



Hair & Beauty 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 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.

Hair & Beauty 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.

Property and Liability Insurance

Name of Insured

Due date (dd/mm/yyyy)

Policy Number:

1. Have any material changes (including occupation or Business Activities) occurred in the nature of your business in the last 12 months that could affect this insurance? ☐ Yes ☐ No
2. Are there any claims, or pending claims made against the Insured or its trustees or board members or employees which may have been covered under this policy? ☐ Yes ☐ No
3. Is the Organisation able to pay any or all of it's debts as and when they fall due? ☐ Yes ☐ No
4. Next years estimated turnover Next years estimated FTE

If **You** answered:

YES to Questions 1 or 2 above, or NO to Question 3 above,

Please provide full information in the box below.

Please answer the following questions:

1. Do you provide Sunbed/Tanning activities?

☐ Yes

☐ No

If YES, please provide percentage of turnover for this activity:

2. Do you do any Cosmetic Aesthetic treatments?

☐ Yes

☐ No

If YES, please provide type of services and percentage of turnover for these activities:

3. Do you provide any of the following services; Tattoo artist, surgical procedures conducted by a doctor/surgeon, blood diagnostics?

☐ Yes

☐ No

If YES, please advise what services and percentage of turnover for them:

4. Do you provide any Floatation pods or Hydrotherapy services?

☐ Yes

☐ No

If YES, please advise what one and percentage of turnover for this activity:

5. Do you provide any training on beauty or cosmetic procedures and services to third parties?

☐ Yes

☐ No

If YES, please advise what is involved and percentage of turnover for these activities:

6. Do you undertake any manufacturing, direct importation or labelling of products used or sold as part of the services offered?

☐ Yes

☐ No

If YES, please advise what activities are undertaken and percentage of turnover for them:

7. Do you have any activity, employees or coverage outside of New Zealand?

☐ Yes

☐ No

If YES, please advise additional information below:

8. Do you have any one item of equipment that is valued over \$50,000?

☐ Yes

☐ No

If YES, please advise the individual items and the sums insured for each of them below:

9. What is your preferred limit of indemnity for Beauticians Extensions cover?

☐ \$100,000

☐ \$250,000

☐ \$500,000

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

Level 12,
66 Wyndham Street,
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