



## General Liability

General liability	Please select limit required:	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> \$
Statutory liability	Automatic limit \$500,000	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Employers' liability	Automatic limit \$500,000	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

## Carriers Liability\*

Covering the Insured's legal liability as a carrier under the terms of the Carriers Act:		Limit \$250,000 (Any one load)
1	Do you sub-contract to other Carriers?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If <b>Yes</b> , please specify:	
2	Do you employ sub-contractors?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If <b>Yes</b> , please specify:	
	Do they have insurance cover?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3	State maximum value of load carried in any one vehicle: \$	
	What is the Estimated Annual Gross Freight Earnings? \$	
4	Type of Contract (please attach copies of all contracts): <input type="checkbox"/> Refrigerated Goods <input type="checkbox"/> Fresh Produce <input type="checkbox"/> Livestock <input type="checkbox"/> Machinery <input type="checkbox"/> Other	
	If <b>Other</b> , please specify:	
	Do you carry dangerous goods?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If <b>Yes</b> , what exactly?	
5	Do you require the Consequential Loss extension?	Yes <input type="checkbox"/> No <input type="checkbox"/>

\* Refer to the Carriers Liability insurance information page included with this proposal form.

## Personal Accident/Illness (Please indicate if section applies by ticking the 'Taken' box and complete details as required) Taken

	Insured Person: (a)	Insured Person: (b)
Weekly benefits (subject to minimum 7 day excess)	Sum Insured \$	Sum Insured \$
Total weeks cover required for:	52 Weeks <input type="checkbox"/> 104 Weeks <input type="checkbox"/>	52 Weeks <input type="checkbox"/> 104 Weeks <input type="checkbox"/>
Full name:		
Occupation:		
Date of birth:		
Height/weight:	H:                      W:	H:                      W:
(a) Are you now, and generally in good health?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
(b) Are you presently taking any medication or receiving any medical treatment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
(c) Are you suffering from any ailment, disease or injury?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
(d) Have you consulted a medical attendant in the last two years (excluding colds and flu)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
(e) Have you ever undergone a surgical operation?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Hazardous activities:** Please note that the policy excludes most hazardous activities. A full list is detailed in the policy exclusions but they include: racing, football, rugby league, competitive skiing/snowboarding, scuba diving, most forms of hunting, flying or other aerial activities, mountaineering and others. This is **not** a complete list.

If you have answered **Yes** to any of the above questions (b) to (e), please provide details:

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## Material Damage (Please indicate if section applies by ticking the 'Taken' box and complete details as required) Taken

1	Location – Premises:	
2	Business activities of building occupant:	
3	<b>Assets</b>	<b>Indemnity value*</b>
	Buildings:	\$
	Contents:	\$
	Specified items:	\$
	Details of specified items:	

(a) Do you require cover for portable equipment/tools of trade away from the premises? Yes  No   
 If Yes, specify total value (maximum \$10,000): \$ \_\_\_\_\_

**4** Building construction: Floor: \_\_\_\_\_ Exterior walls: \_\_\_\_\_  
 Roof: \_\_\_\_\_ Frame: \_\_\_\_\_  
 Number of stories: \_\_\_\_\_ Year of construction: \_\_\_\_\_

Does any part of the building construction include expandable polystyrene? Yes  No   
 Does any part of the building contain a walk in chiller/freezer? Yes  No

**5** What fire protection is in place? Automatic sprinklers: Yes  No  Smoke/fire detectors: Yes  No

**6** Are the buildings on mains water supply? Yes  No

**7** Are the premises protected by a monitored burglar alarm? Yes  No

**8** Do you use or store flammable liquids or dangerous goods? Yes  No   
 If Yes, please advise details and quantity: \_\_\_\_\_

**9** Is cover required for Natural Disaster Perils? Yes  No

\*Indemnity value = replacement value less depreciation. \*Replacement value = current replacement or rebuilding value

**Business Interruption** (Please indicate if section applies by ticking the 'Taken' box and complete details as required)  Taken

The indemnity period (in months): \_\_\_\_\_

Schedule of Sums Insured	Sum Insured
Item 1 – Gross profit/revenue/fees:	\$ _____
Item 2 – Claim preparation costs:	\$ _____
Item 3 – Additional increased cost of working:	\$ _____
Item 4 – Loss of rents receivable:	\$ _____

Is cover required for Natural Disaster Perils? Yes  No

**Prior history**

Has any proposed Insured ever had any:

(a) Insurance declined or cancelled, renewal refused or withdrawn a claim? Yes  No

(b) Special conditions imposed? Yes  No

(c) Claims declined for the classes of insurance in this proposal? Yes  No

(d) Criminal offence in the last five years? Yes  No   
 Note: You should not disclose any information about offences that can be withheld under the Criminal Records (Clean Slate) Act 2004.

(e) Bankruptcy or insolvency adjudged against them? Yes  No

If you have answered **Yes** to any of the above, please provide full details below:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Claims and/or loss experience – applicable to all sections**

**After enquiry**, please give full details of any claims, losses, proceedings, notices or complaints made or made against you or any fine imposed under any legislation during the last five years, whether insured or not. Include any which were below a policy excess or deductible. Note: You should not disclose any information about offences that can be withheld under the Criminal Records (Clean Slate) Act 2004. (Complete on a separate sheet if necessary)

Date of loss	Description of loss	Total amount of claim
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

