



# Material Damage & Business Interruption

## Insurance Proposal Form

### Important Notice

#### Privacy Act

Pursuant to the Privacy Act 1993, the following is brought to your attention:

- This Proposal and Declaration Form collects personal information about you | the proposer and/or your business.
- The information is collected to evaluate the insurance that is being sought.
- The intended recipient(s) of this information is Concordia Underwriting Agency LP and the supporting Insurers.
- 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 this application for insurance being declined or this insurance being void from the beginning.
- You have rights of access to and correction of this information, subject to the provisions of the Privacy Act 1993.

#### Applicant Details

**Insured Name**

**Postal Address**

**Website**  **Email**

**Phone (Bus)**  **Phone (Mobile)**

**Business Activities**

**Interested Parties**

**Period of Insurance**  
**From 4.00pm:**  **To 4.00pm:**

#### Property Details

1. Address of location(s) to be insured

Situation 1	
No	<input type="text"/>
Street	<input type="text"/>
Suburb	<input type="text"/>
City	<input type="text"/>
Postal Code	<input type="text"/>

Situation 2	
No	<input type="text"/>
Street	<input type="text"/>
Suburb	<input type="text"/>
City	<input type="text"/>
Postal Code	<input type="text"/>

2. Business activities | processes of all building occupants

Situation 1

Situation 2

3. Construction of building(s) to be insured

Situation 1	
Year Built	
No. Storeys	
Foundation	
Floor	
Frames	
Lining	
Roof	
Joinery	
State of Repair	
Soil Type	Rock   Soft Rock Soft Rock Soft Rock   Stiff Soil Stiff   Soft Soil Stiff Soil Please circle the option that applies.
Flood Information	Proximity to location in respect of High Tide mark or nearest River or Lake? Yes <input type="radio"/> No <input type="radio"/>
Heritage Building	Yes <input type="radio"/> No <input type="radio"/>
Heritage Category	Please advise Heritage Type

Situation 2	
Year Built	
No. Storeys	
Foundation	
Floor	
Frames	
Lining	
Roof	
Joinery	
State of Repair	
Soil Type	Rock   Soft Rock Soft Rock Soft Rock   Stiff Soil Stiff   Soft Soil Stiff Soil Please circle the option that applies.
Flood Information	Proximity to location in respect of High Tide mark or nearest River or Lake? Yes <input type="radio"/> No <input type="radio"/>
Heritage Building	Yes <input type="radio"/> No <input type="radio"/>
Heritage Category	Please advise Heritage Type

4. Does any part of the building construction include expanded polystyrene panels?

Situation 1
Yes <input type="radio"/> No <input type="radio"/>
If 'Yes', what percentage?

Situation 2
Yes <input type="radio"/> No <input type="radio"/>
If 'Yes', what percentage?

5. Does any part of the building contain a walk in chiller/freezer?

Situation 1
Yes <input type="radio"/> No <input type="radio"/>

Situation 2
Yes <input type="radio"/> No <input type="radio"/>

## Sums Insured

### Material Damage

#### 1. Sums Insured / Basis of Settlement

'I' = Indemnity Value | 'R' = Replacement Value

Situation 1						
Building	\$		I	<input type="radio"/>	R	<input type="radio"/>
Plant   Contents	\$		I	<input type="radio"/>	R	<input type="radio"/>
Stock	\$		I	<input type="radio"/>	R	<input type="radio"/>
Other Property *	\$		I	<input type="radio"/>	R	<input type="radio"/>

Situation 2						
Building	\$		I	<input type="radio"/>	R	<input type="radio"/>
Plant   Contents	\$		I	<input type="radio"/>	R	<input type="radio"/>
Stock	\$		I	<input type="radio"/>	R	<input type="radio"/>
Other Property *	\$		I	<input type="radio"/>	R	<input type="radio"/>

Description of 'Other Property'


Description of 'Other Property'


Please attach recent valuations for risks for which replacement cover is required and tick to indicate enclosure.

#### 2. What deductibles do you require?

Residential Property	\$	400	<input type="radio"/>	Or	\$	
All other claims	\$	1,000	<input type="radio"/>	Or	\$	

#### 3. Do you want to change any of the Standard Sub-Limits? (If 'Yes', please specify your increased limits below)

Standard Policy Sub-Limits		Or	Alternative Event/Item Sub-Limits	
Alternative Residential Accommodation	\$75,000 any one Event	Or	\$	
Capital Additions	\$250,000 any one time	Or	\$	
Hazardous Substance Emergencies	\$10,000 any one Event	Or	\$	
Effect of Employees & Directors	\$25,000 any one Event	Or	\$	
Hidden Gradual Damage	\$5,000 any one Event	Or	\$	
	\$20,000 Limit any one Period	Or	\$	
Landslip	\$500,000 any one Event	Or	\$	
Lost or Stolen Keys	\$15,000 any one Event	Or	\$	
Monuments	\$50,000 any one Event	Or	\$	
Machinery Extension	\$50,000 any one Event	Or	\$	
<b>Money</b>	<b>Limit any one Event:</b>	Or	\$	
Section A: Additional Limit	\$25,000 any one location	Or	\$	
	\$50,000 seasonal or other extraordinary accumulation	Or	\$	
Section B:	\$2,500 any one location	Or	\$	
Property to which the Contract Works Exclusion does not apply	\$250,000 specified maximum contract price	Or	\$	

Protection Costs	\$25,000 any one Event
Refrigerated Goods	\$15,000 any one Event
Residents Effects	\$50,000 any one Event
	\$10,000 any one Resident
Subsidence	\$500,000 any one Event
Suspect Loss or Damage	\$200,000 any one Event
Theft	\$50,000 any one loss
Transit	\$50,000 any one Event
Transit of Personal Goods	\$50,000 any one Event
Temporary Removal	\$250,000 any one Event

Or	\$	
Or	\$	
Or	\$	
Or	\$	
Or	\$	
Or	\$	
Or	\$	
Or	\$	
Or	\$	

## Business Interruption

4. Annual Turnover \$
5. Indemnity Period  Months
6. Basis of Cover  
 Gross Profit   
 Gross Revenue
7. Sums Insured

**Please Note:** If an Indemnity Period of more than 12 Months is selected, the sums insured should be adjusted accordingly

(a)	Gross Rentals	\$	<input type="text"/>	
(b)	Additional Increase in Expenditure	\$	<input type="text"/>	
(c)	Claims Preparation Costs	\$	<input type="text"/>	
(d)	Payroll and Wages (Dual Basis)	\$	<input type="text"/>	
	Initial Period		<input type="text"/>	Weeks
	Alternative Period		<input type="text"/>	Weeks
	Remainder		<input type="text"/>	%
(e)	Additional Cost of Working	\$	<input type="text"/>	
(f)	Book Debts	\$	<input type="text"/>	
(g)	Rewriting of Records	\$	<input type="text"/>	
(h)	Loss of Goodwill	\$	<input type="text"/>	
(i)	Fines or Damages	\$	<input type="text"/>	
	<b>Total Sum Insured</b>	<b>\$</b>	<input type="text"/>	

### Optional extensions

1. **Do you want cover for Natural Disaster?** Yes  No   
 (Earthquake, tsunami, volcanic eruption, hydrothermal or geothermal activity, or fire following any of these and subterranean fire)
2. **Excess EQC – Residential property?** Yes  No

## Risk Protection

### 1. What fire protection does the property have?

Situation 1				
Automatic sprinklers	Yes	<input type="radio"/>	No	<input type="radio"/>
Heat detectors	Yes	<input type="radio"/>	No	<input type="radio"/>
Hose reels	Yes	<input type="radio"/>	No	<input type="radio"/>
Fire extinguishers	Yes	<input type="radio"/>	No	<input type="radio"/>

Situation 2				
Automatic sprinklers	Yes	<input type="radio"/>	No	<input type="radio"/>
Heat detectors	Yes	<input type="radio"/>	No	<input type="radio"/>
Hose reels	Yes	<input type="radio"/>	No	<input type="radio"/>
Fire extinguishers	Yes	<input type="radio"/>	No	<input type="radio"/>

### 2. Are the properties on mains water?

Situation 1				
	Yes	<input type="radio"/>	No	<input type="radio"/>

Situation 2				
	Yes	<input type="radio"/>	No	<input type="radio"/>

### 3. Is the property:

Situation 1				
Easily accessible	Yes	<input type="radio"/>	No	<input type="radio"/>
Property fenced	Yes	<input type="radio"/>	No	<input type="radio"/>
Occupied	Yes	<input type="radio"/>	No	<input type="radio"/>
Doors and window locks	Yes	<input type="radio"/>	No	<input type="radio"/>

Situation 2				
Easily accessible	Yes	<input type="radio"/>	No	<input type="radio"/>
Property fenced	Yes	<input type="radio"/>	No	<input type="radio"/>
Occupied	Yes	<input type="radio"/>	No	<input type="radio"/>
Doors and window locks	Yes	<input type="radio"/>	No	<input type="radio"/>

### 4. Is there an operational burglar alarm?

Situation 1				
	Yes	<input type="radio"/>	No	<input type="radio"/>
If 'Yes', is it monitored?	Yes	<input type="radio"/>	No	<input type="radio"/>

Situation 2				
	Yes	<input type="radio"/>	No	<input type="radio"/>
If 'Yes', is it monitored?	Yes	<input type="radio"/>	No	<input type="radio"/>

### 5. Do you use or store flammable liquids/gases or hazardous substances?

Situation 1				
	Yes	<input type="radio"/>	No	<input type="radio"/>
If 'Yes' please provide details/quantities				

Situation 2				
	Yes	<input type="radio"/>	No	<input type="radio"/>
If 'Yes' please provide details/quantities				

### 6. Do you have a safe?

Situation 1				
	Yes	<input type="radio"/>	No	<input type="radio"/>
If 'Yes', is the safe:				
Covered by burglar alarm sensors?	Yes	<input type="radio"/>	No	<input type="radio"/>
Bolted to the floor?	Yes	<input type="radio"/>	No	<input type="radio"/>

Situation 2				
	Yes	<input type="radio"/>	No	<input type="radio"/>
If 'Yes', is the safe:				
Covered by burglar alarm sensors?	Yes	<input type="radio"/>	No	<input type="radio"/>
Bolted to the floor?	Yes	<input type="radio"/>	No	<input type="radio"/>

### 7. Is any deep frying or wok cooking undertaken on the premises?

Situation 1				
	Yes	<input type="radio"/>	No	<input type="radio"/>
<b>Please Note:</b> 'Commercial Cooking Warranty' exists				

Situation 2				
	Yes	<input type="radio"/>	No	<input type="radio"/>
<b>Please Note:</b> 'Commercial Cooking Warranty' exists				

8. **Distance to Fire Brigade:**

Situation 1				
Distance from Fire Brigade				
Is the Fire Brigade Permanent or Volunteer?	Yes	<input type="radio"/>	No	<input type="radio"/>

Situation 2				
Distance from Fire Brigade				
Is the Fire Brigade Permanent or Volunteer?	Yes	<input type="radio"/>	No	<input type="radio"/>

9. **Is smoking permitted?**

Situation 1			
Yes	<input type="radio"/>	No	<input type="radio"/>

Situation 2			
Yes	<input type="radio"/>	No	<input type="radio"/>

10. **Is any part of the property used as a place of residence?**

Situation 1			
Yes	<input type="radio"/>	No	<input type="radio"/>
If 'Yes' how many units/residences?			

Situation 2			
Yes	<input type="radio"/>	No	<input type="radio"/>
If 'Yes' how many units/residences?			

11. **Details of the occupations within adjoining premises?**

Situation 1

Situation 2

**Claims Experience**

1. **Have you alone, in partnership or jointly with any other party or, if a corporation, any of its directors:**

(a) had any losses and/or claims in the past 3 years (whether insured or not)? Yes  No

Year of loss	Description of Loss	Number of claims	Amount Outstanding

(b) ever experienced a claim over NZD10,000 Yes  No

(c) ever withdrawn a claim? Yes  No

(d) subject to the Criminal Records (Clean Slate) Act 2004, been convicted of any criminal offence or charged with any criminal offence? Yes  No

2. **Have you alone, in partnership, jointly with any other party or if a corporation, any of its directors ever been placed in receivership or liquidation, or declared bankrupt?**

Yes  No

If 'Yes', please provide details

---

---

---

3. **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

1. **Has any Insurer ever declined any claim or proposal for insurance, cancelled or refused to renew a policy, imposed an additional excess, or imposed special terms, conditions or restrictions on a policy?**

Yes  No

If 'Yes', please provide details

---

---

---

### General Questions

1. **Does anyone (other than the Insured) have a financial interest in any property?**

Yes  No

If 'Yes', please provide details

---

---

---

### Supplementary Information

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

## Declaration

I/We declare, on behalf of all proposed insureds, that:

- (a) All answers and statements in this proposal are correct and complete in every respect and there is no further information which may affect acceptance of the proposal
- (b) If accepted by Concordia, this proposal and declaration, and any other material which I/we have provided to Concordia, shall be incorporated into and form the basis of the contract of insurance
- (c) I/We understand that Concordia requires this information (which will be retained by Concordia) in order to decide whether or not to accept this proposal, and also that the Privacy Act 1993 entitles me/us to have access to, and request the correction of this information
- (d) Concordia is authorised to disclose information received from me/us to its advisers, reinsurers and to other insurers. I/We authorise Concordia to obtain, from any party, information that is, in Concordia's view, relevant to this proposal.
- (e) I/We understand that the insurance will not be in force until this proposal has been accepted and cover confirmed by Concordia

Note: Signing this proposal and any supplementary questionnaires does not bind either the applicant or Concordia to complete the contract of insurance.

**Signed by Applicant**

**Printed name**

**Position**

**Email address**

**Date**

**Phone**

**Mobile**