

Bailees liability renewal declaration

form LB052 03/11



Lumley General Insurance (N.Z.) Limited, Head Office, Lumley Centre, 88 Shortland Street, PO Box 2426, Auckland 1140, New Zealand, Tel 308 1100, Fax 09 308 1114, www.lumley.co.nz

Policy no: _____	Expiry date: / /
Name of Insured: _____	

Business details

Please provide a full description of your business activities:

Do you anticipate any changes to your business in the next twelve months (including any change in product stored)? Yes No If **Yes**, please advise full details:

Turnover: Last year \$		Estimated next year: \$		
Location of premises	Type of store/warehouse e.g. general, coolstore etc	Location limit		
		Maximum	Average	Minimum
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
Please attach further details if more than six properties exist.		Total	\$	\$

Please attach your current Conditions of Storage.

Will all goods held be stored on these conditions? Yes No

Claims details

After enquiry, have any claims been lodged within the last twelve months, or are there any claims currently pending against you, or are you aware of any circumstances which could give, rise to a claim under your liability policy with Lumley? Yes No If **Yes**, please attach 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: / /