



SureFoundation 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 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.

SureFoundation Property Proposal Form



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.
- + Sign the Declaration.
- + If **you** have insufficient space to complete any of your answers please continue on a separate attachment.

Business Details

Insured	Email & Contact Number
<input type="text"/>	<input type="text"/>
Insured Address	
<input type="text"/>	
Period of Insurance	
From	To
<input type="text"/>	<input type="text"/>
Risk Address	
<input type="text"/>	

Description of Occupation

Number of Years in Business
<input type="text"/>
Interested Party
<input type="text"/>
Description of Occupation/Business Activities of all occupants/tenants at risk address:
<input type="text"/>

Continue on page 10 if additional space is required.

1. 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

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

If YES, give details

3. 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

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

Building Details

1. Age of Building/Year Built

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

3. Construction

Walls	<input type="text"/>
Frame	<input type="text"/>
Roof	<input type="text"/>
Floors – Ground	<input type="text"/>
Floors – Upper	<input type="text"/>

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

If YES, give detail areas

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

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

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

If YES, please provide details of the panelling

Fire Protection

- Fire Hoses Yes No
- Fire Extinguishers Yes No
- Heat & Smoke Detection Yes No
- Single Supply Sprinkler System Yes No
- Dual Supply Sprinkler System Yes No

Security

- Are all perimeter doors and windows deadlock? Yes No
- Bollards Yes No
- CCTV Yes No
- Fog Cannon Yes No
- Burglar Alarm Local sounding alarm only Monitored to Insured Monitored by professional security company
- Patrolled by professional security company Yes No

Claims Questions

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	
	<input type="text"/>	<input type="text"/>	
	Amount	Applicable excess	Insurer
	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
3.	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"/>

Material Damage (MD)

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

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

Is MD Earthquake Cover required? Yes No

Business Interruption (BI) Sums Insured

Insured Profit	\$
Insured Revenue	\$
Rents	\$
Additional Increased Costs	\$
Claim Preparation Fees	\$
Total	\$

Indemnity Period Required (Months) _____

Is BI earthquake cover required? Yes No

General Questions

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

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* section in this form.
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)

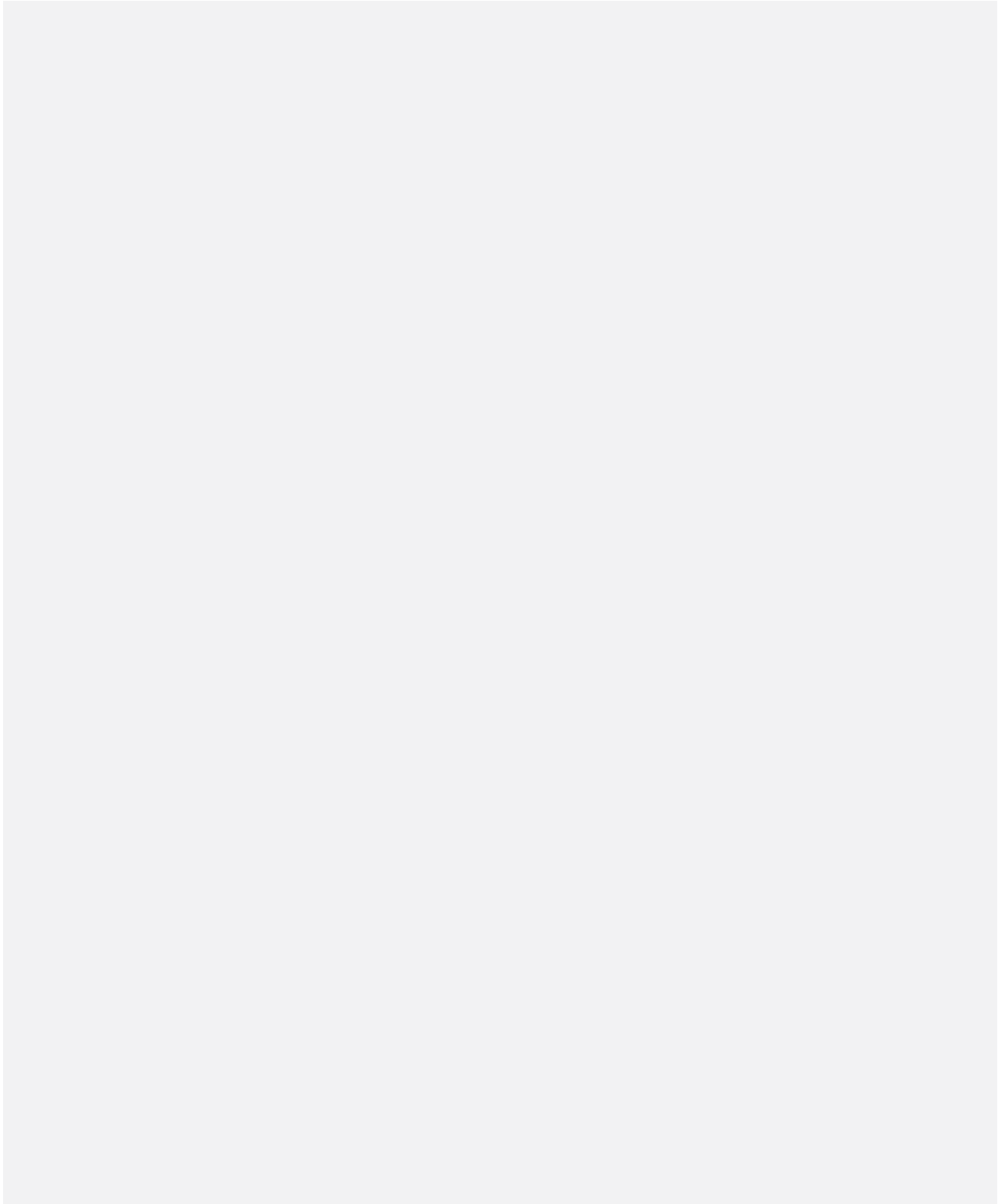
A handwritten signature is not required provided:

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

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