

Machinery breakdown

Insurance proposal

Lumley, a business division of IAG New Zealand Limited, Lumley Centre, 88 Shortland Street, PO Box 2426, Auckland 1140, New Zealand
Tel 09 308 1100 www.lumley.co.nz

Insured details

Name of proposer in full:	
Postal address:	
Location of machinery:	
Nature of business:	
Period of indemnity:	To: / / at 4pm (NZ time)
From:	To:

Machinery details

1	Is the machinery insured at present?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If No , has it been previously insured:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If Yes to either of the above, state name of Insurer and expiry date of policy:		
	Name:	Expiry date: / /	
2	Has any insurer declined to insure or refused to renew or imposed special conditions for the insurance now proposed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If Yes , give particulars:		
3	Have any items of machinery suffered defects, breakdown or failure?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If Yes , give particulars (if space insufficient, attach list):		
	Year	Particulars	Cost of repair or estimate
4	Have any major repairs or modifications been carried out recently?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If Yes , give particulars:		
5	Are there any apparent or known defects in the boilers, pressure vessels, machinery or plant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If Yes , give particulars:		
6	Do you wish the insurance to include extra charges (in case of loss or damage) for:		
	(a) Overtime, night work, work on public holidays?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	(b) Express delivery charges within New Zealand?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	(c) Overseas air freight (scheduled services only)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Limit of indemnity for this extension: \$		
	(d) Loss of refrigerant gas?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please complete the schedule of machinery on the back of this form.

The liability of the company does not commence until the proposal has been accepted by the company.

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, a business division of IAG New Zealand Limited;
- (d) The information is being collected and held by Lumley;

- (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 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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Schedule of machinery to be insured

Item no.	Description of items ¹	Year of manufacture	Replacement value ²	Deductible
Total			\$	

1 Please give full and exact description of all machines including name of manufacturer, type, output, capacity, speed, load, weight, voltage, amperage, cycles, fuel, pressure, temperature etc.

2 Please state current cost of replacing the machinery with new machinery of the same kind and capacity.

For office use only:

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