

# Contractor's plant and machinery

Insurance proposal

Lumley, a business division of IAG New Zealand Limited, Lumley Centre, 88 Shortland Street, PO Box 2426, Auckland 1140, New Zealand  
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## Insured details

<b>Name of proposer in full:</b>	
<b>Postal address:</b>	
<b>Lessor or other interested party:</b>	
<b>Nature of business:</b>	
<b>Location of equipment:</b>	
<b>Period of indemnity:</b>	<b>From:</b> / / <b>To:</b> / / <b>at 4pm (NZ time)</b>

## Machinery

Make, type, model	Year	Registration number	Sum insured	Excess

### 1 Insurance:

(a) Annual basis:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(b) During execution of contract: Title of contract:		
Location of site:		
Period of construction: From: / / to / /		
2 Will this machinery be used for anything other than the manufacturers' specific design purpose as detailed in their instruction manual?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3 Is machinery hired out?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, what percent without operator? %		
<b>Note:</b> the policy will not cover machinery hired out without an operator unless you have the underwriter's agreement.		
4 Is machinery working underground to be included?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please give details of experience gained in underground construction (number of projects executed):		
5 Is machinery used in high country, mountainous or inaccessible terrain?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, what percentage of normal usage? %		
6 Is machinery used over water, off barges, in or adjacent to rivers, streams, lakes, coastal waters or tidal estuaries?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please give details of experience working in these conditions:		

### Additional optional benefits to section 1 (additional premium applicable)

1 Expediting costs:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2 Damage to goods lifted:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Specify limit required: \$
3 Increased costs of working:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

<b>3a</b> Loss of revenue:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Specify limit required: \$
<b>4</b> Breakdown:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Specify items:
<b>5</b> Indemnity to hirer:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>6</b> Appreciation:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>7</b> Agreed value:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Specify items:
<b>8</b> Profit commission clause:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>9</b> Additions and deletions:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>10</b> Recovery costs:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

**Additional optional benefits to section 2 (additional premium applicable)**

Increased Section 2 limit. The policy has a current limit of \$1,000,000.			Specify limit required: \$
<b>1</b> Public liability:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Specify limit required: \$
<b>2</b> Vibration weakening and removal of support:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Specify limit required: \$
<b>3</b> Weight damage:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>4</b> Underground services:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

**General questions**

<b>1</b> Has any Insurer ever declined to insure or refused to renew or imposed special conditions for the insurance now proposed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>2</b> Are there any apparent or known defects in the equipment now proposed for insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>3</b> Has proposer or any other person interested in this insurance ever suffered loss or damage which would be insurable under this policy to any machine now proposed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, to any of the above please supply details:		

**The liability of the company does not commence until the proposal has been accepted by the company**

**Declaration**

All information contained in this proposal and on any attachment is complete and correct;  
 I/we have disclosed all information relevant to the acceptance of this Proposal to the maximum extent permitted by the Criminal Records (Clean Slate) Act 2004;  
 If I/we have not personally filled in the answers to this proposal then the person filling in this proposal has done so as my Agent and not that of the Company;  
 I/we agree that this proposal shall be the basis of the contract between me/us and the Company and I/we am/are willing to accept the terms, conditions and exclusions of these insurances;  
 The sums insured represent the full value of the property insured;  
 I/we understand that this proposal requests personal information about me/us which is held by Lumley to evaluate my/our application for Insurance. Failure to provide the information sought may result in my/our application being declined or my/our insurance being void from the beginning;  
 By signing this form I/we authorise Lumley to:

- a) check details against the Insurance Claims Register and to place information on the Insurance Claims Register which other insurers can access;
- b) disclose personal information to other members of the insurance industry and/or parties who have a financial interest in the subject matter of this insurance;
- c) obtain personal information held by any other party regarding my/our existing and previous insurances;

I/we understand that there are rights of access to and correction of information held by Lumley and on the Insurance Claims Register.

Insured's signature: _____	Date: ____ / ____ / ____
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**For office use only:**

	First premium	Annual premium	Policy no:
<b>Premium</b>	\$ _____	\$ _____	<b>Customer no:</b>
<b>Coy E.Q.</b>	\$ _____	\$ _____	<b>Branch:</b> _____
	\$ _____	\$ _____	<b>Agency:</b> _____
<b>GST</b>	\$ _____	\$ _____	<b>In lieu of policy no:</b> _____
<b>Total</b>	\$ _____	\$ _____	<b>Due:</b> ____ / ____ / ____