



# Commercial General Liability Insurance Proposal Form

## IMPORTANT NOTE

This proposal is to be completed by the Proposer or an Authorised Officer of the Proposer. As the answers to the following questions will form the basis of any policy issued, they should be full and accurate. Attention is drawn to the Proposer's obligations at law to disclose all material facts which would affect the issuance of the proposed insurance. If there is insufficient space to complete the proposal, please attach additional sheets.

Proposer:

Principal Address:

Telephone No: (      )

Fax: (      )

Number of Locations:      In New Zealand

Outside New Zealand

Number of years in continuous business:

Period of Insurance:      From 4.00pm:

to 4.00pm:

Amount of indemnity required:

Per Occurrence and in the aggregate in respect of Products Hazard

Amount of excess:

Per Occurrence.

1 DESCRIPTION OF BUSINESS:

2 PRODUCTS AND COMPLETED OPERATIONS:

a) Please describe fully the types of products manufactured, sold, handled, treated, hired out or distributed or the type of services that are performed for others. Identify specifically any products manufactured for use in aircraft or watercraft:

b) Does the proposer design parts of completed components for others?

Yes

No

c) Does the proposer manufacture to the designs, formulae, plans or specifications?

Yes

No

d) Have Product Brochures been published?

Yes

No

If "Yes", please provide the latest copies / Editions:

e) Please indicate Annual Turnover / Sales as follows:

i) Actual turnover for the immediate last financial year:

ii) Estimated turnover for the forthcoming year:

iii) In respect of products manufactured or exported, please complete the following charts:

NEW ZEALAND ONLY			
Product		Prior Year (\$000)	Current Year (\$000)

FOREIGN EXPORTS			
Country	Product	Prior Year (\$000)	Current Year (\$000)

**USA / CANADA**

Product	Prior Year (\$000)	Current Year (\$000)

**3 OUTSIDE OPERATIONS**

a) Please supply details of any operations away from the premises including but not limited to contracting, servicing/maintenance, building or plant erection and machinery installation:

b) Do any of the above operations include a cutting or a welding process?  Yes  No

c) Amount of turnover derived from the operations detailed in Question 3.a):

Last financial year:

Forthcoming financial year:

**4 MANUFACTURING AND QUALITY CONTROL PROCEDURES**

a) Does the proposer have a quality control manual?  Yes  No

b) If "Yes", how long has the manual been in use?

c) When was the last manual reviewed?

d) Is any person responsible for quality control?  Yes  No

If "Yes", please supply the following details:

i) Name:

ii) Title:

iii) Person to whom he/she is responsible:

e) Is there a written product recall plan in existence?  Yes  No

If "Yes", please provide a copy.

**5 PROPERTY OWNERS RISK**

a) Number of locations:

b) Description/occupancy of property:

**6 PROFESSIONAL OR OTHER SERVICES**

a) Does the proposer carry on any professional, technical, consultancy, advisory or like services either for a fee or as an ancillary service to the business of the proposer?  Yes  No

If "Yes", please give details of such services, personnel employed and to whom such services are offered:

**7 DESCRIPTION OF CARE, CUSTODY OR CONTROL EXPOSURE**

a) List all non-owned premises e.g. Land or Buildings occupied under lease or rental agreements:

Location	Type of Property	Approximate Value

b) List all property of others in the care custody or control of the proposer. Include details of all goods, merchandise or equipment being leased, repaired, serviced, and treated or on consignment or bailment:

Location	Type of Property	Approximate Value

c) Have any hold harmless or indemnification agreements been signed which relate to destruction of or damage to the property listed above?

If "Yes", please give details of such services, personnel employed and to whom such services are offered:

8 Has the proposer assumed any obligations under any contract or agreement, including Hold Harmless or Indemnification agreements other than specifically recorded under 7.c):

If "Yes", please give details and attach copies of such agreements:

9 IMPORTS

a) Supply details of all imported goods including the use of such goods and the country of origin:

b) Percentage of turnover derived from such goods:  %

10 FOREIGN OPERATIONS/COMPANIES

a) Does the proposer have any foreign operations / companies?

If "Yes", please describe and provide locations:

11 SUBSIDIARIES

Attach a list of all subsidiaries to be covered by the proposed insurance, together with details of the business carried on by such subsidiaries.

12 STATUTORY LIABILITY

STL Statutory Liability  
 Included  Sum Insured:  Excess Amount:

Have any circumstances ever occurred which could result in a claim under this cover you are applying for?

If "yes", please provide details below or attach a separate sheet of paper detailing the circumstances.

Resource Management Act

a) Do you need, or have you ever applied for, a resource consent and/or certificate of compliance under the Resource Management Act?

b) Please give full details of any pollution or environmental incident involving the Business during the last five years:

Building Act

a) Does any building owned, leased or tenanted by you require a building consent or an annual building warrant of fitness?

If "Yes": (a) are the consents and/or warrants of fitness current:

If "No", please give reasons:

### 13 EMPLOYER'S LIABILITY

		Included		Sum Insured	Excess Amount
EMP	Employer's Liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$
EXD	Exemplary Damages	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$
LEG	Prosecution Defence Costs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$
					ANNUAL PREMIUM: \$

a. i) Estimated annual ACC Levy: \$  ii) Number of FTE staff employed?

b) Are you an "exempt" or accredited" employer under current ACC legislation? Exempt:  Accredited:

c) Do any operations involve the use of machinery?  Yes  No

If "Yes", please give details:

d) Have any circumstances ever occurred which could result in a claim under this cover you are applying for?  Yes  No

If "Yes", please give details:

### 14 PAST LOSSES AND CURRENT CLAIMS

a) Indicate and describe below all losses or circumstances paid or now reserved (whether or not resulting in claims) occurring during the last five (5) years.  Yes  No

Year of Loss	Description of Loss	Number of Claims	Amount Outstanding

b) Are there any claims currently pending against the proposer, or is the proposer aware of after enquiry of any circumstance which could give rise to a claim under the proposed insurance?  Yes  No

If "Yes", please provide details:

### 15 PRIOR INSURANCE

a) Supply details of insurance held during the past three (3) years including the names(s) of the Insurer(s):

b) Has any Insurer:  
 i) Declined to insure you?  Yes  No  
 ii) Cancelled or refused to renew your insurance?  Yes  No  
 iii) Imposed special terms to insure you?  Yes  No

If "Yes", please give details including name of Insurer:

## DECLARATION

I/We hereby declare that the information and answers given in this proposal are in every respect true and correct and that the Insurers through their agent IUA have been made aware of all information that may be material in considering this proposal. I/We agree that this proposal and declaration shall be the basis of and incorporated in the insurance contract. I/We undertake to inform the Insurers through their agent IUA of any material alteration to the above facts whether occurring before or after the completion of this insurance contract.

I/We authorize International Underwriters Agencies Ltd to obtain from other insurers or any insurance broker or other party any information relating to this insurance or any other insurance held by me/us or any claim made by me/us.

I/We understand that:

- Insurers through their agent IUA is collecting the information on this proposal to evaluate my/our insurance requirements.
- I/We am/are obligated to inform Insurers through their agent IUA of any information which may be material to its consideration of this application.
- Failure to provide any of this information may result in Insurers through their agent IUA refusing to provide the insurance.
- I/we have certain rights of access to and correction of this information.

Proposer's Name:

Position:

Signature:

Date:

Completion of this proposal does not bind the proposer or Insurers through their agent IUA to complete this insurance.