

INSTRUCTIONS:

If downloaded as a Microsoft Word document, you can type information into those areas showing as grey. The document can be tabbed through or you may point and click near the area you wish to type information into.

If downloaded as an Acrobat PDF file you will have to print the document and complete the required detail by hand unless you have the full Adobe Acrobat Distiller programme.

On completion the document may be either e-mailed or posted to Crombie Lockwood (NZ) Ltd.

E-mail: scott.souness@crombielockwood.co.nz

Post: Mr Scott Souness
Crombie Lockwood (NZ) Ltd
P O Box 697
Taranaki Mail Centre
NEW PLYMOUTH 4340

For assistance please phone Scott Souness on (06) 769-8112 or 021 0235 2210

If you are not a member of the New Zealand Sign and Display Association Incorporated, the insurance package negotiated by NZSDA's brokerage is still available to you but please be aware that there is a one-off administration fee of \$200 plus GST payable with your first premium.

COMMERCIAL INSURANCE PROPOSAL & DECLARATION

YOUR DETAILS

Full Business Title:

Postal Address:

Business Location(s):

Online:

Website:

Email:

Annual Turnover:

Previous Financial Year \$

Number of Employees:

Current Financial Year \$

Annual Wage Bill \$

Interested Parties and Addresses:

Business Structure:

Sole Trader

Partnership

Limited Liability Company

How long have you been in business?

Period of Cover:

Beginning

and ending

at 4pm

BUSINESS ACTIVITIES

Do you engage in the following activities?

Vehicle/Fleet Signage Yes No

Engraving Yes No

Digital Printing Yes No

Sign Installation Yes No

Screen Printing Yes No

Fabrication Yes No

Illuminated Signage Yes No

Portable Displays Yes No

CONSTRUCTION OF PREMISES

Walls:

Floor:

Roof:

Number of storeys:

Age of Building:

Town water supply: Yes No

SECURITY PROTECTION

Do you have a burglar alarm? Yes No

Name of monitoring company

Do you have deadlocks on all external doors? Yes No

Security Patrol? Yes No

Name of Security company

FIRE PROTECTION

Do you have?

Automatic sprinkler system: Yes No

Smoke / Fire Detectors: Yes No

Hose Reels: Yes No

Number: Date serviced:

Fire Extinguishers: Yes No

Number: Date serviced:

RELATIVE VALUES

Plant / Equipment: \$

Gross Profit: \$

Stock / Work in Progress: \$

Other: \$

LIABILITY PROTECTION

Do you engage in Business activities outside New Zealand? Yes No If Yes, please state location(s)
 What % of Annual Turnover %

Do you engage in Business activities away from your premises? Yes No If Yes, what % of Annual Turnover %

Do you perform work on motor vehicles? Yes No If Yes, what % of Annual Turnover %
 What is the maximum value of vehicles you work on? \$

Do you perform work on watercraft? Yes No If Yes, what % of Annual Turnover %
 Would vessels exceed 8.5m in length? Yes No If Yes, please provide details

Do you provide professional advice for a fee? Yes No If Yes, What % of Annual Turnover %

Do you design the products you manufacture? Yes No If Yes, please provide details
 Are these products designed to your own or your customers' specifications?

GENERAL QUESTIONS

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1 Do you engage in any occupation other than those as declared above? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Has any insurer: | | |
| a Declined a proposal from you? | <input type="checkbox"/> | <input type="checkbox"/> |
| b Cancelled or refused to renew your policy? | <input type="checkbox"/> | <input type="checkbox"/> |
| c Required an increase in premium or special conditions? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Have you previously held a policy or policies for the risks now proposed?
If "Yes", please state name(s) or insurer(s) and the branch. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Have you ever had an insurance claim declined by an Insurer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 During the past 5 years, whether you were insured or not, have you had any: | | |
| a Claims, losses, proceedings, or complaints made against you? | <input type="checkbox"/> | <input type="checkbox"/> |
| b Fines imposed under any legislation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 During the last 10 years have you, the organisation being insured or any other person with an interest in it been declared Bankrupt or been a Director or Shareholder of any failed Company or had any criminal convictions against your name? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 After enquiry have any claims for negligence or breach of professional duty been made in the past 5 years against the Business (or any of its predecessors in business or any prior business) or any present or former partners, principles or Directors, or have circumstances been notified to insurers which might give rise to a claim? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 Are you are aware of any other matter which may affect the acceptance of this insurance? | <input type="checkbox"/> | <input type="checkbox"/> |

If "Yes" to questions 1 to 8, please give details:

DECLARATION

I/We declare that:

- a All answers and statements made in this Proposal are correct and complete in every respect and that no information has been withheld which is likely to affect acceptance or the assessment of terms and cost of this proposed Insurance;
- b If accepted by the Insurer, this Proposal and Declaration shall form the basis of and be incorporated into the Contract of Insurance now being applied for;
- c I/We understand that the Insurer requires this information (which will be retained by the Insurer in order to decide whether to accept this Proposal. I/We understand that the Privacy Act 1993 entitles me/us to have access to and request the correction of the information;
- d The Insurer is authorised to disclose information contained herein to their advisors, reinsurers and to other insurers. I/We authorise the Insurer to obtain, from any other party, information that is, in the Insurers 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 the Insurer.

Broker's Agreement

I/We further declare that with effect from the date noted below Crombie Lockwood have been (appointed as my/our Insurance Brokers) (appointed to obtain claims information and report and quote on my Insurance) and request that all necessary information be made available to assist them with their duties.

Signature / Name of Proposer

Title / Position

Date