



UNDERWRITING SUBMISSION FOR COMMERCIAL AND INDUSTRIAL RISKS

FULL NAME OF INSURED:

OTHER INTERESTED PARTIES:

TERRITORIAL SCOPE AND RISK SITUATION(S):

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PERIOD OF INSURANCE: From 4 pm / / To 4 pm / /

TRADE AND/OR OCCUPANCY:

MANAGEMENTS EXPERIENCE IN THE TRADE:..... YEARS

HOW LONG TRADING FROM THIS LOCATION:..... YEARS

MATERIAL DAMAGE

SUMS INSURED

BUILDING (IV or RV) including inflationary provision and demolition	\$
PLANT AND MACHINERY (IV or RV) including inflationary provision and demolition	\$
STOCK (Deposit Basis YES/NO/Over \$5m SI)	\$
ALL OTHER CONTENTS	\$

TOTAL	\$

BUSINESS INTERRUPTION

INDEMNITY PERIOD MONTHS

GROSS PROFIT (Deposit Basis YES/NO)	\$
GROSS RENTALS	\$
WAGES (Dual Basis)	\$
CLAIMS PREPARATION COST AND FEES	\$
ADDITIONAL INCREASED COST OF WORKING	\$
BOOK DEBTS	\$
REWRITING OF RECORDS	\$
COSTS INCURRED IN MAINTAINING ADMIN FACILITIES	\$
LOSS OF GOODWILL (Expiry Date of Lease)	\$

TOTAL	\$

TOTAL MD & BI SUM INSURED \$
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EARTHQUAKE

Cresta Zone Number:

MATERIAL DAMAGE	\$
BUSINESS INTERRUPTION	\$
BUSINESS INTERRUPTION DEPOSIT BASIS	\$

TOTAL EARTHQUAKE SUM INSURED\$	=====

GROUND: SOLID / RECLAIMED (Delete one)

SPECIAL LIMITS:

MONEY	A)	\$
	B)	\$
CAPITAL ADDITIONS		\$
GOODS IN REFRIGERATED STORAGE		\$
DAMAGE BY ELECTRICAL CURRENT		\$
TRANSIT IN NEW ZEALAND		\$
THEFT		\$
LOSS OF LICENCE		\$
FIDELITY GUARANTEE		\$
MACHINERY BREAKDOWN		\$

DEDUCTIBLE REQUIRED: \$ (Minimum \$500)
Discounts available for increased deductibles of \$2,500 or \$5,000 or \$10,000 or \$20,000

PROBABLE MAXIMUM LOSS: MATERIAL DAMAGE.....%
(Excluding natural catastrophe or Aircraft impact etc.) BUSINESS INTERRUPTION.....%

SURVEY TO BE COMPLETED AS PER THE ATTACHED FORM:

THREE YEAR LOSS RECORD AND ACTION TAKEN TO PREVENT A RECURRENCE:

IF KNOWN, PREVIOUS UNDERWRITERS AND RATES:

HAS THE INSURED MADE A PROFIT IN THE LAST THREE YEARS OF TRADING YES/NO
IF YES ARE PROFITS: MAINTAINED / INCREASING / DECREASING (Delete where applicable)
IF NO FULL DETAILS.....

(Underwriters advise no terms will be provided unless this is fully completed in all instances.)

ANY ADDITIONAL INFORMATION MATERIAL TO THE RISK(S) (Attach if necessary):

NB: ALL SUMS INSURED AND THE DEDUCTIBLES ARE IN NZ DOLLARS UNLESS OTHERWISE SPECIFIED

SURVEY REPORT

INSURED:

SITUATION:.....

CONSTRUCTION OF BUILDINGS INSURED

Walls: Floor: Partitions: Roof:
 Year built: State of Repair: Poor / Fair / Good / Excellent / New Reticulated water: YES / NO

OCCUPATIONAL HAZARDS

Type of contents in the building:

Are there any other occupants in the building? YES / NO

If YES give details of business/profession of other occupants:

How are these other occupants separated from the Insured:

What is the standard of housekeeping in the building to be insured? Poor / Fair / Good / Excellent

Are there any flammable or dangerous goods? YES / NO

If YES give details of Quantity: Dangerous Goods Licence: YES / NO

Method of Storage:

Method of waste removal:

Are any combustibles kept/stored against the walls of the building? YES / NO

Is smoking permitted? YES / NO

Deep fat fryer in use? YES / NO If YES give details of

Make/Model: Dual Thermostat YES / NO Lid fitted YES / NO

Is chiller subject to a service contract? YES / NO Age of motors:

Age of wiring and when last inspected?

If applicable date of premises upgrade:

FIRE PROTECTION

Sprinklers? Nil / Single Supply / Dual Supply Smoke Detectors? YES / NO Hose Reels? YES / NO

Fire blanket? YES / NO

Extinguishers? YES / NO If YES No. and size

BCF: Dry Powder: Co2: Water:

SECURITY

Roof Accessible? YES / NO If YES give details:

Property Fenced? YES / NO If YES give details:

Late Trading Hours? YES / NO If YES give details:

Security Patrol? YES / NO If YES give details:

Doors locks – details:

Window locks – details:

Any other building openings? YES / NO If YES give details:

Burglar Alarm System? YES / NO If YES give details:

Audible / Digital / Hardline Service Contract YES / NO

Professional Installation? YES / NO

MONEY

Daily Banking? YES / NO Safe? YES / NO If YES give details:

Make: Model: Age: KEY / COMBINATION (Delete one)

ARSON

How long has the business been established? Is there a history of Arson in the neighbourhood? YES / NO

WHAT IS YOUR OPINION OF THE ACCEPTABILITY OF THIS RISK?

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Surveyed by: Agent: Date: /



DECLARATION

NAME OF INSURED:

Please ensure you read this document fully prior to signing.

I/We declare that:

- a) no Insurer/Underwriter has ever declined to insure me/us, or required an increased premium or imposed
- b) special terms, cancelled a Policy or refused renewal.
- c) All losses covered by the policy and/or insurance claims made by me/us within the last 5 years relating to the insurance policies proposed have been disclosed.
- d) no other insurance cover is in existence in respect of the property for which insurance cover is proposed.
- e) to the best of my/our knowledge no information has been withheld that is likely to effect acceptance of this insurance.
- f) this Declaration and/or Underwriting Information Submission and/or Survey Report shall form the basis of this contract and I/we agree to the terms, exclusions and conditions contained in the Policy.

Exceptions to the above
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Signature of Insured Date