

# Property Owners Liability

Proposal/declaration

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](http://www.lumley.co.nz)

## Duty of Disclosure

You have an ongoing duty to disclose all Material Facts and failure to do so could prejudice future claims. Material Facts are those which may influence a prudent insurer in deciding whether or not to insure you, on what terms, and at what premium.

**When in doubt, disclose. Please remember that all information will be treated confidentially.**

## Insured details

<b>Policy no:</b>	<b>Period of insurance: From:</b> / / <b>to:</b> / / <b>at 4 pm (NZ time)</b>
<b>Name of Insured:</b>	<b>Name of broker:</b>
Are the Insured's activities limited to property ownership only? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If No, please complete the appropriate Lumley proposal.	

## Limit of indemnity

Please indicate the limit of indemnity required.

General liability:  Limit of liability: \$

Statutory liability:  Limit of liability: \$

## Situation – property location

Situation 1:	Postcode:		
Situation 2:	Postcode:		
<b>If more than two situations please attach separate sheet noting additional situations.</b>			
<b>Building information</b>			
	<b>Residential</b>	<b>Commercial (office/retail)</b>	<b>Industrial (factories/manufacturing)</b>
Total number of floors:			
Total number of occupancies:			
Number of sites:	Total of buildings Sum Insured:	Oldest building's year of construction:	

## Prior insurance

Is the business currently insured for any of the liability covers being applied for?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please advise: Name of Insurer:	Expiry date: / /
After investigation has any proposed Insured ever had any insurance:	
(a) declined or cancelled or renewal refused?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(b) special terms or conditions imposed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(c) claims declined for this class of insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes to either (a), (b) or (c) above, please provide full details including the name of the Insurer:	

## Claims and/or loss experience

Have you had any claims, losses, circumstances or incidents, whether insured or not, made against you or any other person or entity to be insured. Include any which were below a policy excess or deductible.	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, please advise:			
<b>Date of Loss</b>	<b>Description of Loss</b>	<b>Total amount of claim</b>	<b>Loss insured</b>
/ /			Yes <input type="checkbox"/> No <input type="checkbox"/>
/ /			Yes <input type="checkbox"/> No <input type="checkbox"/>

Are there any claims currently pending against you, or are you aware, After enquiry, of any circumstances that could give rise to a claim under the proposed insurance? Yes  No

If Yes, please provide full details:

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Have you ever withdrawn a claim? Yes  No

If Yes, please provide full details:

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**Declaration**

On behalf of all proposed Insureds 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: \_\_\_\_\_ Date:     /     /