

# Wood Worker/Joinery Inspection Questionnaire

# 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.

# Wood Worker/Joinery Inspection Questionnaire

## 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.

## Insured Details

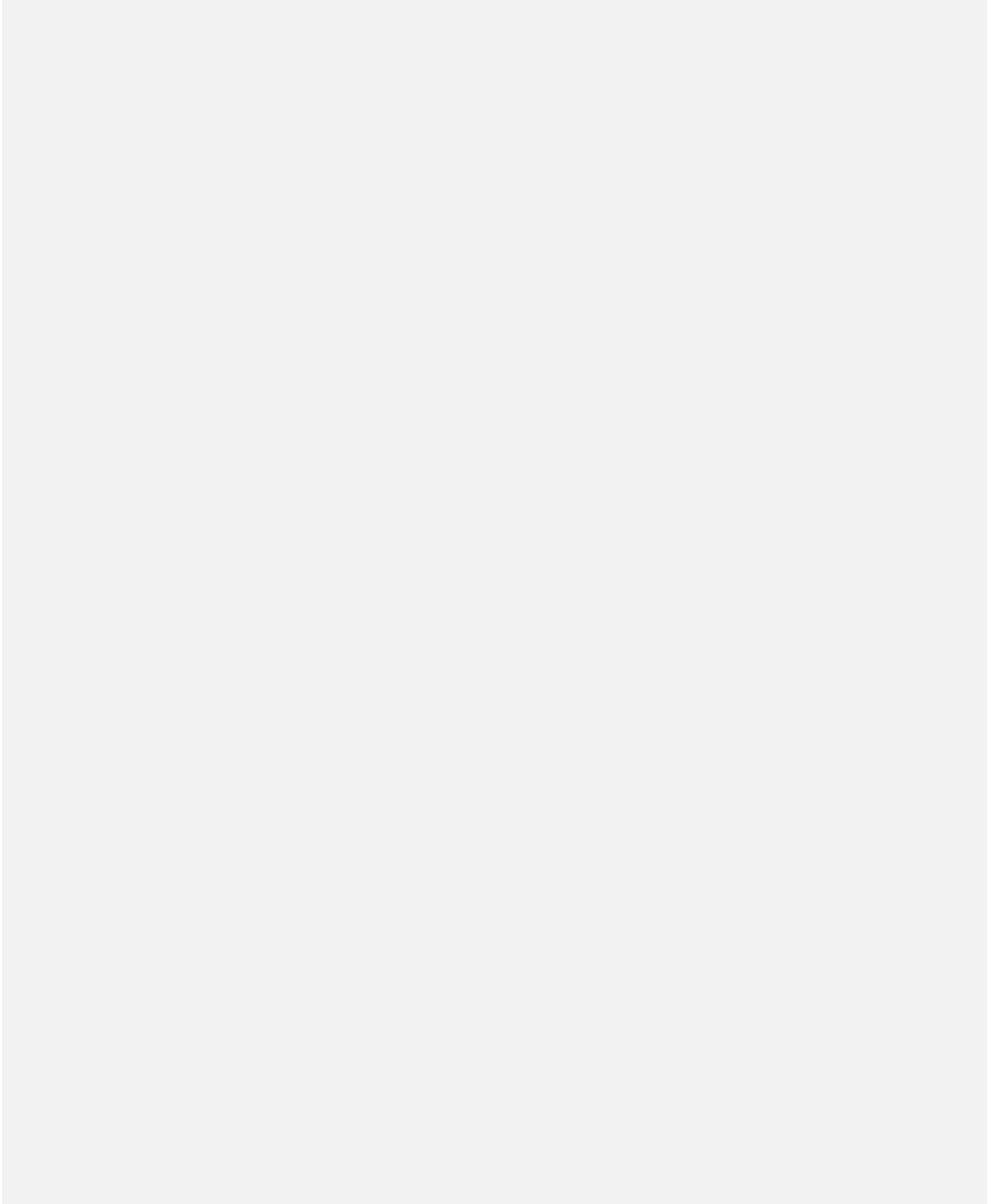
Date	The Insured
<input type="text"/>	<input type="text"/>
Quote/Policy Number	Business Description
<input type="text"/>	<input type="text"/>
Business Turnover:	Website
\$ <input type="text"/>	<input type="text"/>
How many years have you worked in the Wood industry?	When was the property last rewired or checked by an Electrician?
<input type="text"/>	<input type="text"/>

## Questions

1. Is all woodworking machinery producing waste installed with mechanical waste extraction systems?  Yes  No
2. Is all extracted waste terminating within the building ducted to purpose made collection bags?  Yes  No
3. Are floors, work benches and machinery cleaned of dust and waste accumulations daily?  Yes  No
4. Is waste removed to an outside bin at the end of each working day or to an auto-closing or self-closing bin within the premises, and removed from site for emptying at least weekly?  Yes  No
5. Are all machines cleaned and checked that they have cooled down prior to staff leaving at the end of the day?  Yes  No
6. Is spray painting (including spray applications of lacquer, adhesive or other flammable liquid) conducted in a spray booth with extraction vents?  Yes  No
7. Is an Automatic Sprinkler System with Manual Call Points, compliant to the current NZS 4541 standard, installed throughout the premises?  Yes  No
8. Is a type 3 or 4 automatic fire alarm (activated by heat/smoke detectors and manual call points) installed?  Yes  No
9. Are any fire alarms serviced annually?  Yes  No
10. Are any fire alarms directly monitored by a Fire and Emergency New Zealand certified Automatic Fire Alarm Service Provider?  Yes  No
11. Have Fire and Emergency New Zealand undertaken a site familiarisation visit within last year?  Yes  No
12. Are fire extinguishers installed throughout the premises?  Yes  No

13. Are all fire extinguishers serviced annually?  Yes  No
14. Are employees sufficiently trained to use fire extinguishers?  Yes  No
15. Do you use a Hot Work Permit System?  Yes  No
16. Is any blade sharpening area made of non-combustible construction (i.e. plasterboard, concrete, steel, aluminium), and kept clear of combustible materials?  Yes  No
17. Are annual electrical safety checks undertaken by a registered electrician which includes thermographic inspection and a Certificate of Periodic Verification?  Yes  No
18. Do all electrical switchboards have automated fire suppression in place?  Yes  No
19. Do you have a preventative maintenance programme on all plant?  Yes  No
20. Is your hazardous substances location compliance certification current?  Yes  No
21. Are all forklift and other battery charging areas a minimum 3 metres from any combustible material?  Yes  No
22. Is all external process waste, and general waste bins, kept 10 metres from all buildings?  Yes  No
23. Are all process areas cleaned of wood waste daily?  Yes  No
24. Do you have a documented formal programme for regular housekeeping and inspections?  Yes  No
25. Is smoking strictly limited to a designated location which is clear of all processing buildings?  Yes  No
26. Do you have a documented business continuity plan in place?  Yes  No

Please provide up to 6 photos of machines, extinguishers, waste collection areas in the space provided below:

A large, empty rectangular area with a light gray background, intended for the user to upload up to six photos of machines, extinguishers, and waste collection areas.

## Declaration

On behalf of the **insured**, I/we declare that:

1. I/we have read and understand the **Important Information** section in this form.
2. All information provided (and where applicable, previously provided) is true and correct and I/we have made a fair presentation of the risk, by disclosing all material matters which I/we know or ought to know or, failing that, by giving the **Insurer** sufficient information to put a prudent **Insurer** on notice that it needs to make further enquiries in order to reveal material circumstances.
3. I/we undertake to inform the **Insurer** promptly in writing of any material alteration to the facts declared that occurs prior to completion of the contract of insurance.
4. I/we have obtained, and will obtain in the future, the consent to the disclosure and use of personal information from those persons whose personal information is supplied in relation to this form for the purposes of:
  - a. underwriting the risks; and
  - b. administering and performing any resulting insurance contract.

This form must be signed by the applicant's Chairman of the Board, Managing Director, Chief Executive Officer or Chief Financial Officer.

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 via email.

Full name of Signatory or Individual completing the proposal

Position in Organisation



# 360

Commercial

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