

Sprinkler protection (all applicants must answer)

1	Is the location protected by a currently certified sprinkler system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	Wet or dry system?	Wet <input type="checkbox"/>	Dry <input type="checkbox"/>
3	Date the system was installed? / /		
4	Are any parts of the building/warehouse not protected by sprinklers? If 'Yes', please give details:		
5	Is the system equipped with a sprinkler alarm?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Refrigeration equipment (to be completed by applicants with coolstores, coldstores or other refrigerated storage)

1	What is the refrigerated area available?		
2	What type of refrigerant is used?		
3	Are there backup refrigeration systems on site?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4	Is there a maintenance contract in place? If 'Yes', with whom?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5	Does the refrigeration plant have a monitored alarm? If 'Yes', who responds?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Security (all applicants must answer)

1	Is there a monitored alarm? If 'Yes', who monitors the alarm?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	Please advise what other measures are in place to prevent access to the site and to the buildings (i.e. fencing, lighting, grilles, access, card systems, caretaker etc.):		

Property or goods stored (all applicants must answer)

1	What is the maximum capacity of the store?		
2	What are the approximate percentages of goods or commodities stored:		
	(a) Alcohol	%	
	(b) Bulk liquids (describe type of liquids):	%	
	(c) Bulk storage (describe type of goods):	%	
	(d) Chemical/explosives:	%	
	(e) Cigarettes:	%	
	(f) Electrical equipment/whitewear:	%	
	(g) Electronics/computers:	%	
	(h) Fertiliser:	%	
	(i) Fish/shellfish:	%	
	(j) Foodstuffs:	%	
	(k) Furniture/household effects:	%	
	(l) Kiwifruit:	%	
	(m) Other fruit:	%	
	(n) Meat:	%	
	(o) Motor vehicles/parts:	%	
	(p) All other goods (describe type of goods):	%	
	Total:	100 %	
3	What is the value of all goods/property in storage: Maximum: \$ Average: \$ Minimum: \$		
4	Advise the annual turnover: (a) Last year: \$ (b) Projected turnover this year: \$		
5	Please attach a copy of your conditions of storage. Will all goods held be stored on these conditions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6	Do you have a Material Damage or other policy covering these interests? If 'Yes', please advise Sum Insured: \$	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Prior insurance history

1	Is the business currently insured for Bailees Liability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If 'Yes', please advise name of insurer and expiry date:		
2	Has any insurer:		
	(a) declined to insure you; or	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	(b) cancelled or refused to renew your insurance; or	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	(c) imposed special terms or conditions to any proposal, renewal or policy held by you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If Yes to (a), (b) or (c) above, please advise full details including the name of the insurer:		

Claims and/or loss experience

Have you had any bailees liability or public liability losses, claims and/or complaints made against you during the last five years, whether insured or not. Include any which were below a policy excess or deductible. Yes No

If 'Yes', please provide full details: (Complete on a separate sheet if necessary.)

Date of loss	Description of loss	Total amount of claim

Privacy Act

Pursuant to the Privacy Act 1993 the following is brought to your attention:

- (a) This proposal form collects personal information about You;
- (b) The collection of this information is required pursuant to the terms of Your insurance policy;
- (c) The information is collected to evaluate the insurance being sought and any claim You may make;
- (d) The failure to provide this information may result in Your claim being declined;
- (e) The intended recipient of the information is Lumley General Insurance (N.Z.) Limited ('Lumley') (P.O. Box 2426 Auckland);
- (f) Lumley may pass Your personal information on to Insurance Claims Register Limited ('ICR') (C/- P.O. Box 2426 Auckland) for inclusion in the Insurance Claims Register, for general claims and underwriting purposes;
- (g) You acknowledge that any ICR participant may access this personal information by way of enquiry to the ICR.
- (h) You have the right of access to and correction of this information in accordance with the Privacy Act 1993.

Declaration

I/We hereby declare that the information and answers given in this proposal are in every respect true and correct and that Lumley General Insurance (N.Z.) Limited is aware of all information that may be material in considering this proposal. I/We agree that this proposal and Declaration shall be the basis of and incorporated in the insurance contract. I/We undertake to inform Lumley General Insurance (N.Z.) Limited of any material alteration to the above facts whether occurring before or after the completion of this insurance contract.

I/We authorise Lumley General Insurance (N.Z.) Limited to give to or obtain from other insurers or any insurance broker or other party any information relating to this insurance or any other insurance held by me/us or any claim made by me/us.

I/We understand that:

- (a) Lumley General Insurance (N.Z.) Limited is collecting the information on this proposal to evaluate my/our insurance requirements.
- (b) I/We am/are obliged to advise Lumley General Insurance (N.Z.) Limited of any information which may be material to its consideration of this application.

Insured(s) signature:	
Title:	Date: / /