

Marine cargo insurance proposal



Form MN006 11/09

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

Insured details

The Insured(s):	

Postal address:	

Daytime phone no:	Fax no:
_____	_____
Contact person:	

Business:	

Period of insurance: From	To
____ / ____ / ____	____ / ____ / ____ at 4pm (NZ Time)

Cargo details

Describe cargo to be carried:

Method of packaging:

Is the cargo containerised? Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes , (a) Container type (open topped, refrigerated etc):

(b) Is cargo: (i) Full container load (FCL) <input type="checkbox"/>
(ii) Part container load (LCL) <input type="checkbox"/>
(iii) Other, please give details:

Voyage/transit details

Place of origin:

Destination:

Is there any transshipment? Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes , please give details:

Is storage cover required? Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes , please give details:

Method of transit (please give % split): Sea % Air % Road % Rail %

Value details

Sum Insured: Liability limited to: \$ _____ any one vessel, conveyance or location at the one time.			
Annual value:	Imports	Exports	Within New Zealand
Annual value of cargo shipped:	\$ _____	\$ _____	\$ _____
Annual value of duty (if duty cover required):	\$ _____	\$ _____	
Total annual value:	\$ _____	\$ _____	
Terms of carriage for sendings within New Zealand:			
Basis of valuation: Imports/Exports: C.I.F. plus _____ %, or			
Local transit: Invoice cost, or			

Conditions

Terms of cover required:
Excess required: \$ _____

General questions

1 Have You or any other person to be covered under this policy:	
(a) Experienced any loss (whether or not a claim was made) for the type of insurance being applied for on this Proposal in the past 3 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(b) Ever had insurance voided, refused, cancelled, renewal not offered, special conditions imposed or a claim refused?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2 Is there any further information that may affect the acceptance of this insurance, not affected by the Criminal Records (Clean Slate) Act 2004?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes , to any of the above, the terms and conditions of Your policy may change. Please give details:	
_____ _____ _____	
3 Previous insurance company: _____ From: ____ / ____ / _____ To: ____ / ____ / _____	
4 Does this replace an existing Lumley policy? Yes <input type="checkbox"/> No <input type="checkbox"/> Policy/Schedule no:	

Pursuant to the Privacy Act 1993

The following is brought to Your attention:

- This proposal form collects personal information about You;
- The collection of this information is required pursuant to the terms of Your insurance policy;
- The information is collected to evaluate the insurance being sought and any claim You may make;
- The failure to provide this information may result in Your claim being declined;
- The intended recipient of the information is Lumley General Insurance (N.Z.) Limited ('Lumley') (P.O. Box 2426 Auckland);
- 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;
- You acknowledge that any ICR participant may access this personal information by way of enquiry to the ICR.
- You have the right of access to and correction of this information in accordance with the Privacy Act 1993.

Declaration

To be completed by the Insured(s) shown and also on behalf of their spouse, family members and any other person who may be covered by this insurance.

On behalf of all proposed Insured 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: / /
Insured(s) signature:	Title:	Date: / /

Office use only: (Do not complete this section)

	Premium	
Company	\$	Policy no:
EQC	\$	Customer no:
FSL	\$	Branch: _____
GST	\$	Agency: _____
Total	\$	