



Unoccupied Property Insurance 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.

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.

General Information

The Insured

NZBN

Commercial Policy Confirmation

This policy is designed as a commercial policy, and not designed for retail customers or associated retail policies.
We do not offer this policy to retail customers. Please confirm you understand and agree?

☐ Yes

☐ No

Names of the director(s) or trustee(s) of the insured entity

Interested Party(s)

Period of Insurance

Effective Date

Period of Cover

☐ 3 months

☐ 6 months

☐ 12 months

Your current, proposed or expiring premium

Type of Premises

Risk Address

Important Information to be declared:

We rely upon this proposal form and it is important to us that you make specific enquiries with each applicable party described in **1., 2., 3. & 4.** below prior to answering the questions and signing the declaration.

If you feel unable to answer a question(s) accurately or have a material fact or circumstance(s) to disclose please provide full details in the additional information box on page 9.

1. You and insured family members
2. Any Director or Partner
3. Any person (s) with a beneficial interest of 25% or more in the business (other than mortgagees)
4. Any person with management control of the insured entity (other than professional letting agents that you have contracted to manage the property):

Have any of the parties described in 1. – 4. above:

- Been convicted of, or had any fines or penalties imposed for, a criminal offence in the last ten years? ☐ Yes ☐ No
- Been placed in bankruptcy, receivership or liquidation within the last ten years? ☐ Yes ☐ No
- Had any insurance refused, cancelled or had special conditions or restrictions imposed on your policies? ☐ Yes ☐ No
- Has another insurer made risk recommendations in respect of your business that have not been attended to? ☐ Yes ☐ No
- Are there any exceptional circumstances or anything special or unusual about your business which would increase the likelihood of loss, destruction, damage or liability? ☐ Yes ☐ No
- Made a claim or suffered a loss by any event for which Insurance is now being proposed within the last five years? ☐ Yes ☐ No

If you have answered Yes to any question(s) or feel that you have been unable to answer a question(s) accurately, please provide full details

The Premises

Please Note:

- + All boxes must be answered.
- + If you tick any of the boxes with an asterisk next to it, please provide as much detail as you can under the Additional Information section on page 9.
- + Failing to answer a question or provide the additional information will delay the process, as we cannot continue without this detail and will need to contact you for this information.

Do you occupy any part of the Premises? ☐ Yes ☐ No

If yes, please provide more details? (If insufficient space provide details in Additional Information section on page 9)

Is any part of the Premises occupied? ☐ Yes ☐ No

If yes, please provide more details? (If insufficient space provide details in Additional Information section on page 9)

Are the Premises:

a. Built of brick, stone or concrete and roofed with tiles, metal or concrete? ☐ Yes ☐ No

If not, please provide further details and include specification of materials including composite panelling

b. In a good state of repair and will be maintained? ☐ Yes ☐ No

If not, please provide further details

c. Constructed with a flat roof (other than concrete or metal)? ☐ Yes ☐ No

If yes, please provide more details? (If insufficient space provide details in Additional Information section on page 9)

d. What is the roof constructed of?

e. Contain Insulated Panel (Coldrooms, Expanded Polystyrene or Insulated Sandwich Panels)

☐ Yes ☐ No

If yes, please confirm which of the following represents the Insulated Panel:

- ☐ A cool room that is separate to main structure
- ☐ A cool room that is part of the main structure that is less than 20% of the total building footprint
- ☐ A cool room that is part of the main structure that is greater than 20% of the total building footprint
- ☐ Insulated Panel (not a cool room) less than 20% of the building
- ☐ Insulated Panel (not a cool room) more than 20% of the building

If yes, please provide more details? (If insufficient space provide details in Additional Information section on page 9)

The Building

Approximate age of the building:

(either the age, year of build or decade the building was built)

Approximate square meters
of the building:

Number of storeys of the building:

Number of buildings on the property:

Is the property heritage listed?

☐ Yes ☐ No

Are the adjacent premises occupied?

☐ Yes ☐ No

If yes, what are they occupied as? (If insufficient space provide details in Additional Information section on page 9)

Security Protections

Basic Minimum security

Do the premises have the following levels of physical security that are in use:

a. Key operated locks fitted to all external hinged doors and /or key operated patio bolts fitted to all sliding/French doors

☐ Yes ☐ No

If NO, please confirm what security there is, why it doesn't meet minimum security and why this isn't a security risk?

b. Are all windows on ground and/or basement level either fitted glass, barred, grilled, or secured with key operated window locks?

☐ Yes ☐ No

If NO, please confirm what security there is, why it doesn't meet minimum security and why this isn't a security risk?

Additional security

Are the premises protected by an Burglar Alarm?

☐ Yes ☐ No

If YES, please advise type

☐ Not Monitored

☐ Monitored by security provider

Are the premises protected by an Smoke Detector?

☐ Yes ☐ No

If YES, please advise type

☐ Not Monitored

☐ Smoke Detector monitored by security provider

Does the premises have any of the following

☐ Full Time Caretaker

☐ 24 hour Security Guard

☐ Security Lighting

General

How long have the Premises been unoccupied? ☐ Up to 2 Years ☐ 3 - 5 Years ☐ *5 Years or more

How long is it anticipated that the Premises will remain unoccupied?

Are the Premises likely to undergo any building works, renovation, refurbishment, redecoration or demolition **during or after** the period of insurance?

☐ Yes ☐ No

Please Note: The **Insured** must read and understand the declaration at the end of the proposal, specifically the condition precedent with respect to any works that the policyholder intends to complete.

a. Has a Development Application been **submitted** for this works?

☐ Yes ☐ No

b. Has a Development Application been **approved** for this works?

☐ Yes ☐ No

c. What is the value of the works to be completed?

\$

d. What is the market value of the entire property?

\$

e. Please confirm that we will maintain our rights of subrogation?

☐ Yes ☐ No

f. What period of time will the works take and when will these commence?

g. What contractors are to be involved? What will they be doing? Will they have their own Public Liability insurance?

h. Will there be any heat or hot works (welding etc.) on site? Please provide details and what safety procedures will be in place?

i. Please provide as much detail as possible regarding the works that are to be carried out including costings and whether appropriate planning permissions have been agreed?

Were the buildings

a. Used as a place of worship or a school?

☐ Yes ☐ No

b. Within the last five years, operated as an entertainment venue and/or a licensed premises?

☐ Yes ☐ No

If yes to either, please provide more details as to why?

(If insufficient space provide details in Additional Information section on page 9)

Please provide details of the previous tenant.

a. What was their occupation?

b. Any equipment or contents still remaining at the premises?

What is the intended future use of the Premises?

Are all gas supplies to the buildings to be kept turned off? ☐ N/A ☐ Yes ☐ No

Please note: it is a policy condition that the gas is turned off at the mains prior to inception. Gas does not need to be disconnected.

If no, please provide more details as to why? (If insufficient space provide details in Additional Information section on page 9)

Are all water pipes and tanks in the buildings to be drained and kept turned off at the mains water supply (except those supplies required to maintain sprinkler installations)? ☐ Yes ☐ No

Please note: it is a policy condition that the water is turned off at the mains prior to inception. Water does not need to be disconnected.

If no, please provide more details? (If insufficient space provide details in Additional Information section on)

In the buildings is a sprinkler system installed which is operational and maintained by a professional company? ☐ Yes ☐ No

Are all electricity mains supplies in the buildings to be turned off at the main meter box other than to keep security alarms and security lighting operational? (Please confirm as part of Additional Security) ☐ Yes ☐ No

Please note: it is a policy condition that the electricity is turned off at the mains prior to inception. Electricity does not need to be disconnected.

Please provide more details as to why the electricity needs to remain on?
(If insufficient space provide details in Additional Information section on page 9)

Will all waste and refuse be cleared from the buildings and removed from the premises at least once a week? ☐ Yes ☐ No

Please note: Whilst the building is unoccupied, refuse can accumulate from the general public and waste can accumulate from the environment surrounding. It is a policy condition waste is cleared at least once per week

Will all loose or moveable combustible items or materials other than fixtures and fittings at all times be cleared from the buildings and removed from the Premises? ☐ Yes ☐ No

If no, please provide more details? (If insufficient space provide details in Additional Information section on page 9)

Where applicable to the building entry / door way - have letter boxes, openings or drop shutters been sealed / closed?
If the property does not have a letterbox opening in the front door or drop shutter then please tick N/A ☐ N/A ☐ Yes ☐ No

Have all tanks containing fuel or other flammable liquids been drained and purged?
If there are no tanks then please tick N/A ☐ N/A ☐ Yes ☐ No

If no, please provide more details? (If insufficient space provide details in Additional Information section on page 9)

Are the buildings inspected at least once every 7 days, both internally and externally and a record kept of such inspections? Original records must be kept and available if requested by 360 Commercial

☐ Yes

☐ No

Please note: it is a policy condition that the building is inspected at least once every 7 days.

Is there contents that needs to be covered?

☐ Yes

☐ No

If yes, please confirm details of items that need to be covered? (If insufficient space provide details in Additional Information section below)

Additional Information

Please use this area if **you** need more space to provide information to the questions where **you** have ticked a box with an asterisk, need more space to answer a certain question or disclose a material fact or circumstance or there are material facts and/or circumstances to disclose.

Sums to be Insured

Section 1 - Buildings

Please select the cover required

- ☐ **Standard Cover** Perils Defined as fire, lightning, explosion, aircraft only
- ☐ **Extension 1** Extended Cover & Options (subject to underwriters acceptance)
Perils defined as fire, lightning, explosion, aircraft, or other aerial devices or articles dropped therefrom, riot, civil commotion, strikers, locked out workers, persons taking part in labour disturbances, malicious persons, theft, earthquake, storm, overflowing or leaking of any sprinkler apparatus, escape of water from any tank apparatus or pipe, impact by any road vehicle or animal, falling tree branches and falling aerials

Extension 1 Optional Covers

Accidental Damage cover required? ☐ Yes ☐ No

Declared Values for Section 1

Buildings (including outbuildings & Fitted Furniture) representing full cost of reconstruction in their present form and debris removal and professional fees:

\$

Contents (Must detail the items to be insured on page 9)

\$

Section 2 - Rental Income (Only if property is currently partially tenanted)

Indemnity period required: ☐ 12 months ☐ 18 months ☐ 24 months ☐ 36 months

Gross rental income:

\$

Sum Insured

\$

Section 3 - Property Owners Liability

Property Owners Liability is automatically included into this policy pack for \$10 Million.

Building / Contracting Works Condition Precedent

This policy does not provide cover for any contracting works that were not previously agreed with 360 Commercial and formally endorsed on the **schedule**. Building works can only be considered for minor finishing works such as painting, amending the flooring, amending the fences and other non-structural activities that does not include any hot works. Should 360 Commercial endorse **your** policy to include any works, **we** require a copy of the contractor's Public Liability certificate and written agreement that any subrogation will be maintained by 360 Commercial. Should **you** commence any contracting works, without prior approval from 360 Commercial, **you** are in breach of the policy conditions and **you** acknowledge that all cover provided by this policy is void. By signing this policy proposal **you** declare that **you** understand and accept this as a condition precedent to the policy.

Tenancy Condition Precedent

This policy covers property that is unoccupied, as per the wording definition of this policy. During the term of **your** policy, should **you** property become occupied in any form, per **your** duty of disclosure, **you** must inform 360 Commercial within 7 days of knowing this information. **You** agree and **you** acknowledge that all cover provided by this policy will then cease. The policy will then follow the cancellation terms, found within the wording of this policy. By signing this policy proposal **you** declare that **you** understand and accept this as a condition precedent to the policy.

Claims Declaration

Notes

1. Please include claims experience for at least 5 years.
2. Insurance conditional upon receiving full claims experience

Date of Loss	Description of Loss	Amount
		\$
		\$
		\$
		\$
		\$
		\$

Declaration

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

The underwriter will rely upon the information **you** have provided in this Proposal Form together with any other statements, facts or information **you** have provided when deciding whether to accept this insurance and the terms offered including the amount of premium payable. If **you** are in any doubt as to the completeness and accuracy of the statements and facts **you** are providing **you** should consult with **your** insurance advisor. During the period of the insurance **you** must tell **your** insurance advisor as soon as reasonably possible if **you** become aware that any of the statements and facts that **you** have provided have changed.

Please describe in full any other information that may be relevant to **our** decision to insure **you** or the terms on which **we** would agree to insure **you**.

“Signature of **Insured** (not broker)”

“Name (BLOCK LETTERS)”

Capacity

Date



360

Commercial

PO Box 9521,
Waikato Mail Centre,
Hamilton 3240

