

Section 4: Construction

Situation of equipment: Street:	Town/city	
Building construction materials: Walls:	Roof:	Linings:
Number of storeys:	Age of building:	
On what floor is equipment situated?		
Is the computer suite custom built?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please give full details:		
How is rest of building occupied?		

Section 5: Equipment:

Date of installation:		
Do you: <input type="checkbox"/> Own the computer	<input type="checkbox"/> Hire or lease it	<input type="checkbox"/> Hire or lease out
Is voltage regulation equipment installed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What hours does the computer work? hours per day	days per week	
How many shifts?	Times of shifts:	
How would programs be reconstituted if programs were lost?		
How would data be reconstituted if data was lost?		
Where is previous generation or duplicate data stored?		
How is previous generation or duplicate data stored?		
How frequently is data updated?		
Is equipment covered by a remedial maintenance agreement?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, a copy is required to be attached to this proposal.		
If No, electrical and mechanical breakdown cover is excluded for computers.		
Fire protection: What fire protection devices are installed?		
<input type="checkbox"/> Automatic sprinklers <input type="checkbox"/> Gas flooding <input type="checkbox"/> Halon <input type="checkbox"/> Portable extinguishers <input type="checkbox"/> CO2 <input type="checkbox"/> Powder <input type="checkbox"/> H2O <input type="checkbox"/> BCF <input type="checkbox"/> None		
Are instructions for use by staff in full view?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Section 6: Claims history

Give full details of any failure or damage which has occurred in the past 3 years:		
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Over the last three years has any insurer:		
(a) Declined, cancelled or refused renewal of any policy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(b) Imposed any special terms or conditions	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, give full details (insurance company, date, reason):		
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Is there any further information likely to affect the acceptance of this insurance that is not affected by the Criminal Records (Clean Slate) Act 2004?		
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The liability of the company does not commence until the proposal has been accepted by the company.

Pursuant to the Privacy Act

The following is brought to your attention:

- This proposal collects personal information about you;
- The information is collected to evaluate the insurance you seek;
- The intended recipient of the information is Lumley General Insurance (N.Z) Limited.
- The information is being collected and held by Lumley General Insurance (N.Z.) Limited of PO Box 2426, Auckland;
- 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;
- The failure to provide this information may result in your application for insurance being declined, or your insurance being void from the beginning;
- 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 that the statements made by Me/Us in this Proposal are complete and true to the best of our knowledge and belief, and I/We hereby agree that this Proposal shall form the basis and be part of any Policy or Policies issued in connection with the above risk or risks. It is agreed that the Company shall be liable in accordance with the terms of the Policy only and that the Insured will not lodge any other claims of whatever nature.

I/We undertake to inform the Company of any material alteration whereby the risk is increased, and the Company reserves the right to modify any quotation made in light of such alteration:

I/We agree that my/our personal information may be used by the Company to advise Me/Us of the Company's other services. I/We authorise the disclosure of personal information held by any other party regarding my/our previous insurances. I/We agree to the Company releasing to other parties personal information regarding this insurance

Insured's signature: _____	Date: / /
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For office use only:

	First premium	Annual premium	Policy no:
Premium	\$	\$	Customer no:
COY earthquake	\$	\$	Branch: _____
Fire service levy	\$	\$	Agency: _____
GST	\$	\$	In lieu of policy no: _____
Total	\$	\$	Due: / /