers and prospective customers as well as those who use **our** website. **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](http://www.icnz.org.nz) and on request.



## 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.

## Instructions

This proposal forms the basis of any insurance contract entered into. **You** have an ongoing duty to disclose all material facts and failure to do so could prejudice future claims.

Please:

- + Read this entire Proposal form prior to answering the questions in full.
- + All responses relate to the target or primary place of operation (e.g. manufacturing, wholesaling and not the office risk).
- + Where there is more than one **insured** address, please complete 'Appendix 1 – Additional Locations'.
- + Sign the Declaration.
- + If **you** have insufficient space to complete any of **your** answers please continue on a separate attachment.

New Business  Renewal – Policy Number (if known) is:

## 1. Intermediary Information

Broker Name

Broker Contact

Email

Phone

## 2. Your Details

Period of Insurance from  to

Insured Name

Trading Name

Property Owner Name

Are they to be noted on the policy?

Yes

No

Are there any other parties with a financial interest to be insured?

Yes

No

If yes, please detail

Please provide an overview of all business activities

How long has the insured occupied the premises?

For hospitality businesses only – if under two years, how many years of experience does the insured have in hospitality?   N/A

### 3. Claims and Insurance History

(If more than one person, director, company or entity comprises the Insured, all questions apply to all persons, directors, companies and entities and answers provided will be regarded as answers by all parties to this proposal.)

1. Has any insurer declined an application from you, or cancelled or refused to renew a policy of yours or imposed special terms on your insurance?  Yes  No
2. Has the business been operating for less than 24 months?  Yes  No
3. Is any portion of the property to be insured in a state of disrepair or poor condition?  Yes  No
4. Has the business been operating without insurance for more than 3 months?  Yes  No
5. Have you, or any person who will receive insurance protection under the proposed policy been charged with, or convicted of any criminal offence in the past 10 years?  Yes  No
6. Have you, or any person who will receive insurance protection under the proposed policy been declared bankrupt or put into receivership or liquidation?  Yes  No
7. Are there any relevant facts relating to the proposed risk which you should disclose to us?  Yes  No

If yes, to any of the above, please provide full details

8. Is the business trading profitably?  Yes  No
9. Estimated turnover  \$
10. Estimated number of employees
11. Are your financial accounts audited at regular periods?  Yes  No
12. Is a complete record kept of stock received and sold?  Yes  No

If no, explain how a loss could be quantified and valued

Please detail any loss or damage to property (whether or not you made an insurance claim) in the last 5 years and, if applicable, the steps taken to prevent a recurrence:

1. Date of loss	Cause and description		
<input type="text"/>	<input type="text"/>		
Amount	Applicable excess	Insurer	
\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	

2.	Date of loss	Cause and description	
	Amount	Applicable excess	Insurer
	\$	\$	
3.	Date of loss	Cause and description	
	Amount	Applicable excess	Insurer
	\$	\$	
4.	Date of loss	Cause and description	
	Amount	Applicable excess	Insurer
	\$	\$	
5.	Date of loss	Cause and description	
	Amount	Applicable excess	Insurer
	\$	\$	

Steps taken to prevent a recurrence

## 4. Risk Details and Construction

All responses relate to the target or primary place of operation (e.g. manufacturing, wholesaling and not the office risk).  
Where there is more than one insured address, please complete 'Appendix 1 – Additional Locations'.

Situation of risk

Age of building/year built  No. of storeys  Heritage listed:  Yes  No

Are the premises connected to town/main water and gas supply?  Yes  No

If no, please provide details

Are electrical switchboards closed?  Yes  No

Are circuit breakers present?  Yes  No

Has the plumbing wiring been replaced or upgraded since original?  Yes  No

If yes, when?

Has the electrical wiring been replaced or upgraded since original?  Yes  No

If yes, when?

Construction	Primary place of business
Walls	<input type="text"/>
Frame	<input type="text"/>
Roof	<input type="text"/>
Floors – Ground	<input type="text"/>
Floors – Upper	<input type="text"/>

Is there any asbestos in the structure or installation of the premises?  Yes  No

If yes, please detail areas

Is there any EPS Panelling in the structure or installation of the premises?  Yes  No

If yes, please detail areas and floor ratio (%)

Have Aluminium Composite Panels (ACP) been installed to the exterior of the building?  Yes  No

If yes, please provide details of the panelling

## 5. Neighbouring Risks

Provide details of the adjacent risks (eg. attached, detached, occupancy, etc)

## 6. Fire Protection

Is the nearest fire brigade:  Permanent  Volunteer

Does the premises have any of the following installed?

Fire Sprinklers:  Yes  No  Single  Dual Supply Area Coverage  %

Fire Alarm:  Yes  No  Not monitored  Prof Monitored Area Coverage  %

Smoke Detectors:  Yes  No  Battery  Hardwired Area Coverage  %

Heat Detectors:  Yes  No  Battery  Hardwired Area Coverage  %

Hose Reels:  Yes  No Area Coverage  %

Fire Extinguishers:  Yes  No Number and Type

Are there fire blankets and extinguishers located in the kitchen area?  Yes  No

Is all fire equipment serviced bi-annually under a maintenance contract?  Yes  No

If yes, by whom

## 7. Kitchen/Cooking Areas

Does a Bistro/Restaurant operate on the premises?  Yes  No

Are deep fryers in use, and if so are they:

1. Thermostatically controlled to 205 Degrees Celsius?  Yes  No
2. Are extraction hoods, canopies and filters cleaned at least weekly and a written record kept thereof?  Yes  No
3. Are extraction ducts and flues inspected internally and cleaned at least 3 monthly?  Yes  No

If no, how often is cleaning carried out?

4. Is cleaning of extraction ducts and flues carried out professionally by a recognised contractor?  Yes  No

If no, advise who undertakes the cleaning?

## 8. Security Protection

Are all perimeter doors and windows deadlocked?  Yes  No

PIR (Motion Detectors)  Yes  No

Bollards  Yes  No

CCTV Cameras  Yes  No

Is footage retained?  Yes  No

If yes, for what period?

Are security staff used?  Yes  No

If yes, please specify the days and hours security is on site

Local sounding alarm only  Yes  No

Alarm connected to monitoring company  Yes  No

If yes, what type of system?  GPRS  Dedicated Line  Digital Dialler

Who is notified in the event the alarm is activated  Client  Patrol  Police

Does the monitoring company have access to the premises to investigate alarm activation?  Yes  No



## 9. Money Handling

Where is the cash kept on premises during non-business hours?

Details of safe (Type)  Is a time delay installed?  Yes  No

Is the safe torch, drill and fire resistant?  Yes  No Is the safe fixed to the floor?  Yes  No

Is banking carried out daily?  Yes  No If no, how many times per week?

Are external contractors used to undertake banking?  Yes  No

If yes, how often are contractors used (per week)?

Do you have ATMs on the premises?  Yes  No If yes, how many ATMs are on the premises?

Do you own the ATMs on the premises?  Yes  No

If no, please provide details

Do you have Gaming Machines on the premises?  Yes  No If yes, how many machines are on the premises?

Do you have Cash Redemption Terminals on site?  Yes  No If yes, how many on site?

Are Note Stackers from the Poker Machines taken out at the end of the day or cleared early morning?  Yes  No

If taken out at the end of the day and stored in a locked safe, are the Poker Machines doors left open to reduce the possibility of malicious damage to the machines?  Yes  No

What is your average percentage turnover from gaming? \$

## 10. Accommodation

Does your business provide any accommodation on the premises?  Yes  No If yes, how many rooms?

Is any accommodation provided occupied by long term tenants (more than 3 consecutive weeks)  Yes  No  N/A If yes, how many rooms?

Are there cooking facilities in the rooms?  Yes  No  N/A

If yes, please provide details

## 11. Entertainment

Does your business operate a discotheque, nightclub or live music venue?  Yes  No

Does a separate business operate a discotheque, nightclub or music venue on your premises?  Yes  No

Is there a cover charge/door charge?  Yes  No

What are the trading days and hours of the discotheque, nightclub or live music venue?

Does the business have function rooms?

Yes  No

If yes, please provide details

## 12. Coverage Details

Section 1 Property Damage	Sum Insured	Section 2 Business Interruption	Sum Insured
Buildings including fixtures and fittings	\$	Insured Profit	\$
Contents	\$	Revenue	\$
Stock	\$	Rent	\$
Removal of debris	\$	Additional increased cost of working	\$
Other (specify):	\$	Claims preparation costs	\$
Other (specify):	\$	Other (specify):	\$
Other (specify):	\$	Other (specify):	\$
Total Property Sum Insured	\$	Total Business Interruption Sum Insured	\$

Indemnity Period (months)

## 13. Risk Management

Contractor management in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Insulated panel management in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Permit to work procedures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Hot/cold works procedures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Annual thermoscans complete?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Last Service Date <input type="text"/>
Forklift battery charging overnight?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Battery chargers clear of flammables (3 meters)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Fire isolated plant room?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Electrical maintenance completed under contract?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Last Service Date <input type="text"/>
Fire appliances serviced?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Last Service Date <input type="text"/>

# Appendix 1 – Additional Locations

## Construction

	Location 1	Location 2	Location 3	Location 4	Location 5	Location 6
Address						
Suburb/ Postcode						
Walls						
Frame						
Roof						
Floors						
Built						
No. of Storeys						
Town Water	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Protection

	Location 1	Location 2	Location 3	Location 4	Location 5	Location 6
Fire Sprinklers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Area Coverage	<input style="width: 50px;" type="text" value="%"/>	<input style="width: 50px;" type="text" value="%"/>	<input style="width: 50px;" type="text" value="%"/>	<input style="width: 50px;" type="text" value="%"/>	<input style="width: 50px;" type="text" value="%"/>	<input style="width: 50px;" type="text" value="%"/>
Fire Alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Area Coverage	<input style="width: 50px;" type="text" value="%"/>	<input style="width: 50px;" type="text" value="%"/>	<input style="width: 50px;" type="text" value="%"/>	<input style="width: 50px;" type="text" value="%"/>	<input style="width: 50px;" type="text" value="%"/>	<input style="width: 50px;" type="text" value="%"/>
Smoke Detection	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Area Coverage	<input style="width: 50px;" type="text" value="%"/>	<input style="width: 50px;" type="text" value="%"/>	<input style="width: 50px;" type="text" value="%"/>	<input style="width: 50px;" type="text" value="%"/>	<input style="width: 50px;" type="text" value="%"/>	<input style="width: 50px;" type="text" value="%"/>
Hose Reels	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Extinguishers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Burglar Alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
CCTV/PIR	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



## Signature and Declaration

I/we have read and understand the *Important Information* section in this form to the declaration section.

This Declaration must be signed by the intending insured as the Proposer(s). If the intending insured is a Company, Partnership or other business venture or involves more than one person or entity, then the person signing this declaration must be authorised to sign on behalf of all persons/entities identified as the intending insured(s).

Before completing this document, I/We have read and understood the information herein, including the Important Notices.

I/We agree that this Proposal Form together with any other information supplied by me/us shall form the basis of any Contract of Insurance effected. I/We undertake to inform the insurer of any material alteration to this information occurring before the proposed insurance commences.

I/We declare that the statements and particulars contained within this Proposal Form are true and that I/We have not mis-stated or suppressed any material facts.

I/We understand that the insurer is relying on information supplied herein to decide whether or not to accept or reject this risk and that no material information has been knowingly withheld.

I/We acknowledge that by submitting this completed Proposal Form (with any other information) I/We consent that the insurer may use and disclose my/our personal information in accordance with the "Privacy Statement" at the beginning of this Proposal. This consent remains valid until I/We alter or revoke it by written notice. I/We also undertake to advise any changes to my/our personal information.

Name of firm

Signature

(This Proposal is to be signed by a Principal, Partner or Director of the Proposed Insured)

Title of signatory

Full Name

Date



# 360

Commercial

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