

Marine dealers hull proposal



Form MN054 01/11

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

Company:	Contact name:
Postal address:	Phone:

Insured details

The Proposer(s):	
Postal address:	Phone:
Period of insurance: From: / / To: / / at 4pm (NZ time)	

Description of vessels

1	Types of vessels to be demonstrated/trialled:				
2	Ages/range of ages:				
3	Sum Insured (Max limit per vessel):				
4	P&I (Third Party Limit) – please advise limit required: <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000				
5	Sales turnover: \$				
6	Number of times per month vessel(s) are moved/trialled/demonstrated during:		January:	February:	
	March:	April:	May:	June:	July:
	August:	September:	October:	November:	December:
7	Place(s) of launching:				

General questions

1	Has the Proposer or any person or entity to be covered under this Policy:	
	(a) In the past three years, experienced any loss (whether or not a claim was made) which would have been covered by or is related to the type of insurance being applied for on this Proposal?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	(b) Ever had insurance voided, refused, cancelled, renewal not offered, special conditions and/or premium imposed or a claim refused?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2	Has the Proposer or any person or entity to be covered under this Policy, or any person or entity who may benefit from this insurance:	
	(a) Ever been charged with, convicted of, or have a pending prosecution for any criminal or statutory offence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Note: The answer to this question may be subject to the provisions of the Criminal Records (Clean Slate) Act 2004.	
	(b) Ever been adjudged bankrupt, gone into (or been a director of a company which has gone into) liquidation or receivership?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If **Yes**, to Questions 1 (a), (b) or 2 (a), (b) above, please give details:

3	Previous insurance company:	From:	/	/	To:	/	/
4	Current Excess: \$						
5	Does this replace an existing Lumley policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Policy/Schedule no:				

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.

Proposer(s) signature: _____	Date: / / _____
Name (please print): _____	Company Title/Position: _____