

General, statutory, employers

Liability proposal

Lumley, a business division of IAG New Zealand Limited, Lumley Centre, 88 Shortland Street, PO Box 2426, Auckland 1140, New Zealand
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Duty of Disclosure

You have an ongoing duty to disclose all Material Facts and failure to do so could prejudice future claims. Material Facts are those which may influence a prudent insurer in deciding whether or not to insure you, on what terms, and at what premium.

When in doubt, disclose. Please remember that all information will be treated confidentially.

Insured details

Name of Insured:

Email address:

Website address:

Names of all subsidiary companies to be included:

Postal address for notices:

Situation(s) and/or location(s) where business is conducted (including overseas):

Period of insurance: From: _____ to: _____ at 4 pm (NZ time)

Limit of indemnity

Please indicate the limit of indemnity and policy excess required. (Tick box.)

General liability: Limit of indemnity \$1,000,000 Other required limit \$

Statutory liability: Limit of indemnity \$500,000 Other required limit \$

Employers' liability: Limit of indemnity \$500,000 Other required limit \$

Business and operations

1 Please give a full description of each business activity or operation and turnover for each activity or operation.

Description of activity or operation	Name of Insured who performs this activity	Actual turnover this financial year	Estimated turnover next financial year
		\$	\$
		\$	\$
		\$	\$

2 Is this a new business? Yes No

If Yes, please give details of your previous experience in similar businesses:

3 Number of years in continuous business:

4 Number of employees: Full-time: _____ Part-time: _____ Annual wages of the Business: \$ _____

5 Please describe all business activities you carry on away from your premises including retailing, contracting, repairing, maintenance, building, servicing and installation:

6 Do you use or employ sub-contractors? Yes No

If Yes, please advise:

The type of work they do for you	% annual turnover
	%
	%
	%

Business advice or service

7 Do you provide any professional advice, design, specification or consultancy services to others? Yes No

If Yes, please provide full details:

8 Do you charge a fee for this advice or service? Yes No

Care, custody or control (Note: If you charge a fee for this service please complete a separate Bailees liability proposal)

9 Do you have any property of others in your physical or legal control? Yes No

If Yes, please advise:

Description of property/goods	Location	Maximum value per location
		\$
		\$
		\$

Hotwork (Note: a policy warranty applies in this respect)

10 Does any of your work involve the use of naked flames or open heat sources, including cutting or welding? Yes No

If Yes, please provide full details:

Type of hotwork	Where the work is carried out	% annual turnover
		%
		%

Hazardous substances

11 Do you use, store, handle, manufacture or transport any acids, chemicals, gases, inflammables, explosives, toxic or hazardous substances or materials? Yes No

If Yes, please provide full details:

12 Are they used, stored and transported in accordance with applicable laws and legislation? Yes No

Contractual liability

13 Have you assumed liability under any contract or hold others harmless under any agreement? Yes No

If Yes, please provide full details and attach copies of these agreements. (Do not include lease agreements):

Product details

14 Please provide details of all Products you manufacture, sell, handle, supply or distribute and export or import. (Please attach any product brochures, catalogues or other applicable material):

New Zealand only	(M) Manufacture (I) Import (D) Distribute	Country of origin of imported products	Total turnover
Product details			\$
			\$
			\$
			\$
			\$
			\$
			\$
Total			\$

USA and/or Canada exports

Do you export any products or goods to USA or Canada? Yes No

If Yes, please complete the Exports to USA and Canada supplementary questionnaire.

Other exports Product details	(M) Manufacture (D) Distribute	Destination where exported	Total turnover
			\$
			\$
			\$
			\$
			\$
			\$
		Total	\$

15 Do you design any products you manufacture or sell? Yes No

If **Yes**, please advise whether they are to your own or customers specifications, plans or formulae:

16 Do you operate and maintain a Quality Control or Recording system? Yes No

If **Yes**, please advise:

(a) details of the New Zealand or other relevant standard applicable:

(b) how long the quality control system has been in use:

17 Have you withdrawn or recalled any product? Yes No

If **Yes**, please provide full details:

18 Is your business now or in the past been involved in the manufacture, distribution or sale of the following goods?

Aircraft or aircraft component parts Yes No

Chemicals Yes No

Dangerous goods including liquid or gas fuels Yes No

Ethical drugs Yes No

Fertilisers/Pesticides/Fungicides Yes No

Radioactive material or any product containing asbestos Yes No

Watercraft (exceeding 8 metres in length) Yes No

If **Yes** to any of the above, please provide full details:

Service and/or repair

19 Do you service or repair motor vehicles? Yes No

If **Yes**, please provide full details:

Describe fully the work carried out and the type of vehicles worked on.	Annual turnover from this work
	\$
	\$

20 Do you service or repair watercraft? (**Note:** The Policy excludes Watercraft over 8 metres in length.) Yes No

If **Yes**, please provide full details:

Describe fully the work carried out and the type of watercraft worked on.	Annual turnover from this work
	\$
	\$

Statutory and Employers liability

21 Does the business have written procedures and/or systems to ensure compliance with any legislation that affects your business? Yes No

If **No**, please advise how you comply with legislation:

22 Have you ever had any penalty or premium loading imposed under any ACC Legislation, the Accident Insurance Act or Workers Compensation Insurance? Yes No

If **Yes**, please provide full details:

23 Are your premises air conditioned? Yes No

Prior insurance

24 Is the business currently insured for any of the liability covers being applied for?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes , please advise: Name of Insurer: _____ Expiry date: _____	
25 After investigation has any proposed Insured ever had any insurance:	
(a) declined or cancelled or renewal refused?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(b) special terms or conditions imposed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(c) claims declined for this class of insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes to either (a), (b) or (c) above, please provide full details including the name of the Insurer: _____ _____	

Claims and/or loss experience

26 Have you had any claims, losses, circumstances or incidents, whether insured or not, made against you or any other person or entity to be insured. Include any which were below a policy excess or deductible.	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes , please advise :			
Date of Loss	Description of Loss	Total amount of claim	Loss insured
		\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
		\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
27 Are there any claims currently pending against you, or are you aware, After enquiry, of any circumstances that could give rise to a claim under the proposed insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes , please provide full details: _____ _____			
28 Have you ever withdrawn a claim?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes , please provide full details: _____ _____			

Declaration

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

- (a) all information provided, in this proposal or attachments, is true and complete in every respect and that no Material Facts remain undisclosed;
- (b) if this risk is accepted, such information will be incorporated into and form the basis of the contract of insurance;
- (c) 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;
- (d) 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;
- (e) 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;
- (f) Lumley is authorised to obtain from other parties any information which may be relevant to the acceptance of this risk;
- (g) 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: _____

For office use only:

	First premium	Annual premium	Policy number: _____
Premium	\$	\$	Customer no: _____
	\$	\$	Branch: _____
	\$	\$	Agency: _____
	\$	\$	In lieu of policy no.: _____
	\$	\$	Due: _____
Stats	\$	\$	ANZSIC Code: _____
Empl	\$	\$	
GST	\$	\$	
Total	\$	\$	