



# BAILEES PROPOSAL

## IMPORTANT NOTICE

### MATERIAL FACTS

“You” (this means every person or entity to be insured under this insurance) are under a duty to disclose all material facts that could influence QBE’s decision to accept this insurance and, if so, on what terms. You need to disclose both facts known to you AND facts which you could have been reasonably expected to know about. If you are in any doubt as to whether a fact may be material, you should disclose it to ensure that any cover granted is not prejudiced.

### NON DISCLOSURE/MISSTATEMENT

If you fail to comply with your duty of disclosure, QBE may be entitled to avoid the contract altogether, and so decline to pay any claim.

### COMPLETION NOTES

- Please answer ALL questions fully. If you need extra space please attach additional pages on your company letterhead and mark their inclusion in the form.
- **PLEASE REMEMBER TO SIGN AND DATE THIS FORM.**

## JURISDICTION

Except to the extent otherwise provided in any subsequently issued policy, the content and use of this form and any agreement entered into pursuant to this form or any dealing in relation to or arising from this form are governed by the laws of New Zealand and in relation to those matters, the parties submit to the jurisdiction of the courts of New Zealand.

## A APPLICANT DETAILS

1. Name

2. Address

3. How long has this business been in operation?

4. Location to be insured

## B COVER REQUIRED

1. Limit of Indemnity

2. Excess

3. Period of Insurance

4. Broker: Individual

Company

## C PREMISES DETAILS

1. Indicate the type of Store/Warehouse

Warehouse	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Coolstore	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Coldstore	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Controlled Atmosphere	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Bulk Storage Facility	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Seed/Grain Store	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Self Storage Unit	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Other	<input type="text"/>			



2. Advise the construction of:

- (a) Walls (advise if any EPS is used)
- (b) Roof
- (c) Floor


- 3. Year built
- 4. Has the location been upgraded, if so when?
- 5. What is the approximate floor area of the warehouse?
- 6. Height (in storeys)
- 7. Is there a basement? Yes  No
- 8. Is the site in a flood prone area? Yes  No
- 9. What is present condition and state of repair?
- 10. Are there any other occupants in the building? Yes  No

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If Yes, provide full details


**D SPRINKLER PROTECTION**

- 1. Is location protected by a currently certified sprinkler system? Yes  No
- 2. Is it a wet or dry system? Wet  Dry
- 3. When was this installed?
- 4. Are any parts of the buildings/warehouse not protected by sprinklers? Yes  No

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If Yes, provide full details


- 5. Is the system equipped with a Sprinkler Alarm? Yes  No

**E REFRIGERATION EQUIPMENT**

**(Only applicants with coolstores, coldstores or other refrigerated storage need complete this section)**

- 1. What is the refrigerated area available?
- 2. What type of refrigerant is used?
- 3. Are there back-up refrigeration systems on site or off-site? Yes  No
- 4. Is there a maintenance contract in place? Yes  No


If Yes, provide full details




5. Does the refrigeration plant have a monitored alarm?

Yes

No

If Yes, who responds?

Empty text box for response

F SECURITY

1. Is there a monitored alarm?

Yes

No

If Yes, who responds? (If an external security company, attach a copy of the contract in place)

Empty text box for response

2. What other measures are in place to prevent access to the site and to the buildings?

Empty text box for response

G PROPERTY OR GOODS STORED

1. What is the maximum capacity of the store?

Empty text box for capacity

2. What are the approximate percentages of goods or commodities stored?

(a) Furniture/Household Effects

%

(b) Foodstuffs

%

(c) Alcohol

%

(d) Meat

%

(e) Fish/Shellfish

%

(f) Green Kiwifruit

%

(g) Gold Kiwifruit

%

(h) Berry Fruit

%

(i) Other Fruit (advise type)

Empty text box for fruit type

%

(j) Cigarettes

%

(k) Bulk Liquids

%

(l) Bulk Storage

%

(m) Fertiliser

%

(n) Chemicals/Explosives

%

(o) Electronics/Electrical Equipment

%

(p) Motor Vehicles/Parts

%

(q) Electronics/Electrical Equipment/Computers

%

(r) All other goods (describe briefly)

%

Empty text box for other goods

TOTAL

100%



3. What is the total value of all goods/property in storage?

- (a) Maximum
- (b) Average
- (c) Minimum

\$
\$
\$

If values fluctuate substantially, attach a schedule showing monthly values in storage.

4. What was/is the annual turnover last year and the estimated turnover for this year?

- (a) Actual last year
- (b) Estimated this year

\$
\$

**5. ATTACH A COPY OF YOUR CONDITIONS OF STORAGE**

Will all goods held be stored on these conditions?

Yes  No

6. Do you have a Material Damage or other policy covering these interests?

Yes  No

If Yes, advise sum insured

\$
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**H CLAIMS EXPERIENCE**

1. During the past five years, whether you were insured or not, have you had any claims, losses, and/or complaints made against you?

Yes  No

(Include all matters, irrespective of whether any insurance was in force and irrespective of any policy excess.)

Date of Loss	Description of Loss	Paid/Outstanding

**I PRIOR INSURANCE**

1. Supply details of Bailees Insurance held during the past five years including the name(s) of the insurer(s)


2. Has any insurer:

- (a) Declined to insure you? Yes  No
- (b) Cancelled or refused to renew your insurance? Yes  No
- (c) Imposed special terms or conditions to any proposal, renewal or policy held by you? Yes  No

If Yes to any of the above, give details, including name of insurer




J ENCLOSURES

If relevant, please provide the following and tick to indicate enclosure.

- Maintenance Contract
- Security Company Contract
- Schedule of monthly values in storage
- Conditions of storage
- Other (please specify)

Empty text box for specifying other enclosures.

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 QBE, this proposal and declaration, and any other material which I/we have provided to QBE, shall be incorporated into and form the basis of the contract of insurance;
- (c) I/We understand that QBE requires this information (which will be retained by QBE) in order to decide whether 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) QBE is authorised to disclose information received from me/us to its advisors, reinsurers and to other insurers. I/We authorise QBE to obtain, from any party, information that is, in QBE'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 QBE.

NOTE: Signing the proposal and any supplementary questionnaires does not bind either the applicant or QBE to complete the insurance.

Signed  Date

Printed name

Position

