



**中国保险**  
**China Insurance**

**COMMERCIAL INSURANCE PROPOSAL FORMS**

**CHINA, “WHERE INSURANCE BEGAN”**



**CHINA INSURANCE (NZ) COMPANY LIMITED**  
**P O BO 3398**  
**AUCKLAND**  
**NEW ZEALAND**

**PHONE (09) 307 3876 (UNDERWRITING)**  
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## COMMERCIAL INSURANCE PROPOSAL FORMS

Policy No  Client No  Broker No  Cover Note No

Material Facts “You” (this means every person or entity to be insured under this insurance) are under a duty to disclose all material facts that could influence China Insurances’ decision to accept this insurance and, if so, at what terms. You need to disclose both facts know to you AND facts which you could have been reasonably expected to know about. If you are uncertain as to whether a fact may be material, you should disclose it to ensure that any cover granted has been prejudiced.

Brokers Name

Name(s) In Full

Postal Address

Business Or Occupation

Business/Contact No  Fax No  E-mail

Period Of Insurance

Date insurance to start 

Day	Month	Year
/	/	

Date insurance to run to 

Day	Month	Year
/	/	

General Notes

Contents

Please complete all questions on (page 3)

	Yes	No
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## GENERAL QUESTIONNAIRE

**1) Have you (in the past 3 years)**

(a) made any claims on an insurer for loss or damage? YES ☐ NO ☐

(b) had any insurance declined or cancelled, application rejected, renewal refused or demanded an increased premium for renewal claim rejected, premium for renewal, claim rejected, special terms and conditions or excess imposed by an insurer? YES ☐ NO ☐

(c) suffered any loss or damage which would have been covered by the proposed insurance policy YES ☐ NO ☐

(d) Have you ever had any losses (whether insured or not) prior to the last 3 years and over \$20,000, incurred by you or any director or partner, in respect of the type of risks proposed? YES ☐ NO ☐

**2) Have you or any partner(s), shareholder(s), or director(s), of the business**

(a) ever been declared bankrupt YES ☐ NO ☐

(b) ever been involved in a company or business which became insolvent or subject to any form of insolvency administration e.g. (liquidation or receivership)? YES ☐ NO ☐

(c) been convicted of any criminal offence within the past 5 years (other than minor traffic convictions)? YES ☐ NO ☐

(d) been liable for any civil offence or pecuniary penalty? YES ☐ NO ☐

3) How long have you been in your current business?

**Duty Of Disclosure**

**What you must tell us:** By law, you must answer all our questions honestly, telling us anything known to you and which a reasonable person in the circumstances would tell us. We will use your answers to decide to whether to insure you and/or anyone to be covered and at what terms.

**Who needs to tell us:** It is important that you understand you are answering questions in this way for yourself and anyone else to be covered, and on what terms.

**Non- Disclosure**

**If you do not tell us:** If you do not answer our questions in this way, we may refuse or reduce a claim, or cancel the policy. If you answer fraudulently we may refuse a claim and treat the policy as never been in force. If you do not understand your duty, ask your intermediary to explain it to you.

## SECTION 1 MATERIAL DAMAGE

Premises occupied as

Physical Address of risk

Interested Parties

Name(s) and Address:

**Situation and occupation of buildings. Complete this section if you would like to insure your buildings and their contents.**

Item no	Situation	Occupation	Excess Std	Burglary

Indemnity value \$	Replacement Value \$	Indemnity Value \$	Replacement Value \$
Buildings			
Contents			
Plant and Machinery			
Stock			
Other			
<b>TOTAL</b>			

**Memoranda with special limits**

Capital Additions	\$	0		
Demolition Costs	\$	included in sum-insured		
Employees' effects	\$	5,000		
Money A	\$	5,000		
Money B	\$	1,000		
Christmas carry	\$	0		
Seasonal stock	\$	%	% for the period	
Transit	\$	0		

**Additional Memoranda. Do you require this insurance to be extended to cover the following additional memoranda? Please indicate in the boxes below**

Earthquake indemnity	YES	NO
Earthquake full reinstatement		
Earthquake-EQC residential property section		
Stock declaration		
Refrigerated goods		
Theft		

Construction

No of Storeys

Year Built

If built pre 1935, is it strengthened for earthquake

Type: Brick ☐ Wood ☐ Mixed ☐   YES ☐ NO ☐ Number of years at location

**Security Safety.** Please indicate which of the following apply to the premises

1. Is it alarmed? YES ☐ NO ☐ If "Yes" is it monitored? YES ☐ NO ☐ 2. Are there single supply sprinklers? YES ☐ NO ☐
3. Are there fire extinguishers / fire protection equipment? YES ☐ NO ☐ 4. Are there dual supply sprinklers? YES ☐ NO ☐

## SECTION 2 BUSINESS INTERRUPTION

Insured Profit		
Loss of Revenue		
Loss of Rents		
Dual Wages	100% weeks	
	and % for weeks	
	alternative period weeks	
Wages In lieu of notice	weeks	
Payroll		
Additional increase cost of working		
Claim preparation costs		
Book debts		
Rewriting of records		
	<b>TOTAL SUM INSURED</b>	\$ _____

Indemnity period

\_\_\_\_\_ months

Uninsured working expenses:

Purchases, bad debts

**Additional Memoranda. Do you require this insurance to cover the following additional memoranda. If “Yes”, please tick the relevant boxes below:**

Customers’/ suppliers’ premises ☐

Earthquake, volcanic eruption and hydrothermal activity ☐

## SECTION 3 PORTABLE EQUIPMENT

### Situation

Anvwhere in New Zealand

Details of Items	Sum Insured	Material Damage	Natural Disaster	Fire Service Levy
		YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="text"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="text"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="text"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="text"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="text"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="text"/>

Total Fire Service Levies

\$

Totals

\$

Clauses

Theft Excluded YES ☐ NO ☐

## SECTION 4 LIABILITY QUESTIONNAIRE

If you are taking out liability insurance please complete the following "Information About the Business" section in all cases. Please then complete only the sections for the cover you require: "General Liability" (for Product and Broadform Liability), "Statutory Liability" and /or 'Employers Liability'.

Please Note: If any answers are "Yes" to questions 3-13 please complete a separate sheet for these.

### "Information About The Business"

1. Please provide;

- (a) estimated turnover of the business  (b) estimated annual wages of the business   
 (c) number of years Business established  (d) number of employee's inc working partners

2. Done away from the premises YES <input type="checkbox"/> NO <input type="checkbox"/> If "Yes", what percentage %	
3. Does the business ever involve the use of naked or open heat sources, including welding/ hot work?	YES <input type="checkbox"/> NO <input type="checkbox"/>
4. Do any of the operations involve the use, transportation or processing of dangerous goods or hazardous material (subject to (the dangerous goods act 1974, the Hazardous Substances and New Organisms Act 1996, or to codes of practice or regulations under the Health and Safety In Employment Act 1992)?	YES <input type="checkbox"/> NO <input type="checkbox"/>

(If, "Yes" state: type, quantity handling methods, etc.)

5. Does the business have any branches or addresses outside New Zealand, or are you represented by a resident employee or employee or agent outside of New Zealand?	YES <input type="checkbox"/> NO <input type="checkbox"/>
6. Does the business discharge any toxic or dangerous substances into the atmosphere, sewers or elsewhere?	YES <input type="checkbox"/> NO <input type="checkbox"/>
7. To your knowledge has the land on which the business is situate ever been:	
(a) polluted, or registered by either local or central government as a polluted site	YES <input type="checkbox"/> NO <input type="checkbox"/>
(b) used for waste disposal, or hazardous processes (e.g. chemical storage or manufacture)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
8. Does the business ever include the excavation of land?	YES <input type="checkbox"/> NO <input type="checkbox"/>
9. Does the business store other peoples' property?	YES <input type="checkbox"/> NO <input type="checkbox"/>

If "Yes" state: type, approximate value, location, and terms on which you hold the property

Type	Approximate Value	Location	Terms
10. Does the business agree to obligations under any contract (including any agreement with others to indemnify or hold harmless) which are greater than those generally imposed by law?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
11. Does the business involve product design?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
12. Have you ever been investigated, issued with an official notice, prosecuted or sued in connection with any of these Acts or is any action pending?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
(a) Building Act 1991, Resource Management Act 1991?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
(b) Health and Safety in Employment Act 1992?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
(c) Fair Trading Act 1986, Consumer Act 1993?, Commerce Act 1986?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
(d) Any other statute which impacts on and/or regulates your business?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
13. Do you have procedures in place to ensure compliance with the above Acts? If "Yes" please attach details.)	YES <input type="checkbox"/> NO <input type="checkbox"/>		

## SECTION 5 GENERAL & BROADFORM LIABILITY

Policy Cover option: Broadform ☐ Public ☐

Limit of Indemnity	Included	Limit Of Indemnity	Excess Amount
Broadform	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Public	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Products (for Public only)	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Bailees Liability	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Motor Service and Repair liability	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$250,000	
Forest and Rural Fires Act 1977	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$250,000	
Prosecution Defence Costs	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$250,000	
Exemplary Damages in New Zealand	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$250,000	

Clauses

Warranties



### Part A-Products Liability

A1. List all your products (or attach any catalogues, brochures, price lists, if issued):

A2. Are your products directly or indirectly exported? > YES ☐ NO ☐ If "Yes" please complete questions A3 to A8. If "No" go to Part B

  


A3. Please give details of products supplied and estimates of gross turnover sold or distributed:

Country	Product	Actual Turnover Last Year	Est. Turnover this year

A4. (a) if any parts of your products are not manufactured by you, please give details of supplier(s):

(b) What proportion of your products (or any components incorporated therein) is manufactured outside New Zealand

%

A5. Do you use radioactive materials in the course of manufacturing your products?

If "Yes" please give details:

(a) Are any of your products used in the aircraft or automotive industry? YES ☐ NO ☐

A6. Are overseas sales, marketing or distribution of your products handled by agents or representatives who are based outside New Zealand?	YES <input type="checkbox"/> NO <input type="checkbox"/>
(a) in respect of your products, is there any agreement in force to indemnify or hold harmless any supplier, contractor, sales or marketing agent, or processor?	YES <input type="checkbox"/> NO <input type="checkbox"/>
(b) in respect of your products, do you issue any written guarantees or conditions of sale?	YES <input type="checkbox"/> NO <input type="checkbox"/>



A8. (a) Please give details of your procedures for testing and research for all products, both new and existing, before sales/distribution;

--

(b) Please give details of the complaints procedure/claims handling and records kept of such complaints/claims:

--

(c) Does your business have a quality control manual? YES ☐ NO ☐ > If "Yes", how long has it been in Use?

(d) Does your business have an ISO 9000 series approval? YES ☐ NO ☐ > If "Yes", which one?

(e) Do the products conform to statutory, government or other regulations of the countries to which they exported? YES ☐ NO ☐

If "Yes" please give details

--

(f) please attach details of product labels, warnings, instructions, warranties, advertising and specifying manuals, and give full details of packaging, including instructions/warnings on handling, transportation and storage.

#### Part B – Motor Service Repair Liability

B1. Does the Business involve the servicing and/or repair of motor vehicles? YES ☐ > If "Yes", % of turnover/wages

And complete all of part B

NO ☐ If "No", go to part C.

If, "Yes", describe fully the work carried out (e.g. passenger vehicle, earthmoving machinery engine reconditioning, mechanical repairs).


#### Part C – Bailees Liability

1. Do you require liability cover for property held by you for reward? YES ☐ NO ☐

If Yes, please provide full details below including the limit required:

Type of property	Maximum value	Limit required

## SECTION 6 STATUTORY LIABILITY

	Included	Sum Insured	Excess amount
Statutory Liability	<input type="checkbox"/>	\$ <input type="text"/>	\$ <input type="text"/>

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 and/or on a separate page.

### Resource Management Act

1. Do you require, or have you ever applied for a resource consent and/or certificate of compliance under the Resource Management Act? YES ☐ NO ☐

If "Yes" please attach a copy of the consent and/or certificate of compliance.

2. Please give details of any pollution or environmental incident involving the Business during the last 5 years:

### Building Act

1. Does any building owned, leased or tenanted by you require a building consent or annual building warrant of fitness? YES ☐ NO ☐

If "Yes" please confirm the following:

(a) are the contents and/or warrants of fitness current? YES ☐ NO ☐

(b) do you have the appropriate systems in place to ensure that they are checked and kept current? YES ☐ NO ☐

(If "No" please give reasons).

## SECTION 7 EMPLOYERS LIABILITY

	Included	Sum-Insured	Excess Amount
Employers Liability	<input type="checkbox"/>	\$ <input type="text"/>	\$ <input type="text"/>
Exemplary Damages	<input type="checkbox"/>	\$ <input type="text"/>	\$ <input type="text"/>
Prosecution Defence Costs	<input type="checkbox"/>	\$ <input type="text"/>	\$ <input type="text"/>

1. (a) Estimate annual ACC levy: \$  (b) Number of staff employed:

2. Are you 'exempt' or 'accredited' employer under ACC legislation? Exempt ☐ Accredited ☐

3. Do any operations involve the use of machinery? YES ☐ NO ☐ >If "Yes", please give details below and/or a separate page.

4. 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 below and/or a separate page.

## SECTION 8 CARRIERS TRANSIT LIABILITY

### ITEMS TO BE INSURED

#### Limits of Indemnity

#### AMOUNTS

	At Limited Carriers Risk	At Declared Value Risk
1. Any one "unit of goods" as defined in the Carriage of Goods Act 1979	\$ 1,500	
2. Any one conveyance owned or operated by the Insured.	\$	
3. Any one accident, i.e any one or all occurrence of a series consequent on, or attributable to, one source or original cause.	\$	\$
Annual Deposit Premium	\$	

Excess: \$500 Or other: \$

### THE BUSINESS

1. State the number and type(s) of vehicles operated by you

2. Please indicate if you carry any of the following:

	Never	Occasionally	Frequently		Never	Occasionally	Frequently
Machinery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Whiteware, e.g. refrigerators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glass, china etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brown goods, e.g. televisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Livestock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fruit and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerated goods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Used household & office removals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. State the main type of goods carried

4. State the number of years the business has been established:

5. What percentage of freight earnings are derived from:

Urban deliveries	%	Inter-island movements	%
Inter-city movements	%	Rural deliveries	%

6. State the estimated gross income from your activities which are covered under the Carriage of Goods Act 1979

\$

Indicate the estimated percentage of your gross income from contracts where you act as:

Contracting carrier not actually carrying	%	An intermediate carrier in the transit	%
---	---	--	---

The first actual carrier in the transit

%

The final carrier in the

%

transit

7. State , in terms of the Carriage of goods Act 1979, the estimated percentage of gross annual income you contract:

At "Owners Risk"

%

At "Declared Value Risk"

%

At "Limited Carriers Risk"

%

On "Declared Terms"

%

Note: "Declared Terms" contracts will be the subject of a separate insurance contract.

8. Consignment notes

Please attach a copy for each type of carriage contract. If a consignment note is not issued note for each contract and detail How the terms of carriage are advised to clients.

#### THE APPLAICANT AND OTHERS

1. Do you employ subcontractors YES ☐ NO ☐ > If "Yes" what percentage of your Gross Freight relates to subcontractor loads

%

2. If subcontractors are employed , is you liability as principal to be covered while goods are in the custody of subcontractors? YES ☐ NO ☐

## SECTION 9 MACHINERY BREAKDOWN

**Items to be insured.** The new replacement cost must include any packaging, freight, customs duties and installation charges.

Item no	Description	Makers Name	Country of Manufacture	Year of manufacture	New replacement cost \$

**Additional Memoranda.** Do you want you insurance to be extended to include the following memoranda? YES ☐ NO ☐

Memoranda	Limit	YES	NO
Express freight within New Zealand	Plus 50% of normal freight		
Oversea air freight	\$5,000		
Overtime costs	Plus 50% of normal freight		

**1. Has the machinery been subject to any accidents or failures (insured or otherwise) within the last 3 years?** YES ☐ NO ☐

If "Yes" to either of the above please give details below:


**2. Do you have any maintenance or service agreements?** YES ☐ NO ☐

If "Yes" please give details below:

Type of equipment	Machine used	Maintenance company

Please note that we will require a full maintenance/service agreement in force before cover can be effective.

Excess

The minimum excess is \$500,00

## SECTION 10 STOCK DETERIORATION

This policy is only available if you take out Machinery Breakdown Cover.

### Property Insured

Full description of type of stock	Identity storage chamber	Sum-Insured (replacement value)	Rate	Premium

Is there a significant fluctuation in the values of stock throughout the year? YES ☐ NO ☐ If "Yes" please attach details.

### Excess

This insurance is subject to an excess of  % of each and every net loss with a minimum of \$  ; or \$

### The Risk

1. Does the sum(s) insured on stock represent Full Value? YES ☐ NO ☐
2. Is the refrigerating machinery:
  - (a) maintained by your own engineering staff? YES ☐ NO ☐
  - (b) the subject of a regular maintenance report? YES ☐ NO ☐
3. (a) Is there any automatic temperature alarm system? YES ☐ NO ☐  
(b) Is it monitored ? YES ☐ NO ☐

If "Yes" to (a) or (b) above please provide details below:

4. Are there any alternative storage facilities that can be used in the event of a claim ? YES ☐ NO ☐ If "Yes" please provide details.

5. Do you store goods belonging to others? YES ☐ NO ☐ If "Yes" do you have printed storage conditions? YES ☐ NO ☐

## SECTION 11 FIDELITY GUARANTEE

Please list the places in which your business is conducted

Please give the date when your business first commenced

1) Do you utilize external auditors? YES ☐ NO ☐ If yes, (a) please state name of firm

(b) how frequently do they audit? Cash?  Accounts?  Inventory?  Negotiables?

(c) to whom do they report

(d) are their internal control/security recommendations(if and when made) adopted without exception? YES ☐ NO ☐

(e) are their internal control/security recommendations outstanding? YES ☐ NO ☐ If Yes, please give details

2) Do you conduct internal audits? YES ☐ NO ☐ If Yes, how frequently?

(a) are all aspects (including inventory) and locations of your business audited YES ☐ NO ☐ If No, please provide details

(b) are 'surprise' audits conducted YES ☐ NO ☐ If Yes, please provide details

(c) who conducts the internal audits (name and position) and who do they report their findings to?

3) Has any person holding any position in your employment committed any default? YES ☐ NO ☐

If Yes, please provide details

4) Is dual control (by two or more employees) established and maintained for the handling and signing of

(a) bank accounts? YES ☐ NO ☐ (b) drafts and cheques? YES ☐ NO ☐ (c) cash? YES ☐ NO ☐

5) Is the pre-signing of cheques ever allowed? YES ☐ NO ☐

If Yes, please give details

6) Please describe your inventory

## 7) CLASSIFICATION OF EMPLOYEES

### Class 1

**Employees having responsibility for money or negotiable instruments stock and/or accounts.**

**Number of Employees**

- (a) Executives, officials and Employees other than those referred to below.
- (b) Executives, officials and Employees primarily engaged in duties as Cashiers, Treasurers, Paymasters, Accountants handling money of negotiable instruments. Indoor sales staff handling money or negotiable Instruments. Stock and Stores Supervisors.
- (c) Employees engaged in outdoors handling of money or negotiable instruments. Employees primarily involved in the delivery of goods.

### Class 2

**All other employees not having responsibility for money or negotiable instruments, stock and/or accounts.**

Sales representatives , clerical, processors, computer operators, reception/telephonists, supervisors, factory Workers, labourers, mechanics and other similar positions.

**8) Are you likely to substantially increase your number of employees during the period of insurance by reason of**

(a) seasonal activity or unusual circumstances ? YES ☐ NO ☐

(b) expansion or merger ? YES ☐ NO ☐

**9) Have you had any losses and/or claims in the past 5 years (insured or not) which, had the events giving rise to the losses and/or claims occurred during the period of insurance, would be the subject of indemnity under this proposed insurance? YES ☐ NO ☐**

**If Yes, please provide details**



## SECTION 12 COMMERCIAL MOTOR VEHICLE

### PARTICULARS OF INSURED VEHICLES- Vans, Pick-up Trucks and Trucks (Up To 3,500KG laden weight)

Make, Type And Model	Year	Nominated Extensions	Registration No	V.I.N. No	Cover	Sum Insured

Please Note: The Sum-Insured should include all accessories affixed to the Insured Vehicle, but Should exclude G.S.T. and should be no less than the market value.

### PARTICULARS OF COVER:-

Please indicate which cover is to apply to each vehicle in the Cover column above.  
Indicated

Cover

- |   |   |
|---|---|
| 1. Comprehensive – All Sections to apply.   | 1 |
| 2. Third Party Fire and Theft – Section 1 for Fire, Theft and Illegal Conversion only and Section 2 Third Party Property Damage | 2 |
| 3. Third Party – Section 2 Third Party Property Damage only.  | 3 |

**NOMINATED EXTENSIONS – as shown in the policy – Available for comprehensive covers only**

delete

(a) Goods In Transit – Limited to Loss by fire, collision overturning of your vehicle or if your vehicle is stolen and damaged, limited to \$3,000.	YES <input type="checkbox"/> NO <input type="checkbox"/>
(b) Hoists – Do you require cover for mechanical/breakdown or failure of hoists. Limit \$5,000	YES <input type="checkbox"/> NO <input type="checkbox"/>
(c) Invalidation – Do you require cover for breaches of General Exclusions without Your knowledge	YES <input type="checkbox"/> NO <input type="checkbox"/>
(d) Rental vehicles – Covers damage to the rental vehicle up to \$50,000 plus any underage excess	YES <input type="checkbox"/> NO <input type="checkbox"/>
(e) Voluntary Excess – Minimum base excess on all covers \$400 plus any underage excesses	YES <input type="checkbox"/> NO <input type="checkbox"/>

### Specify Voluntary Excess

1. Loss of Use – Covers loss against not being able to use your vehicle to continue your business, Subject to a maximum period of 40 days and a limit of \$200 a day with a maximum of \$5,000. An Excess of \$1,000 applies.	YES <input type="checkbox"/> NO <input type="checkbox"/>
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### Vehicle Use

1. Are the vehicles fitted with any (a) fire extinguishers; anti-theft devices (alarm, steering lock etc)	YES <input type="checkbox"/> NO <input type="checkbox"/>
2. Do any of your vehicles have a regular run of over 100 kms more than once a week?	YES <input type="checkbox"/> NO <input type="checkbox"/>
3. Are any of your vehicles operated for more than 11 hours per day?	YES <input type="checkbox"/> NO <input type="checkbox"/>
4. Are any of the vehicles designed for bulk transportation of inflammable liquids or gases?	YES <input type="checkbox"/> NO <input type="checkbox"/>
5. Do you carry explosives, toxic chemicals or acids?	YES <input type="checkbox"/> NO <input type="checkbox"/>
6. Do you hire out any of your vehicles?	YES <input type="checkbox"/> NO <input type="checkbox"/>
7. Are any of the vehicles parked on roads or unfenced yards or sections at night or over the week ends?	YES <input type="checkbox"/> NO <input type="checkbox"/>

## General Questions

**Note: If you answer Yes to any of the following questions you must provide details.**

**1. Are you the owner of the vehicle? If not please specify those who have a financial interest:**

Name	Address

	Delete
2. Have you or any intended driver involved in the operation of the insured vehicle:	
(a) Ever been convicted of a motoring offence, other than parking?	YES <input type="checkbox"/> NO <input type="checkbox"/>
(b) Ever had a drivers license endorsed, suspended or cancelled?	YES <input type="checkbox"/> NO <input type="checkbox"/>
(c) Ever been declined insurance or had special terms imposed?	YES <input type="checkbox"/> NO <input type="checkbox"/>
(d) Had an insurance cover cancelled for non payment of premium?	YES <input type="checkbox"/> NO <input type="checkbox"/>
(e) Ever been wound up, liquidated or made insolvent?	YES <input type="checkbox"/> NO <input type="checkbox"/>
(f) Ever been involved in or charged with a criminal offence?	YES <input type="checkbox"/> NO <input type="checkbox"/>
(g) Ever suffered from, and/or still do, any know physical or mental defect or infirmity?	YES <input type="checkbox"/> NO <input type="checkbox"/>
3. Do you wish to restrict use to drivers over the age of 25?	YES <input type="checkbox"/> NO <input type="checkbox"/>

**4. Please list all insurers who have insured your vehicles during the past 5 years:**

Insurance Company	Branch	From	To

**5. List ALL accidents you have had during the last 5 years. If insufficient space please attach a separate listing.**

Date of Accident	Description Of Accident	Insurance Company	Cost
			\$
			\$

**6. Have you ever had a claim declined by an Insurer? YES ☐ NO ☐ If Yes, please give details of Insurer**

Insurance Company	Details

**i. Has any Insured Vehicle been altered from the manufacturers' original specification (including but not limited to structural changes, lowering of chassis, stereos, radar detectors, mag wheels, additional gauges etc) and if so, have they been certified in accordance with the Transport Regulations? Please provide and complete details below.**


**ii. Does the vehicle have accessories collectively worth more than \$1000 (including but not limited to: Stereo, CD Player, Radar Detector, Mag Wheels, Other Gauges etc. please provide details below:**

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## SECTION 11 PRIVACY ACT DECLARATION AND SIGNATURE

### Privacy Act

1. Pursuant to the Privacy Act 1993 the following is brought to your attention;

- (a) This proposal collects personal information about you
- (b) The information is collected to evaluate the insurance that you seek.
- (c) The intended recipient of the information is China Insurance (NZ) Company Limited.
- (d) The information is collected and held by China Insurance (NZ) Company Limited, 7<sup>th</sup> Level, 17 Albert Street, Auckland.
- (e) The collection of this information is required pursuant to the common duty to disclose all material facts relevant to the insurance sought and is mandatory.
- (f) The failure to provide this information may result in your application for insurance being declined or your insurance being void from the start.
- (g) You have rights of access to and correction of this information, subject to the provisions of The Privacy Act 1993.

### Declaration

I/We agree that my/our personal information may be used by China Insurance (NZ) Company Limited to advise me/us of your other services.

I/We authorise the disclosure of personal information held by any other party regarding my/our previous insurances.

I/We agree to you releasing to other parties information regarding this insurance.

I/We do hereby declare and warrant that the answers given in this proposal are in every respect correct and complete and

I/We agree that this proposal and declaration shall be the basis of the contract between us; and I/we further agree to accept terms, exceptions and conditions contained in the Proposal Form as modified or extended by any endorsements thereon or the policy schedule or any certificate of insurance issued to me/us by you in lieu of a policy.

### Fire Service Amendment Act

I/we, in conformance with the Fire Service Act 1975 Section 48 (6) (b) (1) or 48 (6) (c) (1), declare that the indemnity value of the property listed and insured by the above policy is fair and reasonable in relation to the replacement value of the property.

### Important Notice

**Please note you are required to:**

- (a) tell us about any other circumstances which may be relevant to us in considering this proposal, and
- (b) notify us of any material events or changes in circumstances which may have occurred since this policy commenced or was last renewed.

Signature

Date

Name

Position

## This image shows a full page of blank, lined paper. It features approximately 28 horizontal blue or grey lines spaced evenly apart, typical of notebook paper. The lines extend across the entire width of the page, leaving small margins at the top and bottom. There are no vertical lines, text, or other markings present.