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PROPOSAL FOR LIABILITY INSURANCE

No risk attaches until the proposal has been accepted by the company and premium is paid or agreed to be paid

QUOTE

COVER

YOUR DETAILS

Owner's Name:
Property's physical address: Property's legal description:
Proposed Period of Cover:
Current Policy End Date:



63 Albert St., P O Box 91748, Auckland Mail Services Centre, Auckland
1030, Auckland, New Zealand Ph: 9-3064014 Fax: 9-3064015

Email: info@nia.co.nz

Registered & Head office: New India Assurance Building 87, M.G Road, Fort, Mumbai – 400001 (India)

PROPOSAL FOR LIABILITY INSURANCE

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YOUR DETAILS

Business Name:	
Business's physical address:	
Type of business:	
Contact details:	Postal address:
Telephone:	Work:
	Home:
	Mobile:
	Email:
Bank Account Details (applicable if monthly premium payable).	Bank: Branch: Account No:
Date of Birth (Applicable if Individual Name)	

YOUR DUTY OF DISCLOSURE

You must tell us everything you know (or could be reasonably expected to know) that a prudent insurer would want to take into account in deciding:

- whether to accept your proposal, and
- if so, on what terms.

Examples of what you must tell us include:

- anything that increases the risk of a claim
- any criminal offending or convictions
- any previous insurance claims
- any refusal by another insurer to insure you on standard terms. or continue to insure you on standard terms.

You must also tell us this every time this policy renews; and when you make any changes to it. If you fail to do this, we may avoid the policy back to when it started as if you were never insured at all.

When in doubt, disclose. We treat all information confidentially.

YOUR PRIVACY

We collect and receive your personal information in this proposal to decide whether to insure you. We hold it. You have rights to access it, and correct it under the Privacy Act 1993.

You must supply your personal information to us if it comes within your duty of disclosure (see Your Duty of Disclosure above). If you fail to do so, we may decline your proposal or avoid your insurance retrospectively.

We obtain your authority below to transfer some or all of it to other members of the insurance industry, financially interested parties noted on your policy and Insurance Claims Register Limited.

YOUR PREVIOUS HISTORY

The following questions must be answered in relation to the business, and in relation to every director and manager of the business

Please Circle

Has any insurer ever refused to insure you on standard terms, or refused to renew your insurance on standard terms?	Yes/No
Has any insurer ever refused to pay your insurance claim?	Yes/No
Have you made any insurance claim in the last five years?	Yes/No
Do you know of any circumstances that could lead to a claim under any of our policies in the future?	Yes/No
Do you have any criminal convictions (including traffic offences, but not parking offences), or are you currently facing a prosecution? If Yes , please list each offence or prosecution, and each sentence your business has received.	Yes/No
<u>If you have answered Yes to any of the above questions, please write full details below.</u>	

BUSINESS DETAILS

What is the estimated business turnover?
Number of years since business established?
Estimated annual wages of business?
Number of employees?

Is any work done away from your business? If Yes, please describe.	Yes/No
Does your business involve dangerous operations (eg hazardous substances, use of naked or open heat sources, excavation of land)? If Yes, please describe	Yes/No
Does your business operate outside New Zealand in any way?	Yes/No
Please describe land on which your business is situated: Does your business discharge dangerous or toxic substances?	Yes/No
Do you store other people's property at your business? <u>If Yes, please state type, values and location of these items.</u> Has your business ever investigated, issued with an official notice, prosecuted or sued under the: <ul style="list-style-type: none"> • Building Act? • Health and Safety in Employment Act? • Fair Trading Act? • Consumer Guarantees Act? • Re 	Yes/No

SUMS INSURED

Indemnity Period	No. of weeks:
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Reduction in Profit	\$
Reduction in Revenue	\$
Reduction in Rents	\$
Wages Dual Basis	\$

Wages in Lieu of Notice	\$
Payroll Dual Basis	\$
Payroll	\$
Additional Increased Cost of Working	\$
Claim Preparation Costs	\$
Book Debts	\$
Natural Disaster Cover	Yes/No

AVERAGE CONDITION:

The Average Condition will apply to some of the Items in this policy, if the sum insured for them is below the realistic risk you were facing.

Where this applies, the following will apply:

- If you suffer a total loss, the condition has no effect.
- If you suffer a partial loss, the maximum amount you may recover will bear the same proportion to your actual loss as the amount for which the property insured bears to the value of the property.
- Whatever your loss, in no case will you be entitled to recover more than the amount for which the property is insured.

For example:

- 1 New replacement cost \$20,000.
- 2 Your sum insured \$10,000.
- 3 You suffer a loss of \$5,000.
- 4 If your policy is subject to Average, the maximum amount you may recover is \$2,500.

YOUR DECLARATION

I declare that I:

- (1) Have answered all questions truthfully.
- (2) Have, in addition, disclosed all material facts to New India (please see Your Duty of Disclosure above)
- (3) Agree to the policy terms and conditions.
- (4) Authorise:
 - (4.1) New India to advise me of its other services from time to time

- (4.2) The disclosure of my personal information held by New India to other members of the insurance industry, financially interested parties noted on the policy and Insurance Claims Register Limited.
- (4.3) The disclosure of my personal information held by other members of the insurance industry and Insurance Claims Register Limited to New India for the purpose of considering this proposal and administering the policy.
- (5) Am authorised to complete this proposal on behalf of anyone else to be insured under the policy, and agree that they give the same declarations.

Signature of Proposer

Date: _____