

Material Damage
Situation – Business location

Situation 1:	Postcode:
Situation 2:	Postcode:
Situation 3:	Postcode:
Situation 4:	Postcode:
Situation 5:	Postcode:
And elsewhere in New Zealand where You conduct Your business	
Business activities of all building occupants:	
Situation 1:	
Situation 2:	
Situation 3:	
Situation 4:	
Situation 5:	

Cover

	Buildings	IV/RV	Contents	IV/RV	Stock	IV/D	Other property	IV/RV
Situation 1	\$		\$		\$		\$	
Situation 2	\$		\$		\$		\$	
Situation 3	\$		\$		\$		\$	
Situation 4	\$		\$		\$		\$	
Situation 5	\$		\$		\$		\$	

RV = Replacement Value IV = Indemnity Value D = Indemnity Value and Declaration Conditions Apply

Description of other property

	\$
	\$

Additional Cover

The Total Sum Insured of the Material Damage section of this Policy or these item limits will apply whichever are the lesser:

	Standard limit	Optional limit
Capital Additions	\$100,000	\$
Demolition and other Costs	**	\$
Employees Effects: any one employee	\$5,000 *	\$
any one event	\$10,000 *	\$
Hazardous Substance Emergency	\$20,000 *	\$
Money: Part A	\$10,000	\$
Part B	\$1,000	\$
Christmas Carry	-	\$
Portable Tools of Trade (including electronic equipment) away from Your Business premises: any one item	\$7,500 *	\$
any one event	\$15,000 *	\$
Property Under Construction	\$100,000 *	\$
Protection Costs	\$20,000 *	\$
Refrigerated Goods	\$2,500 *	\$
Subsidence and Landslip	\$250,000 *	\$
Transit	\$10,000 *	\$

* means included in the Sum Insured of the affected property and the Total Sum Insured of the Material Damage section of the Policy
 ** means included in the Sum Insured of the affected property unless optional limit specified

Optional Additional Cover

Natural Disaster (Earthquake etc):	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Seasonal Stock Increase (90 days): Start date: / / Limit: \$	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

General questions

Please answer the following questions in relation to the above Situations.

	Situation 1:	Situation 2:	Situation 3:	Situation 4:	Situation 5:
1 What fire protection is in place?					
Automatic sprinklers	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hose reels	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Extinguishers	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Smoke/fire detectors	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are smoke/fire detectors monitored?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2 Are the buildings on mains water supply?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3 Is there an operational burglar alarm?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the burglar alarm monitored?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there a professional security guard response to alarm activation?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4 Do You have a safe?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the safe covered by a burglar alarm sensor?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is it bolted to floor?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5 Do You have a deep fat fryer? (Refer to Fat Frying Warranty)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
6 Do You use or store flammable liquids or gases?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes' to question 6 above, please advise details and quantity:					

Building construction

	Floor	Exterior walls	Roof	Frame	Year of construction
Situation 1					
Situation 2					
Situation 3					
Situation 4					
Situation 5					
Does any part of the Building construction include expandable polystyrene?					Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', percentage of Building: Situation 1: % Situation 2: % Situation 3: % Situation 4: % Situation 5: %					%
Does any part of the Building contain a walk in chiller/freezer?					Yes <input type="checkbox"/> No <input type="checkbox"/>