

deterioration of stock in cold storage insurance proposal

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:			
Business address:			
Nature of business:			
Period of indemnity:	From:	/ /	To: / / at 4pm (NZ time)

Cold storage details

1	Situation of the goods in cold storage to be insured:	
2	(a) Are any of the goods in cold storage now insured?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	(b) If Yes , state name of Insurer and date the policy expires: Name	Expiry date: / /
3	Has any Insurer at any time in respect of any insurance of goods in cold storage:	
	(a) permitted withdrawal of or declined any proposal from you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	(b) cancelled or refused to renew any insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4	State nature of:	
	(a) any deterioration which has occurred in the last three years:	
	(b) any fault or defect known to you in any of your goods in cold storage:	
5	Have you any goods other than those now proposed for insurance in cold storage at the situation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6	Does a person responsible for the cold storage of the goods reside at the situation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7	(a) Who will repair the refrigeration machinery in the event of damage?	
	(b) How far will the repair personnel have to travel to reach the situation?	
8	(a) Have there been any failures of the public electricity supply affecting any of your goods in cold storage in the last three years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	(b) Do you wish the insurance now proposed to cover deterioration of stock resulting from failure of the public electricity supply? Note: payment of additional premium is required for this inclusion.	Yes <input type="checkbox"/> No <input type="checkbox"/>
9	Indicate the deductible which you wish to apply to this insurance:	
	<input type="checkbox"/> 10% of each claim but not less than \$	
	<input type="checkbox"/> 20% of each claim but not less than \$	

Pursuant to the Privacy Act 1993

The following is brought to your attention :-

- (a) This proposal collects personal information about you;
- (b) The information is collected to evaluate the insurance you seek;
- (c) The intended recipient of the information is Lumley General Insurance (N.Z.) Limited.
- (d) The information is being collected and held by Lumley General Insurance (N.Z.) Limited of PO Box 2426, Auckland;
- (e) The collection of this information is required pursuant to the common law duty to disclose all material facts relevant to the insurance sought and is mandatory;
- (f) The failure to provide this information may result in your application for insurance being declined, or your insurance being void from the beginning;
- (g) You have rights of access to, and correction of, this information subject to the provisions of the Privacy Act 1993.

Declaration

I/We hereby declare and warrant that the information and answers given above and overleaf are in every respect correct and that I/We have not withheld any information within my/our knowledge likely to affect the decision of the Insurers in considering the risk. And I/We hereby agree that this proposal and declaration shall be the basis of the contract between the Insurers and myself/ourselves. And I/We agree to accept the Insurers' Policy subject to the terms and conditions to be contained therein.

