

# WESTERN PACIFIC BUSINESS INSURANCE

**Please read this carefully before completing the Proposal.**

## **Your duty of disclosure**

Before you enter into a contract of general insurance with an insurer, you have a duty at law and under the Insurance Law Reform Act 1977 and 1985 to disclose to the insurer every matter that you know, or could reasonably expect to know is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of General Insurance.

Your duty however does not require disclosure of matter:

- that diminishes the risk to be undertaken by the insurer;
- that is common knowledge;
- that your insurer knows or, in the ordinary course of business, ought to know;
- as to which compliance with your duty is waived by the insurer.

## **Non-disclosure**

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce his liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

## **Average (underinsurance) Provisions:**

As Reinstatement and Replacement Cover may be included in this policy, it is important to insure for full Replacement Cost to avoid application of the following provision.

The provision of the average clause will have effect only if the property insured under the policy is underinsured at the time of loss. If the property insured under the policy is underinsured at the time of loss, the following will apply:

- if you suffer total loss, the provision will have no effect.
- if you suffer a partial loss, the maximum amount you may recover will bear the same proportion to your actual loss as the amount for which the property insured bears the full value of the property.
- whatever your loss, in no case will you be entitled to recover more than the amount for which the property is insured.

**For Example:** Your property is worth \$20,000. You insure it for \$10,000. You suffer a loss of \$5,000. If your policy is subject to average, the maximum amount you may recover will be \$2,500.

## **Rights of subrogation**

This Insurance provides that you will not be able to recover under it if you enter into any agreement, which excludes or limits your right of recovery from other parties; therefore you must not have agreed and must not agree to give away any of your rights because that will affect the subscribing Underwriters right to recover from these other parties.

## **Interests of other parties:**

For any party to be indemnified by this insurance they must be named in the contract or otherwise be included as a party with a proven insurable interest.

## **Excess/Deductibles**

Excess or a Deductible is the first amount of each claim you are required to bear yourself, may not apply to each Part. Details of the Excess (es) applicable will be shown on the Schedule against the particular Section or Part.

## **Claims**

The Insurance proposed on this Proposal Form does not provide cover in relation to events that occurred before the contract was entered into.

## **Acceptance of the Proposal**

The Insurance proposed on this Proposal will not be in force until the completed Proposal has been received and the risk accepted by the Insurer. The subscribing Underwriters reserve the right to decline any Proposal.

## **Cancellation by You**

You may cancel this Policy at any time by notifying WESTERN PACIFIC INSURANCE LIMITED (WPIL) in writing and advising WPIL of the future date on which cancellation will take effect.

The Premium retained by WPIL will not be less than the minimum premium.

## PERSONAL HISTORY

To be completed by you the 'Proposed Insured'

### Proposed Insured

"You, your and yours" where used in this Proposal means the Proposed Insured and, If more than one, each of them

Please print your answers

**Your Previous Insurance History.** These questions apply to you either alone or jointly with any other party or, if you are a corporation, the corporation or any of its directors.

1. Has any insurer declined an application from You, or cancelled or refused to renew a policy of Yours, required special terms to insure You, or declined or refused a claim?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Have you sustained any loss or damage to property in the last 5 year?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Have you had any claim made against you for property damage or personal injury in the last 5 Years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Have You, or any person who will receive insurance protection under the proposed Policy, been charged with or convicted of, any criminal offences in the past 10 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. During the last two year have You or any other person to whom cover extends under this policy received any threats to life or property (private or business)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Are there any other relevant facts relating to the risk to be insured which You should disclose to Us, to enable a true assessment of Your insurance Application?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Is any portion of the property to be insured in a state of disrepair or poor condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you answered Yes to any of the above please give details. Please attach full details on a separate sheet of paper if not sufficient space on this form:

## GENERAL INFORMATION

<b>Period of Insurance</b>	<b>Date</b>	<b>Date</b>	
<i>Insurance commences 4.00pm on</i>		<i>and ends 4.00pm on</i>	
<b>The Insured (if you are not a company)</b>			
<b>The name of your company (including subsidiary companies)</b>			
<b>Trading Name</b>			
<b>Company License Number (where applicable)</b>			
<b>Address (postal)</b>			
Number/Street			
Suburb			
Town		Postal Code	
<b>Contact numbers</b>			
Telephone		Facsimile	
Website Address		E-mail	
Mobile phone		Other	
<b>Business Operation</b>			
<b>Address of all Locations</b>			
<b>Situation 1</b>		<b>Situation 2</b>	
Number/Street		Number/Street	
Suburb		Suburb	
Town		Town	
Postal Code		Postal Code	
<b>Interested Parties</b>		<b>Situation 1</b>	<b>Situation 2</b>
Does anyone (other than the Insured) have a financial interest in any property?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Type of Interest: Mortgage, Lessor			
Full Name of Interested Parties			
Address of Interested Parties:			

## GENERAL INFORMATION Continued

History of Premises	Situation 1	Situation 2
How many years have you occupied these premises?		
Elsewhere?		
Year Built?		
Has the premises been upgraded or renovated?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'yes' what year		
If built pre - 1935, is it strengthened for earthquake?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Construction of Premises</b>		
Concrete / brick / wood (please specify eg wood)		
Is there asbestos in the building?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'yes' please indicate %	%	%
<b>Security and Safety of Premises</b>		
Deadlocks on all external doors	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Key locks on all external doors	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Bars/Grilles on windows	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the premises alarmed	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'yes' is it monitored	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b><i>NB: It is a condition of this policy that any burglar alarm must at all times be maintained in good condition and in efficient working order and be made operative whenever the premises are left unoccupied.</i></b>		
Are there fire extinguishers / fire protection equipment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there single supply sprinklers?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there dual supply sprinklers?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hydrants / Hose Reels	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Smoke Detectors	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hazardous goods Do you store flammable goods on your premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please advise details and quantities:		
For restaurants/takeaway shops/commercial kitchens etc. Is there any deep-frying?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of frying bays		
Total capacity		
<b><i>NB: It is a condition for this policy that any fire protection equipment must at all times be in excellent condition and efficient working order.</i></b>		
<b>Other General Questions</b>		
Name of tenants (if applicable)		
Are the premises leased or owned?		
Are the premises currently unoccupied?		
Will the premises be left unoccupied for more than 60 consecutive days		
Are your books of account audited?		
If yes, at what intervals		



## SECTION THREE – LIABILITY

<b>Limit of Indemnity Required</b>		
Public Liability	\$                    million	any one occurrence in the aggregate
Products Liability	\$                    million	any one occurrence in the aggregate
Statutory Liability	\$	
Employment Liability	\$	
Estimated Annual Turnover:	Last Year \$	Coming Year \$
Wage roll:	\$	Staff Numbers
<b><i>Products and Completed Operations Please describe fully the types of products manufactured, sold, handled, treated, hired out or distributed or the type of services that are performed for others in the chart below.</i></b>		
Product s -	Intended use, market etc.	Est. Annual turnover
		\$
		\$
		\$
Does your business involve:		
Manufacturing? Yes <input type="checkbox"/> No <input type="checkbox"/>	Packaging? Yes <input type="checkbox"/> No <input type="checkbox"/>	Retail? Yes <input type="checkbox"/> No <input type="checkbox"/>
Labeling? Yes <input type="checkbox"/> No <input type="checkbox"/>	Assembly? Yes <input type="checkbox"/> No <input type="checkbox"/>	Repair? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are any products manufactured for use in aircraft or water craft.		Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the Insured design parts of completed components for others?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the insured manufacture to the designs, formulae, plans or specifications of others?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Have Product Brochures been published? (Please attach)		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Toxic Chemicals and Hazardous Substances</b>		
Does the business of the Insured involve the use or manufacture of Toxic Chemicals or Hazardous Substances?		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b><i>If 'yes' to the above, please advise details and quantities and storage facilities. (A separate report may be submitted with this proposal for this question. A website address may be given for referral.)</i></b>		
Do you store flammable goods on your premises? (e.g. Petrol, paint, chemicals, gas in cylinders)		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b><i>If 'yes' to the above, please advise details and quantities and storage facilities. (A separate report may be submitted with this proposal for this question)</i></b>		
Chemical	Quantity	Details of storage

## SECTION THREE – LIABILITY Continued

<b>Imports</b>		
Do you import raw materials, components or finished goods? <i>If yes, please provide a complete list of the Country, Product and Estimated Annual turnover</i>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Country imported from:	Product/components	Est. Annual turnover
		\$
		\$
<b>Exports</b>		
<i>NB: Cover for products exported to the USA or Canada is excluded form the Western Pacific Insurance Limited Liability Policy. If inclusion needs to be considered, please answer the following: (Inclusion is not Automatic)</i>		
Do you Export raw materials, components or finished goods? <i>If yes, please provide a complete list of the Country, Product and Estimated Annual turnover</i>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Country export to:	Product	Est. Annual turnover
		\$
		\$
<b>USA and Canada</b>		
Have you given Power of Attorney to any person or corporation in the USA or Canada?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any interests in any company located in the USA or Canada?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any employees or other representative in the USA or Canada?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any assets located in the USA or Canada?		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Manufacturing and Quality Control Procedures</b>		
Does the Insured have a quality control manual?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Is any one person responsible for quality control?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If “Yes”, supply the following details: a) Name b) Title c) Person to whom he/she is responsible		
Is there a written product recall plan in existence?		Yes <input type="checkbox"/> No <input type="checkbox"/>
What tests are carried out on products?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If “Yes, please provide a copy.		
<b>Standards</b>		
Are your products required to be manufactured in compliance with New Zealand standards or any other Government standard?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please give details: (A separate report may be submitted with this proposal for this question)		

## SECTION THREE – LIABILITY Continued

<b>Contractual Liability</b>	
Have you entered into any contracts or agreements where you have assumed the liability of others released others from liability? (hold harmless)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i><b>NB: This insurance does not cover such liability unless agreed by WPIL. Please provide full details of such contracts and agreements.</b></i>	
Do you perform work away from the location named?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Details of such work:	
Do you require cover for property in your physical or legal control for the purpose of repair, service, maintenance or alteration, or which is on temporary hire or loan to you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Limited Required: \$	(Max. \$1000,000)
Details of such property:	

Liability Wording please refer to our website [www.westernpacins.com](http://www.westernpacins.com)

## Major Policy Exclusions

- Injury to employees of the Proposed Insured
- Recall of Products
- Guarantee of Products
- Liability assumed under contracts or agreements (unless agreed)
- Registered vehicles or vehicles that should be registered
- Aircraft or hovercraft
- Watercraft exceeding \* metres in length
- Pollution other than sudden, unintended and unexpected
- USA & Canada exposures (unless agreed)
- Punitive and exemplary damages
- Fines and penalties
- Libel and slander (as per wording)
- Professional Indemnity

## Privacy Act Statement

We are committed to protecting your privacy. We only use the personal information you provide to us to quote on and insure your risks. We only provide personal information to our underwriters and re-insurers (and their representatives) and those we appoint to assist us with claims under your policy. We will not trade, rent or sell your information.

If you don't provide us with complete information, we cannot properly quote for your insurance and we cannot insure you. Indeed, if we subsequently find that you failed to provide all relevant information it may be grounds on which we refuse a claim and/or deny the policy.

If you provide us with personal information about anyone else, we rely on you to have told them that you will provide their information to us, to whom we may provide it, the purposes for which we will use it and that they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters.

Your claims history is passed on to, and held by, Insurance Claims Register Ltd. This enables other insurers you deal with to access it, and prevents fraudulent claims.

## Declaration and Acknowledgments

I/We declare and acknowledge as follows:

1. I/We have not suppressed, misrepresented or misstated any material information within my/our knowledge likely to affect the decision of Insurers as to my/our eligibility for insurance, and the answers given in this Proposal are truthful and frank in every respect.
2. Insurance cover will only arise upon the Insurer's acceptance of this Proposal as notified by the issue of an appropriate Policy Schedule and/or Policy Document.
3. Subject to the Insurance Law Reform Acts 1977 and 1985, if this Proposal is accepted by the Insurer, the Proposal and the Policy and the Policy Schedule which are issued shall constitute the entire agreement between the parties and shall supersede any prior representations or warranties.
4. The subscribing Underwriters will be relying on the information provided by me/us in the Proposal in deciding whether to provide cover, and if so, on what terms.
5. I/We have read and understood the notice concerning my/our duty of disclosure.
6. Where answers to questions contained on this Proposal are not in my handwriting they have been checked by me/us and I/we certify that they are in every respect, truthful and frank.
7. I/We will make the premises available for inspection by Western Pacific Insurance Ltd and/or their agent.
8. I acknowledge that all personal information collected by WPIL may be disclosed to other members of the insurance industry and Insurance Claims Register Ltd. Any personal information held by other members of the insurance industry and Insurance Claims Register Ltd may be disclosed to WPIL.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For all Policy Wordings please refer to our website [www.westernpacins.com](http://www.westernpacins.com)**