

Marine Cargo

Proposal

Broker details

Company:	Contact name:
Postal address:	Phone:

Insured details

The Proposer(s):	
Postal address:	Phone:
Type of business:	
Period of insurance: From: / / To: / / at 4pm (NZ time)	

Cargo details

1 Describe cargo to be carried:	
2 Method of packaging:	
3 Is the cargo containerised?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes , (a) Specify container type (open topped, refrigerated etc):	
(b) Is cargo:	
(i) Full container load (FCL)	Yes <input type="checkbox"/> No <input type="checkbox"/>
(ii) Part container load (LCL)	Yes <input type="checkbox"/> No <input type="checkbox"/>
(iii) Other, please give details:	

Voyage/transit details

1 Place of origin:	
2 Destination:	
3 Is there any transshipment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes , please give details:	
4 Is storage cover required?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes , please give details:	
5 Method of transit (please give % split):	Sea % Air % Road % Rail %

Value details

1 Sum Insured: Liability limited to: \$ _____ any one vessel, conveyance or location at the one time.			
2 Annual value:	Imports	Exports	Within New Zealand
Annual value of cargo shipped:	\$ _____	\$ _____	\$ _____
Annual value of duty (if duty cover required):	\$ _____	\$ _____	–
Total annual value:	\$ _____	\$ _____	\$ _____
3 (a) Main NZ Ports imported into:		(b) Main NZ Ports exported from:	
Port: _____	% _____	Port: _____	% _____
Port: _____	% _____	Port: _____	% _____
Port: _____	% _____	Port: _____	% _____
Port: _____	% _____	Port: _____	% _____
4 Terms of carriage for sendings within New Zealand: _____			
5 Basis of valuation:			
Imports/Exports: C.I.F. plus _____ % , or _____			
Local transit: Invoice cost, or _____			

Conditions

1 Terms of cover required: _____
2 Excess required: \$ _____

Claims history

Has the Proposer or any person or entity to be covered under this Policy, in the past five years experienced any loss (whether or not a claim was made) which would have been covered by or is related to the type of insurance being applied for on this Proposal? Yes No

If **Yes**, please provide details:

Year	Loss details	Claim value

General questions

1	Has the Proposer or any person or entity to be covered under this Policy ever had insurance voided, refused, cancelled, renewal not offered, special conditions and/or premium imposed or a claim refused?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2	Has the Proposer or any person or entity to be covered under this Policy, or any person or entity who may benefit from this insurance:	
	(a) ever been charged with, convicted of, or have a pending prosecution for any criminal or statutory offence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Note: The answer to this question may be subject to the provisions of the Criminal Records (Clean Slate) Act 2004.	
	(b) ever been adjudged bankrupt, gone into (or been a director of a company which has gone into) liquidation or receivership?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If Yes , to Questions 1 or 2 (a) or (b) above, please give details:	
3	Previous insurance company: _____	From: ____ / ____ / ____ To: ____ / ____ / ____
4	Does this replace an existing Lumley policy? Yes <input type="checkbox"/> No <input type="checkbox"/>	Policy/Schedule no: _____

Privacy Act 1993

Personal information is collected to evaluate your insurance requirements including establishing what cover, if any, is to be offered and its terms and premium. All information collected will be held by Lumley. Individuals have the right under the Privacy Act 1993 to request access to and correction of their personal information.

Duty of Disclosure

You have a duty to disclose to us, whether asked for or not, all information that might influence the decision to offer you insurance cover and if so, on what terms and/or premium ('material information'). This duty exists prior to the inception, renewal or variation of your policy. Failure to disclose all material information may result in your policy being avoided. This means your policy will be deemed never to have existed and any claims will not be payable.

If you have any doubt as to whether a fact is material then it should be disclosed.

Declaration

I/We declare that the information provided is in every way correct and complete and all material information has been disclosed.

I/We agree that the information provided will form the basis of any insurance cover that may be offered and that I/we will accept cover on the terms and premium prescribed by Lumley.

I/We authorise Lumley to give to and obtain from other insurance companies, insurance brokers, the Insurance Claims Register Ltd or any other party information about this insurance, any insurance held by me/us and any claims made by me/us.

I/We authorise Lumley to use the information provided to advise me/us of their other products and services.

Proposers(s) signature: _____	Date: / / _____
Name (please print): _____	Company Title/Position: _____

Office use only: (Do not complete this section)

	Premium	
Company	\$	Policy no:
EQC	\$	Customer no:
FSL	\$	Branch:
GST	\$	Agency:
Total	\$	