

Carriers liability proposal



Form MN042 11/09

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

Note: where the word 'you' is used, it includes the proposer and all other entities and persons intended to be covered by the insurance.

Insured details

Name of proposer:	
Broker:	
Postal address:	
Daytime phone no:	Fax number:
Contact person:	
Period of Insurance:	From: / / To: / / at 4pm (NZ time)

General questions

What types of carriage do you undertake?	<input type="checkbox"/> Town	<input type="checkbox"/> Long haul	<input type="checkbox"/> Courier	<input type="checkbox"/> Bulk goods	<input type="checkbox"/> Other (please specify):
What is your area of operation?					
What types of goods do you carry?					
<input type="checkbox"/> Refrigerated:	%	<input type="checkbox"/> Fresh produce:	%	<input type="checkbox"/> Livestock:	%
<input type="checkbox"/> Alcohol or beverages:	%	<input type="checkbox"/> White goods:	%	<input type="checkbox"/> Brown goods:	%
<input type="checkbox"/> Machinery:	%	<input type="checkbox"/> Electronics/computers:	%	<input type="checkbox"/> Building products:	%
<input type="checkbox"/> General merchandise:	%	<input type="checkbox"/> Dangerous goods:	% (specify type):		
<input type="checkbox"/> Bulk:	% (specify type):				
<input type="checkbox"/> Other:	% (please specify):				
Do you operate your own vehicles?					Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, how many do you operate?					
What type and how many of each do you operate?	<input type="checkbox"/> Cars: ()	<input type="checkbox"/> Courier vehicles: ()	<input type="checkbox"/> Vans: ()	<input type="checkbox"/> Light trucks: ()	
<input type="checkbox"/> Heavy trucks: ()	<input type="checkbox"/> Refrigerated trucks: ()	<input type="checkbox"/> Bulk: ()	<input type="checkbox"/> Tankers: ()	<input type="checkbox"/> Trailers: ()	
Are you an owner/driver?					Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, who are you contracted to?					
Do you sub-contract to other carriers?					Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please specify.					
Do you employ sub-contractors?					Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please specify.					
Do they have insurance cover?					Yes <input type="checkbox"/> No <input type="checkbox"/>
State maximum number of units of goods carried in any one vehicle:					
What are your annual gross earnings from your business as a carrier? \$					

Limit of Indemnity

Limit of Indemnity required: \$							
Optional extensions: Do You require cover for:							
Removal of Debris?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Limit: \$	Declared Value?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Limit: \$
Consequential Loss?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Limit: \$	Valuable Cargo?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Limit: \$

Documents/contracts

Please attach clear copies (including the reverse, if applicable) of any of the following that you use: Bill of lading Sea waybill Air waybill Terms and conditions of trade Any contracts of domestic carriage which are on other than limited carrier's risk terms Other

Claims history

Please provide details of all claims made against you in the last five years for loss or damage to goods during the course of transit or whilst temporarily stored in the course of transit, whether paid or unpaid.

Year	Claim details	Claim value	Was the claim paid
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

Do you have any reason to anticipate that any claim will be made against you in the future in respect of any negligent act, error or omission made by you, any partner, employee or predecessor? Yes No

If Yes, please provide details.

Do you have any reason to believe that any claim may be brought against you, or any person/entity proposed to be covered by the insurance? Yes No

If Yes, please provide details.

Have you ever had any insurance cancelled or refused, or had special terms (including as to premium) imposed? Yes No

If Yes, please provide details.

Have you or any other person to be covered under this Policy, or any person who may benefit from this insurance, ever been involved in, or charged with a criminal offence not affected by the Criminal Records (Clean Slate) Act 2004? Yes No

If Yes, please provide details.

Pursuant to the Privacy Act 1993

The following is brought to Your attention:

- This proposal form collects personal information about You;
- The collection of this information is required pursuant to the terms of Your insurance policy;
- The information is collected to evaluate the insurance being sought and any claim You may make;
- The failure to provide this information may result in Your claim being declined;
- The intended recipient of the information is Lumley General Insurance (N.Z.) Limited ('Lumley') (P.O. Box 2426 Auckland);
- 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;
- You acknowledge that any ICR participant may access this personal information by way of enquiry to the ICR.
- You have the right of access to and correction of this information in accordance with the Privacy Act 1993.

Declaration

To be completed by the Insured(s) shown and also on behalf of their spouse, family members and any other person who may be covered by this insurance.

On behalf of all proposed Insured I/We declare and agree that:

- all information provided, in this proposal or attachments, is true and complete in every respect and that no Material Facts remain undisclosed;
- if this risk is accepted, such information will be incorporated into and form the basis of the contract of insurance;
- I/We understand that Lumley requires this information in order to evaluate this proposal and that the Privacy Act 1993 entitles me/us to have access to, and request the correction of, any information retained;
- Lumley is authorised to disclose information to its advisers, reinsurers, other insurers and parties with a financial interest in the subject matter of this proposal;
- Lumley is authorised to check details against the Insurance Claims Register and to place information on the Insurance Claims Register which other insurers can access;
- Lumley is authorised to obtain from other parties any information which may be relevant to the acceptance of this risk;
- the signing of this proposal does not bind either party to complete the contract and that no cover will be in force until confirmed by Lumley.

Insured(s) signature: _____ Title: _____ Date: ____ / ____ / ____