



Foam Plastic Questionnaire

Important Information



In this questionnaire, “**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.

Foam Plastic Questionnaire



Instructions

This questionnaire 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 Questionnaire 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.

For the purposes of this questionnaire, **foam plastic** includes expanded polystyrene, polyurethane, polyisocyanurate, modified phenolic foams and any other similar material.

Insured Details

Date	The Insured
<input type="text"/>	<input type="text"/>
Quote/Policy Number	Business Description (activities carried out at location insured)
<input type="text"/>	<input type="text"/>
Business Turnover:	Website
\$ <input type="text"/>	<input type="text"/>
How many years has the business operated at this location?	When was the property last rewired or checked by an Electrician?
<input type="text"/>	<input type="text"/>

Questions

Foam Plastic Construction

1. Please provide detail of the **foam plastic** material (e.g. Bonder, Kingspan, PIR, EPS).

2. Please estimate the **foam plastic** material area as a % of total floor area

%

Fire Protection

- Are fire extinguishers installed throughout the premises?
- Is a type 3 or 4 fire alarm (activated by heat/smoke detectors) installed?
- Are all fire extinguishers serviced annually?
- If a fire alarm is installed, is it monitored by a Fire and Emergency New Zealand certified Automatic Fire Alarm Service Provider?
- Is an Automatic Sprinkler System, compliant to the current NZS 4541 standard, installed throughout the premises?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Electrical safety

1. Are annual electrical safety checks undertaken by a registered electrician which includes thermographic inspection and a Certificate of Periodic Verification? If Yes, please provide us with a copy of the most recent report. ☐ Yes ☐ No
2. Are all electrical service penetrations run in appropriate plastic conduit and where appropriate sealed at the penetration? ☐ Yes ☐ No
3. Do all power boards have circuit breakers? ☐ Yes ☐ No
4. Are any switchboards fixed directly to **foam plastic** walls? ☐ Yes ☐ No

Battery Recharging

1. Are any forklift or other battery charging facilities fixed directly to **foam plastic** walls? ☐ Yes ☐ No
2. Does recharging occur overnight? ☐ Yes ☐ No

Risk Management

1. Do you use a formal Hot Work Permit System (e.g. welding, flame cutting, disc cutting)? ☐ Yes ☐ No
2. Is your hazardous substances location compliance certification current? ☐ Yes ☐ No
3. Do you conduct weekly inspection of **foam plastic** insulation construction panels or walls to ensure any breaches of the metal sheathing or unsealed surface penetrations are repaired immediately? ☐ Yes ☐ No
4. Is smoking strictly limited to a designated area which is more than 5 meters from any building? ☐ Yes ☐ No
5. Are all waste bins, idle pallets or other combustible materials stored more than 5 meters from any external **foam plastic** installation panel or wall? ☐ Yes ☐ No

Additional Information

Please use this area if **you** need more space to provide information to answer the questions, or there are material facts and/or circumstances to disclose.

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

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 questionnaire 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 questionnaire is submitted to 360 Commercial via email.

Full name of Signatory or Individual
completing the questionnaire

Position in Organisation



360

Commercial

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