



London Market Property Questionnaire

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Business Details

Name

Full Address

Business

Length of time in business

Commencement Date of Cover (dd/mm/yyyy)

Full list of all locations to be insured

Continue on page 11 if additional space is required.

Perils to be insured

Total Sum Insured for each location

If required, attach a separate Schedule of locations with declared Insured Items, sum insureds and risk details.

Building

Contents

Stock

Business Interruption
(Gross Profit/Loss of Rent)

Period of Indemnity (Months)

Nature of Stock

Age of plant and equipment

Specific details of manufacturing and/or process

Occupancy

Sole Occupant of Building?

Yes

No

If not, please provide details:

Construction of each location

Continue on page 11 if additional space is required.

a. Floors

b. Walls

c. Roof

d. Age

e. State of repair

f. Methods of heating

Fire Protection

Details of Sprinkler System

Number and kinds of fire extinguishers

Number and location of fire nests

Details of any on-site fire appliances

Distance of fire brigade and call out time

Position in relation to building of external water supply for use by fire brigade

Theft Protections

a. Details of security alarms

b. Details of security guard

c. Details of surveillance equipment

Current Insurer

Has there been any loss of damage in the last 5 years which would have given rise to a claim under this insurance had it been force?

Yes

No

If YES, please provide details:

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, please provide details:

b. Subject to the criminal records (*Clean Slate*) Act 2004, been convicted of any criminal offence or charged with any criminal offence or have any prosecution pending?

Yes

No

If YES, please provide details:

Also required if available

If you have the building survey, plans or photos please send through with your completed questionnaire.

Important Disclosures

Important Information

In this proposal, “we”, “our” and “us” means the **Insurer**.

“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.

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

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)

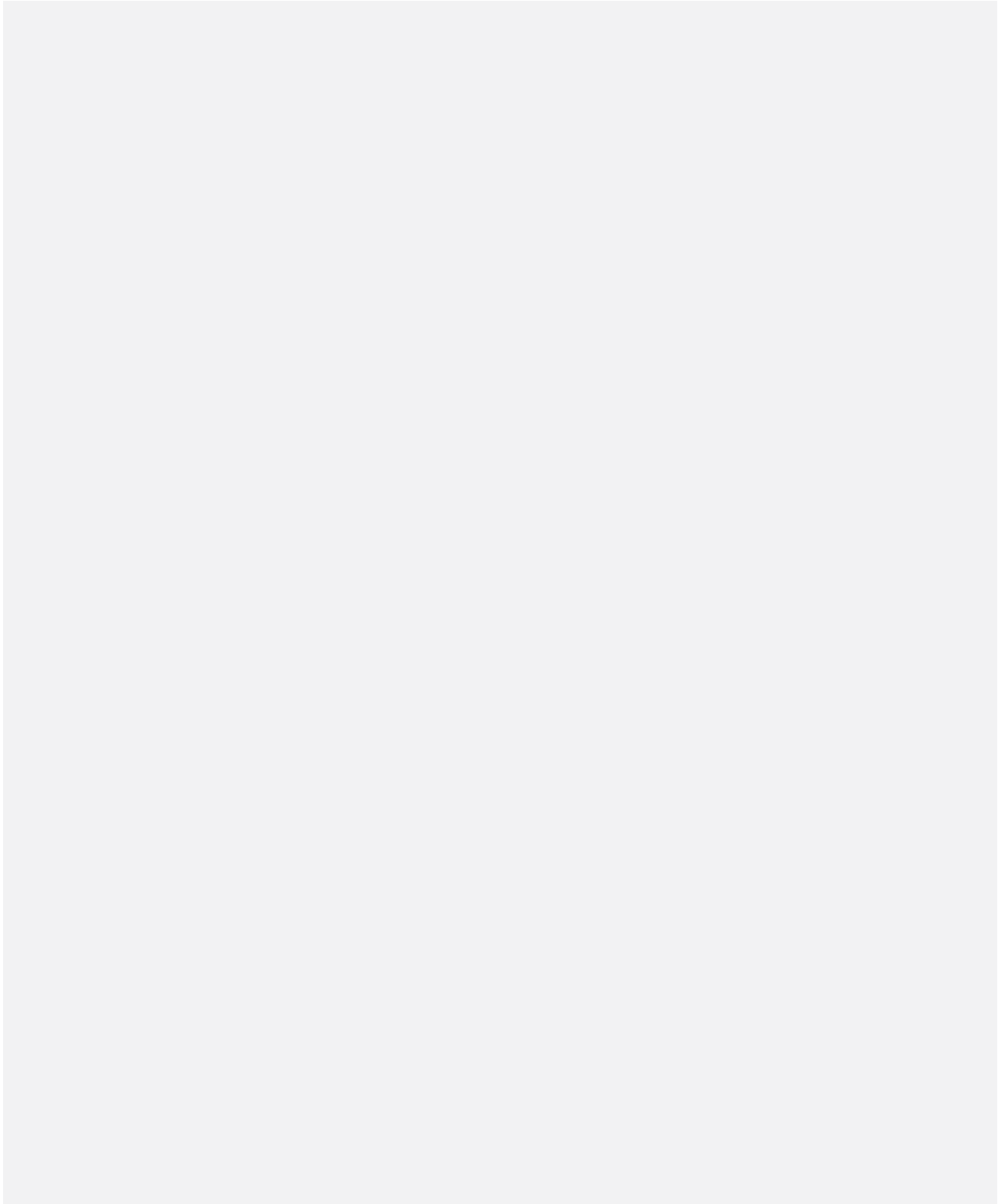
A handwritten signature is not required provided:

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

