

Carriers liability proposal



Form MN042 11/10

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

Broker details

Company:	Contact name:
Postal address:	Phone:

Insured details

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

General questions

1	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):
2	What is your area of operation?
3	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"/> Tobacco products: %
	<input type="checkbox"/> Household goods & personal effects: % (please note these are excluded unless agreed by the Company in writing)
	<input type="checkbox"/> Dangerous goods: % (specify type):
	<input type="checkbox"/> Bulk: % (specify type):
	<input type="checkbox"/> Other: % (please specify):
	<input type="checkbox"/> Valuable cargo: % includes but not limited to bullion, precious metals, precious stones, jewellery, bank notes, coins, bonds, negotiable instruments, securities of any kind, works of art, wines, spirits, tobacco, tobacco products (please specify):
4	Do you operate your own vehicles? Yes <input type="checkbox"/> No <input type="checkbox"/>
	If Yes, how many do you operate?
5	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: ()
6	Are you an owner/driver? Yes <input type="checkbox"/> No <input type="checkbox"/>
	If Yes, who are you contracted to?
7	Do you sub-contract to other carriers? Yes <input type="checkbox"/> No <input type="checkbox"/>
	If Yes, please specify.
8	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"/>
9	State maximum number of units of goods carried in any one vehicle:
10	What is your projected gross freight revenue from your business as a carrier? \$

Limit of Indemnity

Limit of Indemnity required: \$

Optional extensions: Do You require cover for:

Removal of Debris? Yes No Limit: \$

Declared Value? Yes No Limit: \$

Consequential Loss? Yes No Limit: \$

Valuable Cargo? Yes No Limit: \$

Declared Terms? Yes No 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.

Please attach a full copy of all Declared Value or Declared Terms Contracts.

General questions

1 Has the Proposer or any person or entity to be covered under this Policy:

(a) 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

(b) ever had insurance voided, refused, cancelled, renewal not offered, special conditions and/or premium imposed or a claim refused? Yes No

(c) in the past five years ever had any claim, action or allegation made against them, or been involved in any incident which may result in a claim, action or allegation being made against them, which would have been covered by or is related to the type of insurance being applied for on this Proposal? Yes No

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 No

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 No

If **Yes**, to Questions 1 (a), (b), (c) or 2 (a), (b) above, please give details:

3 Previous insurance company: _____ From: / / _____ To: / / _____

4 Does this replace an existing Lumley policy? Yes No 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 General Insurance (N.Z.) Ltd PO Box 2426 Auckland 1140 ('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: _____