

A large, stylized compass rose graphic that serves as a background for the title. It has a red needle pointing upwards and is divided into several segments of different shades of gray. The title text is overlaid on the right side of the rose.

# UK Property & UK Liability Proposal Form

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## Business Details

Broker Company

Proposer

Insured

Email & Contact Number

Insured Address

Type of Policy

New/Renewal

Date Quote Given

Inception Date

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

Number of Employees

Turnover in New Zealand

Turnover to Australia

Turnover in USA/Canada

Turnover Elsewhere

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

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

☐ Yes

☐ No

If YES, give details

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

☐ Yes

☐ No

If YES, give details

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

☐ Yes

☐ No

If YES, give details

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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](http://www.treasury.gov/resourcecenter/sanctions/Pages/default.aspx)

☐ Yes

☐ No

If YES, give details

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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](http://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:

|  |                               |                        |
|--|-------------------------------|------------------------|
| <b>AAA</b><br>Extremely Strong                 | <b>AA</b><br>Very Strong      | <b>A</b><br>Strong     |
| <b>BBB</b><br>Good                             | <b>BB</b><br>Marginal         | <b>B</b><br>Weak       |
| <b>CCC</b><br>Very Weak                        | <b>CC</b><br>Extremely Weak   |                        |
| <b>SD or D</b><br>Selective Default or Default | <b>R</b><br>Regulatory Action | <b>NR</b><br>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](http://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

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