

BIZPAK Proposal with extensions



form BizPak003 05/11

Lumley General Insurance (N.Z.) Limited, Head Office, Lumley Centre, 88 Shortland Street, PO Box 2426, Auckland 1140, New Zealand, Tel 308 1100, Fax 09 308 1114, www.lumley.co.nz

BizPak from Lumley Insurance (N.Z.) Limited is a highly competitive package designed specifically for businesses like yours. Simply select and complete the sections of cover as meets your needs.

Please carefully read the important notices on page two before proceeding with completing this proposal. If there is inadequate space to answer any questions, please attach a separate sheet of paper. Please show the section heading and question description before the information you wish to add.

Cover required

Material Damage	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Employers Liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Machinery Breakdown	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Business Interruption	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Statutory Liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Electronic Equipment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Broadform Liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Commercial Motor	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Cargo in New Zealand	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Insured details

The Insured:		
Website address:		
Postal address:		
Describe Your Business in full:		
Interested parties (mortgage etc) name and branch:		
Period of Insurance: From	To	at 4pm

General questions

Have You alone, in partnership, jointly with any other party or, if a corporation, any of its directors:

- for the insurance being applied for
(a) currently have insurance cover? Yes No
(b) suffered any loss(es) (insured or otherwise) in the last three years (whether or not a claim was made)? Yes No
(c) ever experienced a claim over \$10,000? Yes No
(d) ever withdrawn a claim? Yes No
(e) In respect of the Liability sections, **after enquiry**, have You had any claims, losses, proceedings, notices, circumstances or complaints, or any fine imposed or any prosecution under any legislation, made against You during the last five years, or any other person or entity to be insured, whether insured or not. Include any which were below a policy excess or Deductible. Yes No
(f) Are there any claims currently pending against You, or are You aware, **after enquiry**, of any circumstances that could give rise to a claim under the proposed insurance? Yes No
- in the last 10 years, has an insurer declined any claim or proposal for insurance, cancelled or refused to renew a policy, imposed an additional excess or imposed special terms, conditions or restrictions on a policy? Yes No
- in the last 10 years, been placed in receivership or liquidation or declared bankrupt? Yes No
- subject to the Criminal Records (Clean Slate) Act 2004, been convicted of any criminal offence or charged with any criminal offence? Yes No

If You have answered 'Yes' to any of the questions 1- 4, please provide details:

(Office use only)

Customer number:	Broker / agent account number
Broker / agent :	
Replacing policy number:	ANZIC Code

Important notices

Please read this Section before completing this declaration.

Your Duty of Disclosure

Before You enter into this insurance with Us for the first time, You have a duty, at law, to disclose to Us all material facts. This duty also applies when You renew, vary, extend or reinstate Your Policy.

A material fact is one that may influence a prudent insurer in deciding whether or not to accept the insurance and, if so, on what terms and conditions and for what premium.

Examples of information You may need to disclose include but are not limited to:

- (a) anything that increases the risk of an insurance claim;
- (b) subject to the Criminal Records (Clean Slate) Act 2004, any criminal conviction or offence;
- (c) if another insurer has cancelled or refused to insure or renew insurance, has imposed special terms, or refused any claim;
- (d) any insurance claim made or loss suffered in the past.

These examples are a guide only. If there is any doubt as to whether a particular piece of information needs to be disclosed, this should be referred to Us through Your broker.

Who does the duty apply to?

Everyone who is insured under the Policy must comply with the duty.

What happens if You breach the duty?

If You fail to comply with the Duty of Disclosure, it may result in Your claim being declined, the Policy being cancelled or the amount We pay if You make a claim being reduced.

Privacy Act Disclosure

- (a) This declaration and proposal form collects personal information about You;
- (b) The collection of this information is required pursuant to the terms of Your insurance policy;
- (c) The information is collected to evaluate the insurance being sought and any claim You may make;
- (d) The failure to provide this information may result in Your claim being declined;
- (e) The intended recipient of the information is Lumley General Insurance (N.Z.) Limited (Lumley) (P.O. Box 2426 Auckland);
- (f) Lumley may pass Your personal information on to Insurance Claims Register Limited (ICR) (C/- P.O. Box 2426 Auckland) for inclusion in the Insurance Claims Register, for general claims and underwriting purposes;
- (g) You acknowledge that any ICR participant may access this personal information by way of enquiry to the ICR.
- (h) You have the right of access to and correction of this information in accordance with the Privacy Act 1993.

Underinsurance

This Policy has a section Machinery Breakdown Part 2 Spoilage which contains a clause making the sum insured subject to Average.

That provision will have effect only if the property insured under the Policy is underinsured at the time of loss.

If the property insured under the Policy is underinsured at the time of loss, the following rules apply:

- (a) if You suffer a total loss, the provision will have no effect;
- (b) if You suffer a partial loss, the maximum amount that You may recover will bear the same proportion to Your actual loss as the amount for which the property is insured bears to the full value of the property: e.g. Your property is worth \$20,000. You insured it for \$10,000. You suffer a loss of \$5,000. If Your policy is 'subject to Average', the maximum amount that You may recover will be \$2,500.
- (c) whatever Your loss, in no case will you be entitled to recover more than the amount for which the property is insured,

Declaration

I/We hereby declare that the information and answers given in this declaration, proposal and other information I/we supplied are in every respect true and correct and that Lumley General Insurance (N.Z.) Limited is aware of all information that may be material in considering this proposal.

I/We agree that this declaration and proposal shall be the basis of and incorporated in the insurance contract.

I/We undertake to inform Lumley General Insurance (N.Z.) Limited of any material alteration to the facts provided whether occurring before or after the completion of this insurance contract.

I/We authorise Lumley General Insurance (N.Z.) Limited to give or to obtain from other insurers or any insurance brokers or other party any information relating to this insurance or any other insurance held by me/us or any claim made by me/us.

I/We understand that Lumley General Insurance (N.Z.) Limited is collecting the information on this proposal to evaluate my/our insurance requirements. I/we am/are obliged to advise Lumley General Insurance (N.Z.) Limited of any information which may be material to its consideration of this application.

If my broker / agent has completed the proposal on my behalf I agree all the information provided is correct.

Insured's signature: _____

Date: ____ / ____ / ____

Material Damage
Situation – Business location

Situation 1:	Postcode:
Situation 2:	Postcode:
And elsewhere in New Zealand where You conduct Your business	
Business activities of all building occupants:	
Situation 1:	
Situation 2:	

Cover

	Buildings	IV/RV	Contents	IV/RV	Stock	IV/D	Other property	IV/RV
Situation 1	\$		\$		\$		\$	
Situation 2	\$		\$		\$		\$	

RV = Replacement Value IV = Indemnity Value D = Indemnity Value and Declaration Conditions Apply

Description of other property

	\$
	\$

Additional Cover

The Total Sum Insured of the Material Damage section of this Policy or these item limits will apply whichever are the lesser:

	Standard limit	Optional limit
Alternative Residential Accommodation	25% of the cost incurred in reinstating	
Capital Additions	\$100,000	\$
Claims Assessment	*	
Computer Software	*	
Demolition and other Costs	**	\$
Electric Current Damage	3.75kw or 5hp	*
Employees Effects: any one employee	\$5,000	* \$
any one event	\$10,000	* \$
Expediting Costs	*	
General Average/Salvage Charge	*	
Gradual Damage (residential portion of the Building)	\$5,000	* \$
Hazardous Substance Emergency	\$20,000	* \$
Landscaping	*	
Money: Part A	\$10,000	\$
Part B	\$1,000	\$
Christmas Carry	-	\$
Portable Tools of Trade (including electronic equipment) away from Your Business premises: any one item	\$7,500	* \$
any one event	\$15,000	* \$
Professional Fees	*	
Property Under Construction	\$100,000	* \$
Protection Costs	\$20,000	* \$
Redundant Foundations	*	
Redundant Plant, Equipment and Stock	*	*
Refrigerated Goods	\$2,500	* \$
Rewards	*	
Rewriting of Records	\$10,000	*
Social Club	*	
Stolen Keys	*	
Subsidence and Landslip	\$250,000	* \$
Temperature Change Protection	*	
Temporary Removal	*	
Theft	*	
Transit	\$10,000	* \$
Unharmful Property	*	

* means included in the Sum Insured of the affected property and the Total Sum Insured of the Material Damage section of the Policy
 ** means included in the Sum Insured of the affected property unless optional limit specified

Optional Additional Cover

Natural Disaster (Earthquake etc):	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Seasonal Stock Increase (90 days): Start date: / / Limit: \$	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

General questions

Please answer the following questions in relation to the above Situation(s).

	Situation 1:	Situation 2:
1 What fire protection is in place?		
Automatic sprinklers	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hose reels	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Extinguishers	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Smoke/fire detectors	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are smoke/fire detectors monitored?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2 Are the buildings on mains water supply?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3 Is there an operational burglar alarm?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the burglar alarm monitored?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there a professional security guard response to alarm activation?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4 Do You have a safe?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the safe covered by a burglar alarm sensor?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is it bolted to floor?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5 Do You have a deep fat fryer? (Refer to Fat Frying Warranty)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
6 Do You use or store flammable liquids or gases?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes' to question 6 above, please advise details and quantity:		

Building construction

	Floor	Exterior walls	Roof	Frame	Year of construction
Situation 1					
Situation 2					
Does any part of the Building construction include expandable polystyrene?					Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', percentage of Building: Situation 1: % Situation 2: %					
Does any part of the Building contain a walk in chiller/freezer?					Yes <input type="checkbox"/> No <input type="checkbox"/>

Business Interruption

The Indemnity Period:		months
Annual turnover:	\$	
Purchases:	\$	
Financial Year End:	/	/

Cover

	Limits
Gross Profit or Gross Revenue (Please circle selected option)	\$
Gross Rental and Management Fees Receivable	\$
Wages: Dual Basis	\$
Initial Period: weeks	Remainder Period Percentage: %
Optional Period: weeks	-
Payroll/Wages in Lieu of Notice: weeks	\$
Redeployment Expenses	\$
Severance and Redundancy Expenses	\$
Additional Cost of Working	\$
Book Debts	\$
Penalty Payments	\$
Claim Preparation Costs	\$
Rewriting of Records	\$
Loss of Lease Goodwill: Commencement Date of Lease: / /	Period of Lease: -
Total Sum Insured	\$

Additional Cover

	Limit	Deductible
Accumulated Stocks	Included	Nil
Acts of Civil Authorities	10% of TSI or \$500,000 whichever is the lesser	24 hours
Closure of Transport Routes, Ports or Airports	10% of TSI or \$500,000 whichever is the lesser	7 days
Contractual Commitments	Included	Nil
Customers'/Suppliers' Premises	10% of TSI or \$500,000 whichever is the lesser	Nil
Dependent Business that Attracts Customers	30 day Indemnity Period	24 hours
Loss of Utilities	10% of TSI or \$500,000 whichever is the lesser	24 hours
Prevention of Access	10% of TSI or \$500,000 whichever is the lesser	24 hours

TSI = Total Sum Insured for the Business Interruption Section

Optional Additional Cover

Natural Disasters (Earthquake etc):	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Broadform Liability, Employers Liability and Statutory Liability

Limit of indemnity

Please indicate the limit of indemnity and policy excess required.

	Cover required	Standard limit	Optional limit	Standard excess	Optional excess
General liability:	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$1,000,000	\$	\$500	\$
Employers' liability:	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$250,000	\$	\$500	\$
Statutory liability:	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$250,000	\$	\$500	\$

Broadform Liability: Additional Cover

	Limit	Deductible
Business Advice or Service (Limited)	Included	
Care Custody and Control	\$250,000 agg limit	\$1,000
Forest and Rural Fires Act	\$250,000 agg limit	\$1,000
Landlord's Liability	Included	
Mechanical Plant Liability / Vehicles		\$2,500*
Product Withdrawal Costs	80% of the costs, \$100,000 agg limit	\$2,500
Punitive or Exemplary Damages	\$1,000,000 agg limit	\$1,000
Tenant's Liability	Included	
Underground Services	\$250,000 agg limit	\$5,000
Vehicle and Watercraft Service/Repair	\$250,000 agg limit	\$2,500
Vibration and Removal of Support	\$250,000 agg limit	\$5,000
Visit to any Non-Territorial Country	Included	

agg limit = aggregate limit for all claims in any one Period of Insurance. * Deductible relating to loss to bridge, viaduct, weigh bridge, road.

Employers Liability: Additional Cover

Acquisitions and Creations	Included
Continuous Cover	Included
Previous Subsidiaries	Included

Statutory Liability: Additional Cover

Previous Subsidiaries of the named entity Yes No

Statutory and Employers liability

Do You have written procedures and/or systems to ensure compliance with any legislation that affects Your Business? Yes No

If 'No', please advise how You comply with legislation:

Have You ever had any penalty or premium loading imposed under any ACC Legislation, the Accident Insurance Act or Workers Compensation Insurance? Yes No

If 'Yes', please provide full details:

Are Your premises air conditioned? Yes No

Business and operations

Please give a full description of each business activity or operation and turnover for each activity or operation.

Description of activity or operation	Actual turnover this financial year	Estimated turnover next financial year
	\$	\$
	\$	\$
	\$	\$
	\$	\$

Is this a new business? Yes No

If 'Yes', please give details of Your previous experience in similar businesses:

Number of years in continuous business: _____

Number of employees: Full-time: _____ Part-time: _____

Annual Wages of the Business: \$ _____

Please describe all business activities You carry on away from Your premises including retailing, contracting, repairing, maintenance, building, servicing and installation:

Do You use or employ sub-contractors? If 'Yes', please advise: Yes No

Type of work:	Annual payments
_____	\$ _____
_____	\$ _____

Business advice or service

Do You provide any professional advice, design, specification or consultancy services to others? Yes No

If 'Yes', please advise full details.

Do You charge for this service? Yes No

Care, Custody or Control

Do You have any property of others in Your physical or legal control? Yes No

(Note: If You charge a fee for this service please complete a separate Bailees Liability proposal.) If 'Yes', please advise:

Description of property/goods	Location	Maximum value per location
_____	_____	\$ _____
_____	_____	\$ _____

Hotwork

Does any of Your work involve the use of naked flames or open heat sources, including cutting or welding? Yes No

If 'Yes', please provide full details: (Note: a policy warranty applies in this respect.)

Hazardous substances

Do You use, store, handle, manufacture or transport any acids, chemicals, gases, inflammables, explosives, toxic or hazardous substances or materials? Yes No

If 'Yes', please provide full details.

Are they used, stored and transported in accordance with applicable laws and legislation? Yes No

Contractual liability

Have You assumed liability under any contract or hold others harmless under any agreement? Yes No

If 'Yes', please provide full details and attach copies of these agreements. (Do not include lease agreements)

Product details

Please provide details of all Products You manufacture, sell, handle, supply or distribute and export or import. (Please attach any product brochures, catalogues or other applicable material):

New Zealand only

Product details	(M) Manufacture (I) Import (D) Distribute	Country of origin of imported products	Total turnover
			\$
			\$
			\$
			\$

USA and/or Canada exports

Please complete the USA and Canada products supplement questionnaire that can be downloaded from the Lumley website: www.lumley.co.nz

Other exports

Product details	(M) Manufacture (D) Distribute	Destination of exports	Total turnover
			\$
			\$
			\$
			\$

Do You design any products You manufacture or sell? Yes No

If 'Yes', please advise whether they are to Your own or customers specifications, plans or formulae:

Do You operate and maintain a Quality Control or Recording system? If 'Yes', please advise: Yes No

(a) details of the New Zealand or other relevant standard applicable:

(b) how long the quality control system has been in use:

Has any product been withdrawn or recalled in the last five years? Yes No

If 'Yes', please provide full details

Does the Business now or has it in the past been involved in the manufacture, distribution or sale of the following?

Aircraft or Aircraft component parts	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Chemicals	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dangerous goods including liquid or gas fuels	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ethical drugs	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fertilisers/pesticides/fungicides	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Radioactive material or any product containing asbestos	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Watercraft (exceeding eight metres in length)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If 'Yes' to any of the above questions, please provide details:

Service and repair

Do You service and/or repair motor Vehicles and/or watercraft?
 (Please note that work on Watercraft over eight metres in length is excluded.) If 'Yes', please provide full details: Yes No

Describe fully the work carried out and the type of vehicles and/or watercraft worked on	Annual turnover from this work
	\$
	\$
	\$

Commercial Motor

Part 1: Vehicle details

Note: (a) Sum Insured: The Sum Insured to include signwriting and all Accessories affixed to the Insured Vehicle, but to exclude GST and be no less than market value.
 (b) Scope of cover: Please indicate which cover is to apply in the cover column below.
 C = Comprehensive F = Third Party, Fire Theft and Illegal Conversion T = Third Party only
 (c) Area: Please indicate the normal area of operation.

Item	Year	Make	Model	Reg no.	Area ^(c)	Cover ^(b)	Sum Insured ^(a)
1							\$
2							\$
3							\$
4							\$
5							\$

Part 1: Additional Cover

	Limit	Deductible		Limit	Deductible
Claim Preparation Costs	\$5,000	\$500	Hoists	\$5,000 agg	\$500*
Completion of Journey	\$5,000 agg		Load Recovery	\$5,000	
Death by Accident	\$5,000		Repairs Authorisation	\$1,000	
Disability Modifications	\$5,000		Rewards	\$5,000	
Expediting Expenses	Included		Salvage and Safety	Included	
Funeral Expenses	\$5,000		Theft Costs	\$2,500	7 day
Goods in Transit (own property)	\$5,000	\$100	Tyre Damage (Vehicles not used on public roads)	\$5,000	
Hazardous Substance Emergency	\$5,000		Windscreen and Window Glass		Nil

agg = aggregate limit for all claims in any one Period of Insurance. * or the standard Part 1 Deductible whichever is greater.

Part 1: Optional Additional Cover

Ingestion of foreign object Yes No
 Loss of Use. Specify limit required: \$ _____ Which Vehicle does this extension apply to?: 1 2 3 4 5

Part 2: Liability to Third Parties

Standard Limit		\$10,000,000
Sub Limits (a) Carriage of Hazardous Goods		\$5,000,000
(b) Airside Liability		\$2,000,000

Part 2: Additional Cover

	Limit	Deductible
Borrowed Vehicles	\$100,000	
Cleaning up Costs	\$20,000	
Defence Costs	\$5,000	
Drivers Indemnity Included		
Exemplary Damages	\$500,000 per claim and \$1,000,000 agg	\$5,000 or 10%
Financial Charge	\$5,000	
Hired Vehicles - for the Vehicle	\$100,000	
- Consequential Loss	\$50,000	
Marine Liability Included		
Principals Indemnity Included		
Weight Damage	\$500,000	\$2,000

agg = aggregate limit for all claims in any one Period of Insurance

Parts 1 and 2 : Additional Cover

Additions and Deletions	Included
Breach of Condition	Included
Invalidation	Included
Uninsured Third Party Protection	Included

Machinery Breakdown and Spoilage

Part 1 –Cover

Description of machinery, Boilers and Pressure Vessels to be insured	Replacement value
1 All items of machinery necessary for the operation of the refrigeration systems within the premises.	\$
2 All machinery installed at the Situation but excluding office and laboratory equipment and mobile plant.	\$
3 Specified Items (include manufacturer and year of manufacture):	
1	\$
2	\$
3	\$

Part 1: Optional Additional Cover

Costs associated with the repair of a damaged insured item:			
Business Interruption (cover provided through Business Interruption section)	Deductible: 48 hours	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Increased Cost of Working	\$	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Overseas Airfreight	\$	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Overtime, express freight	\$	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Reinstatement on Item Numbers:		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Part 2: Spoilage (subject to Average)

Item	Description of refrigerated goods	Type of storage*	Sum Insured ** (Subject to Average)
1			\$
2			\$
3			\$

* Chilled, frozen, fruit and vegetables, controlled atmosphere, pharmaceuticals.

** Sum Insured = cost of restocking damaged refrigerated goods, or if goods not restocked, the indemnity value at time of damage.

Parts 1 and 2 - General questions

1	Please provide details of any current machinery fault or defect.	
<hr/> <hr/> <hr/>		
2	Do You have any machines other than the items to be insured in use at Your Situation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If 'Yes', please provide details:	
<hr/> <hr/> <hr/>		
3	Please supply details of any items to be insured which are the subject of a current manufacturer's or supplier's guarantee:	
<hr/> <hr/> <hr/>		
4	Is there a routine maintenance program in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If 'Yes', by whom and how frequently?	
<hr/> <hr/> <hr/>		
5	Is there an agreement covering the maintenance or service of the items insured?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If 'Yes', please provide details:	
<hr/> <hr/> <hr/>		
6	Has the manufacturer of any of the items to be insured been discontinued?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If 'Yes', please provide details:	
<hr/> <hr/> <hr/>		
7	If repairs are required, can they be done here and the parts sourced locally?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If 'Yes', please provide details:	
<hr/> <hr/> <hr/>		

Electronic Equipment

Part 1: Computer Hardware

Quantity	Description of item (make model)	Category*	Year made	Deductible	Replacement Value
				\$	\$
				\$	\$
				\$	\$

* Category - office machinery / medical /graphic / IT service provider / other

Part 2: Computer Programs

Software description	Deductible	Sum Insured
	\$	\$
	\$	\$
	\$	\$

Part 3: Data Restoration

	Deductible	Sum Insured
Data restoration	\$	\$

Part 4: Increased Cost of Working

	Amount per day	Amount per month	Annual amount	Sum Insured
Hire of substitute equipment:	\$	\$	\$	\$
Internal costs including overtime:	\$	\$	\$	\$
External data processing services:	\$	\$	\$	\$
Indemnity Period:				months
Time Deductible:				days/months

General questions

- Please provide details of any current computer fault or defect.

- Do You have any computers other than the items to be insured at Your Situation? Yes No
If 'Yes', please provide details:

- Please supply details of any items to be insured which are the subject of a current manufacturer's or supplier's guarantee:

- Is there a regular computer maintenance program in place? Yes No
If 'Yes', by whom and how frequently?

- Is there an agreement covering maintenance or service of the items to be insured? Yes No
If 'Yes', please provide details:

- Has the manufacture of any items to be insured been discontinued? Yes No
If 'Yes', please provide details:

- If repairs are required, can they be done here and parts sourced locally? Yes No

Cargo within New Zealand

Limit of indemnity per Conveyance:	\$
Estimated annual value of all shipments:	\$
Describe in full the nature of goods normally carried: _____ _____	