



Material Damage and Business Interruption Proposal Form

Certain Underwriters at Lloyd's and/or Companies (**Insurers**) acting through their agent
International Underwriting Agencies Ltd ("IUA") PO Box 7238, Wellesley Street, Auckland 1010

IMPORTANT

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.

Pursuant to the PRIVACY ACT 1993 the following is brought to your attention:

- This proposal collects personal information about you;
- The information is collected to evaluate the insurance you seek;
- The intended recipients of the information are various overseas Insurers;
- The information is being collected and held by International Underwriting Agencies Limited;
The collection of this information is required pursuant to the common law duty to disclose all material facts relevant to the insurance sought and is mandatory;
- The failure to provide this information may result in your application for insurance being declined, or your insurance being void from the beginning;
- You have the rights to access of, and correction of, this information subject to the provision of the Privacy Act 1993.

If applicable, please mark N/A - * delete as applicable)

Full Name Of Insured:	<input type="text"/>
Risk Situation(s):	<input type="text"/>
Period Of Insurance:	From: <input type="text"/> / <input type="text"/> / <input type="text"/> To: <input type="text"/> / <input type="text"/> / <input type="text"/>
Trade And/Or Occupancy:	<input type="text"/>
Current Insurer:	<input type="text"/>

INTEREST AND SUMS INSURED

MATERIAL DAMAGE	SUMS INSURED
Building (*Indemnity or Replacement)	NZ\$
Building Inflationary Provision	NZ\$
Plant and Machinery (*Indemnity or Replacement)	NZ\$
Plant and Machinery Inflationary Provision	NZ\$
Stock	NZ\$
All Other Contents	NZ\$
Removal of Debris	NZ\$
TOTAL SUM INSURED – MATERIAL DAMAGE	NZ\$

BUSINESS INTERRUPTION		SUMS INSURED
Indemnity Period -		Months
Gross Profit (Deposit Basis Yes/No)		NZ\$
Gross Rentals		NZ\$
Wages (Dual Basis) 100% for	weeks	NZ\$
% for remainder of Indemnity period		%
Claims Preparation Costs and Fees		NZ\$
Additional Cost of Working		NZ\$
Book Debts		NZ\$
Rewriting of Records		NZ\$
Costs Incurred in Maintaining Admin Facilities		NZ\$
Loss of Goodwill		NZ\$
BUSINESS INTERRUPTION - TOTAL SUM INSURED		NZ\$

EARTHQUAKE	SUMS INSURED
Material Damage	NZ\$
Business Interruption	NZ\$
TOTAL EARTHQUAKE SUM INSURED	NZ\$

NB: Please note it is essential that all Earthquake aspects are fully completed; otherwise coverage will not be in force.

SUB LIMITS			
Earthquake outside Act	NZ\$	Transit in NZ Only	NZ\$
Keys and Locks	NZ\$	Personal Effects	NZ\$
Money A	NZ\$	Capital Additions	NZ\$
Money B	NZ\$	Goods in Refrigerated Storage	NZ\$
Customers Goods	NZ\$	Damage by Electrical Current	NZ\$

PAST LOSSES AND CURRENT CLAIMS

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.

YEAR OF LOSS	DESCRIPTION OF LOSS	NUMBER OF CLAIMS	AMOUNT OUTSTANDING

Are there any claims currently pending against the proposer, or is the proposer aware, after enquiry, of any circumstance which could give rise to a claim under the proposed insurance?

Yes

No

If "Yes", please provide details:

PRIOR INSURANCE

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

Has any Insurer:

- | | | |
|--|------------------------------|-----------------------------|
| a) Declined to insure you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Cancelled or refused to renew your insurance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) Imposed special terms to insure you? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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 has 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 Insurers through their agent IUA 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 are 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.

Signature:

Name:

Position:

Date:

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

INSURED:

SITUATION:

CONSTRUCTION OF BUILDINGS INSURED

Walls:

Floor:

Partitions:

Roof:

State of Repair:

Approx Year Built:

Is town water available?

Yes

No

OCCUPATIONAL HAZARDS

Are there any other occupants in the building?

Yes

No

If yes, give details of:

Nature of Occupants:

How are these other occupants separated from proposer?

How is the standard of housekeeping in the risk to be insured?

Good

Average

Poor

If flammable or dangerous goods are stored, please provide full details:

DGS Licence Number:

Method of waste removal:

Age of wiring and when last inspected:

Distance to Fire Brigade:

_____ Kms

Is the Fire Brigade

Permanent

or

Volunteer

Any combustibles kept/stored against the fabric of the building?

Yes

No

Is smoking permitted:

Yes

No

Deep Fat Fryer:

Yes

No

If yes, give details: (Make/Model)

Fire Blanket:

Yes

No

Standard of repair and maintenance for all insured plant and machinery:

Good

Average

Poor

PROTECTION

Approved Sprinklers:

Nil

No

Smoke detectors:

Yes

No

Hose Reels:

Yes

No

Extinguishers:

Yes

No

If yes give details:

SECURITY

Easily accessible:

Yes No

If yes, please give details:

Is Property Fenced:

Yes No

If yes, please give details:

Occupied:

Yes No

If yes, please give details:

Security Patrol:

Yes No

If yes, please give details:

Doors and locks,

please give details:

Windows:

Any other opening:

Yes No

Serviced:

Yes No

If yes, give details:

Burglar alarm system:

Yes No

Monitored:

Yes No

Serviced:

Yes No

Trading Hours:

How long has business been established and number of years experience of the Insured?

Is type of neighbourhood arson prone:

Yes No

Proximity to High Tide mark or nearest River or Lake?

What is your opinion of the acceptability of this risk and any recommendations to improve this risk?

Surveyed By:

Broker:

Date: