

PROPOSAL FORM

Bailees Liability



DUTY OF DISCLOSURE

This proposal form is to be completed by the Applicant or an Authorised Officer of the Applicant.

The information provided to Vero Liability in this proposal form will be the basis of any contract of insurance entered into.

You must disclose to Vero Liability Insurance Limited all information which is material to it in deciding whether to issue insurance cover to you, and if so on what terms and/or premium. This includes but is not limited to any circumstances or conduct which might lead to a claim being made against you. This may also include information which is additional to the questions that we have asked. The duty to disclose material information occurs prior to the commencement of cover, prior to each renewal or whenever the policy is varied. This means that prior to renewal or any policy variations, as well as advising of new information you also need to advise us of any alterations to the facts previously notified. Failing to disclose material information may result in your policy being avoided. This means that your policy would be deemed to have never existed and no claims would be payable.

If there is insufficient space to provide full information in this proposal, please attach additional sheets.

WHEN IN DOUBT DISCLOSE.

Applicant Details

Name of applicant including trading names, names of subsidiaries and any other parties to be insured	
Address	
Website Address	
Email Address	Contact Person
Phone Number	Broker / Agent

Premises Details

Location of the premises:	
What is the type of building?	
<input type="checkbox"/> Warehouse	<input type="checkbox"/> Coolstore
<input type="checkbox"/> Coldstore	<input type="checkbox"/> Controlled atmosphere
<input type="checkbox"/> Bulk Storage Facility	<input type="checkbox"/> Seed/Grain Store
<input type="checkbox"/> Self Storage Units	
<input type="checkbox"/> Other (please specify)	
What is the construction of:	
Walls	
Roof	
Floor	
What year was the building built?	
Has the building been upgraded? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, when?	
What is the approximate floor area? sqm	
How many stories?	
Is there a basement? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is the site in a flood prone area? Yes <input type="checkbox"/> No <input type="checkbox"/>	
What is the present condition and state of repair?	

Are there any other occupants in the building?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please advise names of occupants		

Refrigeration Equipment

Only applicants with coolstores, coldstores or other refrigerated storage need to complete this section		
What is the refrigerated area available?		sqm
What type of refrigerant is used?		
Are there backup systems?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a maintenance contract in place?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please advise with whom		
Does the refrigerated plant have a monitored alarm?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please advise who responds		

Security

Is there a monitored alarm?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please advise who responds		
What other measures are in place to prevent access to the site and to the buildings?		
<input type="checkbox"/> Fencing	<input type="checkbox"/> Lighting	<input type="checkbox"/> Grilles
<input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Access Cards System	

Sprinkler Protection

Is the building protected by a currently certified sprinkler system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the system:	Wet <input type="checkbox"/>	Dry <input type="checkbox"/>
What year was it installed?		
Are any parts of the building not protected by sprinklers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please advise		

Property or goods stored

What is the approximate percentage of goods stored:	
Alcohol	%
Bulk Liquids (please specify)	%
Bulk Storage (please specify)	%
Chemicals / Explosives	%
Cigarettes	%
Electronics / Computers	%
Electrical Equipment / Whiteware	%
Fertiliser	%
Fish/Shellfish	%
Furniture/Household Effects	%

General Foodstuffs		%
Kiwifruit / Berry Fruit		%
Meat		%
Motor Vehicles / Parts		%
Other fruit (please specify)		%
Seeds / Grain		%
All other goods (please specify)		%
What is the value of all goods/property in storage:		
Maximum		\$
Average		\$
Minimum		\$
Please attach a copy of your Conditions of Storage		
Will all goods held be stored on those conditions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have Material Damage or other policy that covers these stored goods?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, please advise sum insured		\$

Prior Insurance

Has any insurer in respect of the risks to which this proposal relates ever:		
1. declined a proposal, refused renewal or terminated any insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. required an increased premium or imposed special conditions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. declined an insurance claim by the Applicant or reduced its liability to pay an insurance claim in full (other than by application of an Excess)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes to any of the above please give details		

Past Claims

Has any claim been made against the Applicant or any principal or director (including principal or director of any previous business) consultant or employee in respect of the risks to which this proposal relates?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the Applicant or any principal, partner, director, consultant or employee incurred any other loss or expense which might be within the terms of this insurance		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes in either case please give details			
Date of Claim or Loss	Brief details of claim or loss	Cost (if any of claim paid or loss insured)	Estimated outstanding loss
		\$	\$
		\$	\$
		\$	\$
		\$	\$
What action has been taken to prevent a recurrence of the situation which gave rise to each claim or loss?			

Declaration

On behalf of all proposed Insureds, I/We declare and agree that:

1. the information and answers given in this proposal are in every respect true and correct and that Vero Liability has been made aware of all information that may be material in considering this proposal.
2. this proposal and declaration shall be the basis of and incorporated in the insurance contract.
3. I/We warrant that we will notify Vero Liability of any material alteration to these facts whether occurring before or after the completion of this insurance contract.
4. Vero Liability is authorised to give to or obtain from any 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:

- Vero Liability is collecting the information on this proposal for the purpose of conducting its business, evaluating our insurance requirements and deciding whether to issue insurance cover and if so on what terms.
- failure to provide any of this information may result in Vero Liability refusing to provide the insurance.
- this information will be held by Vero Liability at 23-29 Albert Street, Auckland.
- I/We have certain rights of access to and correction of this information.

Signed: _____

Title: _____

Date: _____

If this proposal form is being completed electronically, please print the completed form to sign.

Note: Completion of this proposal does not bind the Applicant or Vero Liability to enter into a contract of insurance.

Vero Liability Insurance Limited
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www.veroliability.co.nz