

Lumley General Insurance (N.Z.) Limited, Head Office, Lumley Centre, 88 Shortland Street, PO Box 2426, Auckland, New Zealand, Tel 09 308 1100, Fax 09 308 1114

Insured details

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

Machinery

Make, type, model	Year	Registration number	Sum insured	Excess

1 Insurance:

(a) Annual basis: Yes No

(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 No

3 Is machinery hired out? Yes No

If Yes, what percent without operator? %

Note: 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 No

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 No

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 No

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"/>	

3a Loss of revenue:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Specify limit required: \$
4 Breakdown:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Specify items:
5 Indemnity to hirer:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
6 Appreciation:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
7 Agreed value:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Specify items:
8 Profit commission clause:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
9 Additions and deletions:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
10 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: \$
1 Public liability:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Specify limit required: \$
2 Vibration weakening and removal of support:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Specify limit required: \$
3 Weight damage:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
4 Underground services:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

General questions

1 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"/>
2 Are there any apparent or known defects in the equipment now proposed for insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3 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: / /

For office use only:

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