

# Marine consequential loss and/or advanced profits proposal

Form MN051 11/10



Lumley General Insurance (N.Z.) Limited, Head Office, Lumley Centre 88 Shortland Street PO Box 2426, Auckland 1140, New Zealand, Tel 09 308 1100, Fax 09 308 1939, www.lumley.co.nz

## Broker details

<b>Company:</b>	<b>Contact name:</b>
<b>Postal address:</b>	<b>Phone:</b>

## Insured details

<b>The Proposer(s):</b>	
<b>Postal address:</b>	<b>Phone:</b>
<b>Period of insurance: From:</b> / / <b>To:</b> / / <b>at 4pm (NZ time)</b>	
<b>Nature of business:</b>	
<b>Years in business:</b>	

## Cargo details

1	General description of goods:
2	Condition of goods: <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Reconditioned / As new <input type="checkbox"/> In need of repair
3	Are any of the goods prototype items? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please give details.
4	Packaging:
5	Shipping arrangements (eg on pallets, containerised, open), top or flat rack containers:
6	Susceptibility to damage: <input type="checkbox"/> High (glass/ceramics/other delicate items) <input type="checkbox"/> Average <input type="checkbox"/> Low (robust/non-computerised equipment)
7	Estimated number of shipments:
8	Maximum Sum Insured Any One Vessel/Conveyance: \$
9	Total Sum Insured (per agreed Basis of Valuation): \$

## Transportation

1	Conveyance: Name of Vessel(s): Shipping Line(s): Inland Carrier(s): Forwarding Agents:
2	Details of any transhipments:
3	Details of any barge shipments or tows:
4	Mode of transport: <input type="checkbox"/> Ocean <input type="checkbox"/> Inland <input type="checkbox"/> Air <input type="checkbox"/> Combined Inland/Ocean <input type="checkbox"/> Combined Inland/Air
5	Route: From: To: Via:
6	Distance from Port(s) of discharge to project site:
7	Is site accessible by road or rail? Yes <input type="checkbox"/> No <input type="checkbox"/>

## Terms of sale

1	<input type="checkbox"/> FOB or equivalent <input type="checkbox"/> C & F or equivalent <input type="checkbox"/> Ex Works <input type="checkbox"/> Other (please specify):
2	Shipment date(s):
3	Delivery date(s) at site where goods are to be put into production: / / (please provide shipping schedule if available)





## Privacy Act 1993

Personal information is collected to evaluate your insurance requirements including establishing what cover, if any, is to be offered and its terms and premium. All information collected will be held by Lumley General Insurance (N.Z.) Ltd PO Box 2426 Auckland 1140 ('Lumley'). Individuals have the right under the Privacy Act 1993 to request access to and correction of their personal information.

## Duty of Disclosure

You have a duty to disclose to us, whether asked for or not, all information that might influence the decision to offer you insurance cover and if so, on what terms and/or premium ('material information'). This duty exists prior to the inception, renewal or variation of your policy. Failure to disclose all material information may result in your policy being avoided. This means your policy will be deemed never to have existed and any claims will not be payable.

If you have any doubt as to whether a fact is material then it should be disclosed.

## Declaration

I/We declare that the information provided is in every way correct and complete and all material information has been disclosed.

I/We agree that the information provided will form the basis of any insurance cover that may be offered and that I/we will accept cover on the terms and premium prescribed by Lumley.

I/We authorise Lumley to give to and obtain from other insurance companies, insurance brokers, the Insurance Claims Register Ltd or any other party information about this insurance, any insurance held by me/us and any claims made by me/us.

I/We authorise Lumley to use the information provided to advise me/us of their other products and services.

Proposers(s) signature: \_\_\_\_\_

Date:     /     /

Name (please print): \_\_\_\_\_

Company Title/Position: \_\_\_\_\_