

# Bailees Liability

Proposal

Lumley, a business division of IAG New Zealand Limited, Lumley Centre, 88 Shortland Street, PO Box 2426, Auckland 1140, New Zealand  
Tel 09 308 1100 [www.lumley.co.nz](http://www.lumley.co.nz)

Please answer all questions and complete a separate proposal for each situation/location.

## Duty of Disclosure

You must tell us all information you know (or could reasonably be expected to know) which would influence the judgement of a prudent insurer whether or not to accept your proposal, and, if it is accepted, on what terms and at what cost. If you fail to meet your duty of disclosure, you may find that you never had any insurance at all.

When in doubt, disclose. Please remember that all information will be treated confidentially.

## Insured details

<b>Name of Insured:</b>			
<b>Website address: www.</b>			
<b>Postal address (for notices):</b>			
<b>Location where goods to be insured are stored:</b>			
<b>Period of Insurance: From: / / To: / / at 4pm (NZ time)</b>			
<b>Limit of indemnity: \$</b>			
<b>Excess:</b> <input type="checkbox"/> \$2,500 (minimum) <input type="checkbox"/> Other		<b>How long have you been in business?</b>	
<b>What was the actual annual turnover last year? \$</b>		<b>What is the estimated turnover this year? \$</b>	
<b>Indicate the types of locations to be insured:</b>	<b>Warehouse</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
	<b>Coolstore</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
	<b>Coldstore</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
	<b>Controlled atmosphere</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
	<b>Bulk storage facility</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
	<b>Seed/grain store</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
	<b>Self storage units</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
	<b>Other, please describe:</b>		

## A: Location details

<b>1</b> Construction: For each please advise if any EPS is used and the type, eg external, internal, standard panels or PIR (non-flammable)			
	<b>Location 1</b>	<b>Location 2</b>	<b>Location 3</b>
Roof:			
Suspended ceiling (if any):			
Walls:			
Floor:			
<b>2</b> Year built:			
<b>3</b> Has the location been upgraded, added to or extended?	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
If 'Yes', please give full details including date.			
Location 1:			
Location 2:			
Location 3:			
<b>4</b> What is the present condition and state of repair (excellent, good or fair)?			
<b>5</b> What is the approximate floor area of the location (sq metres)?			
<b>6</b> Height (in storeys):			
<b>7</b> Is there a basement?	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>

	Location 1	Location 2	Location 3
8 Is the site in a flood prone area?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
9 Are there any other occupants in the building(s):	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', please give full details including date.			
Location 1:			
Location 2:			
Location 3:			

### B: Fire protection

	Location 1	Location 2	Location 3
1 Is each location protected by a certified sprinkler system?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', please give full details including date.			
2 What type of system is in use (eg wet, dry or other - describe)?			
3 When was the system installed?			
4 Are any known defects with the sprinkler system?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', please give details.			
Location 1:			
Location 2:			
Location 3:			
5 Are any parts of the buildings/warehouses not protected by sprinklers?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', please give full details of other fire protection systems and procedures in place (eg heat or smoke detectors with off-site monitoring):			
Location 1:			
Location 2:			
Location 3:			
6 Have you had the NZ Fire Service visit any location and provide recommendations?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', please give full details of any recommendations made and the date of the last visit.			
Location 1:			
Location 2:			
Location 3:			

### C: Refrigeration equipment (to be completed by applicants with coolstores, coldstores or other refrigerated storage)

	Location 1	Location 2	Location 3
1 What is the refrigerated storage area available (sq metres)?			
2 What type of refrigerant is used? Primary:			
Secondary:			
3 Do you have gas leakage detectors in compressor/engine rooms?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4 Are there backup refrigeration systems on-site or off-site?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', please give full details for each location.			
Location 1:			
Location 2:			
Location 3:			
5 Is there a refrigeration plant maintenance contract in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', please give full details for each location.			
Location 1:			
Location 2:			
Location 3:			
6 Does the plant have a 24 hour off-site monitored alarm?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', who responds? Please give full details for each location.			
Location 1:			
Location 2:			
Location 3:			

## D: Security

		Location 1		Location 2		Location 3	
<b>1</b>	Is there a monitored intruder alarm?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes', who responds? If an external security company, please attach a copy of the current contract.							
Location 1:							
Location 2:							
Location 3:							
<b>2</b>	Please advise what other measures are in place to prevent access to the site and to the buildings (i.e. secure fencing, lighting, camera surveillance, grilles, access card systems, guard patrols, 24 hour security presence etc.):						
Location 1:							
Location 2:							
Location 3:							

## E: Property or goods stored

		Location 1		Location 2		Location 3	
<b>1</b>	What is the total estimated value of all goods/property in storage (if it fluctuates substantially, please attach a schedule showing monthly values)						
	Maximum	\$		\$		\$	
	Average	\$		\$		\$	
	Minimum	\$		\$		\$	
<b>2</b>	What is the maximum storage capacity (sq metres):						
<b>3</b>	What are the approximate percentages of goods or commodities stored:						
	(a) Alcohol		%		%		%
	(b) Bulk liquids (describe type of liquids):		%		%		%
	(c) Bulk storage (describe type of goods):		%		%		%
	(d) Chemical/explosives:		%		%		%
	(e) Cigarettes:		%		%		%
	(f) Electrical equipment/whitewear:		%		%		%
	(g) Electronics/computers:		%		%		%
	(h) Fertiliser:		%		%		%
	(i) Fish/shellfish:		%		%		%
	(j) Foodstuffs:		%		%		%
	(k) Furniture/household effects:		%		%		%
	(l) Green kiwifruit:		%		%		%
	(m) Gold kiwifruit:		%		%		%
	(n) Berry fruit:		%		%		%
	(o) Other fruit (specify):		%		%		%
	(p) Meat:		%		%		%
	(q) Motor vehicles/parts:		%		%		%
	(r) All other goods (describe type of goods):		%		%		%
	<b>Total:</b>		100%		100%		100%

## F: Licences/consents

		Location 1		Location 2		Location 3	
<b>1</b>	Do you hold all current licences, resource or other consents as required by government and other regulations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes', attach copies. If 'No', explain and/or provide the status of any pending licences and/or consents.							
Location 1:							
Location 2:							
Location 3:							

**G: Conditions of storage** (please attach a copy of your conditions of storage)

	Location 1		Location 2		Location 3	
<b>1</b> Will all goods held be stored on these conditions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'No', please provide details of the storage terms you use.						
Location 1:						
Location 2:						
Location 3:						

**H: Other insurance**

	Location 1		Location 2		Location 3	
<b>1</b> Is there a Material Damage or other policy covering property in storage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes', (a) advise the sum insured/limit on the policy:						
	\$		\$		\$	
(b) provide the name of the insurer:						
(c) have the insurers surveyed the location?						
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes' to (c) please attach a copy of the survey (if available).						

**I: Prior insurance history**

<b>1</b> Is the business currently insured for Bailees Liability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes', please advise name of insurer and expiry date:		
<b>2</b> Has any insurer: (a) declined to insure you; or Yes No	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(b) cancelled or refused to renew your insurance; or	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(c) imposed special terms or conditions to any proposal, renewal or policy held by you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes' to (a), (b) or (c) above, please advise full details including the name of the insurer:		

**J: Claims and/or loss experience**

Have you had any bailees liability or public liability losses, claims and/or complaints made against you during the last five years, whether insured or not. Include any which were below a policy excess or deductible. Yes  No

If 'Yes', please provide full details: (Complete on a separate sheet if necessary.)

Date of loss	Description of loss	Total amount of claim

**K: Enclosures**

If relevant, please provide the following and tick to indicate enclosure:

<input type="checkbox"/> Refrigeration maintenance contract(s)	<input type="checkbox"/> Conditions of storage	<input type="checkbox"/> Security company contract(s)
<input type="checkbox"/> Sprinkler system compliance certification	<input type="checkbox"/> Schedule(s) of monthly values in storage	<input type="checkbox"/> Insurer survey report(s)
<input type="checkbox"/> Licences/consents	<input type="checkbox"/> Other (please specify):	

## Privacy Act

Pursuant to the Privacy Act 1993 the following is brought to your attention:

- (a) This 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;
- (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.

## Declaration

I/We hereby declare that the information and answers given in this proposal are in every respect true and correct and that Lumley is aware of all information that may be material in considering this proposal. I/We agree that this proposal and Declaration shall be the basis of and incorporated in the insurance contract. I/We undertake to inform Lumley of any material alteration to the above facts whether occurring before or after the completion of this insurance contract.

I/We authorise Lumley to give to or obtain from other insurers or any insurance broker 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:

- (a) Lumley is collecting the information on this proposal to evaluate my/our insurance requirements.
- (b) I/We am/are obliged to advise Lumley of any information which may be material to its consideration of this application.

<p>Insured(s) signature: _____</p>	<p>Date:     /     /</p>
<p>Title: _____</p>	