



SHIELD MATERIAL DAMAGE & BUSINESS INTERRUPTION PROPOSAL

YOUR DETAILS

Name			
Postal Address			
Business Location			
Business Activity			
Interested Parties			
Name	Address	Interest	
Period of Insurance	From start date	To	At 4pm and renewable annually
Payment Options	Annually	Monthly	(please complete a separate form if paying monthly)

MATERIAL DAMAGE

Details of Property to be insured:				
Address	Construction	Age	Occupation	
1	Floor			
	Walls			
	Roof			
	Frames			
2	Floor			
	Walls			
	Roof			
	Frames			

Situation 1	Sum Insured		Security				No.
Building	\$	RV	Fire Extinguishers	Yes/No	Deadlocks	Yes/No	
Plant	\$	RV	Fire Hoses	Yes/No	Alarm – Audible	Yes/No	
Stock	\$	IV Only	Fire Alarm – Monitored	Yes/No	Alarm – Monitored	Yes/No	
Other	\$	RV	Smoke Detectors	Yes/No	Alarm – security response	Yes/No	
Tenants Liability	\$		Automatic Sprinklers	Yes/No	Security Bars on Windows	Yes/No	
					Security Fence	Yes/No	
TOTAL	\$				Bollards	Yes/No	

Situation 2	Sum Insured		Security				No.
Building	\$	RV	Fire Extinguishers	Yes/No	Deadlocks	Yes/No	
Plant	\$	RV	Fire Hoses	Yes/No	Alarm – Audible	Yes/No	
Stock	\$	IV Only	Fire Alarm – Monitored	Yes/No	Alarm – Monitored	Yes/No	
Other	\$	RV	Smoke Detectors	Yes/No	Alarm – security response	Yes/No	
Tenants Liability	\$		Automatic Sprinklers	Yes/No	Security Bars on Windows	Yes/No	
					Security Fence	Yes/No	
Total	\$				Bollards	Yes/No	



Memoranda with Special Limits	Memorandum	Standard Limit	Is a special limit required?
	Capital Additions	\$ 50,000	\$
	Demolition & Other Costs	\$ Included in Sum Insured	\$
	Employees' effects	\$ 2,000	\$
	Money: Section A	\$ 5,000	\$
	Section B	\$ 1,000	\$
	Christmas Carry	\$ Nil	\$
	Property under Construction	\$ 100,000	\$
	Protection Costs	\$ 5,000	\$
	Seasonal Stock increase Percentage	10 % Nov, Dec & Jan	% for the period
	Theft	\$ 25,000	\$

Additional Memoranda	Do you require this insurance to be extended to cover the following Additional Memoranda		
	Please indicate in the boxes below:		
	Memorandum	Yes	No
	Earthquake – Full Reinstatement	<input type="checkbox"/>	<input type="checkbox"/>
Stock Declaration	<input type="checkbox"/>	<input type="checkbox"/>	

BUSINESS INTERRUPTION

Covering interruption to your business following a claim made under Material Damage Insurance
Details of Items to be insured:

Item No	Item	Sum Insured
1	Gross Profit	\$
2	Wages – Dual Basis	\$
	100% for	weeks
	And % for	weeks
	Alternative period	weeks
3	Wages in lieu of notice weeks	\$
4	Payroll	\$
5	Additional costs of working	\$
6	Payments for services	\$
7	Book Debts	\$
8	Rents receivable	\$
9	Reinstatement of records	\$
10	Claim preparation costs	\$
Total Sum Insured		\$
Indemnity Period		Months
Uninsured Working Expenses:		Purchases, Bad Debts,

Memoranda with Special Limits	Memorandum	Standard Limit	Is a special limit required?
	Customers/Suppliers premises (NZ Only)	10% of Sum Insured	
	Infectious Disease/Murder/Suicide	10% of Sum Insured	
	Public & Private Utilities	10% of Sum Insured	
	Closure of Transport Routes/Ports/Airports	10% of Sum Insured	



Additional Memoranda	Do you require this insurance to be extended to cover the following Additional Memoranda		
	Please indicate in the boxes below:		
	Memorandum	Yes	No
	Earthquake, volcanic eruption and hydrothermal activity	<input type="checkbox"/>	<input type="checkbox"/>

SUMMARY SECTION

1	Are you now or have you ever been insured for the type of risk proposed?	No	Yes	If "Yes", please give the name of the Insurer, details of cover and dates:
	Insurer	Cover	Date of Cover	
2	Has any Insurer, in respect	No	Yes	If "Yes", please give details:
	Ever declined a proposal;			
	Withdrawn, cancelled or refused to renew a policy;			
	Demanded an increased premium for renewal;			
	Imposed a penalty excess or restriction; or			
	Declined any claim in respect of insurance held by you, any director or any other company with which you or they have been associated?			
3	Have you or any director or partner ever committed any criminal offence?	No	Yes	If "Yes", please give details.
4	How long have you been in your current business?			
5	Have you had any losses (whether insured or not) over the last 3 years incurred by you or any director or partner in respect of any of the types of risks proposed?	No	Yes	If "Yes", please give details:
6	Have you had any losses (whether insured or not) over the last 3 years incurred by you or any director or partner in respect of any of the types of risks proposed?	No	Yes	If "Yes", Please give details

PRIVACY ACT DECLARATION & SIGNATURE

Subject to average

- | | |
|---|---|
| 1 | This policy contains a provision making it "subject to average" in respect of cover under: |
| a | The optional Reinstatement Extension if Special Provision 5 (a) of that extension is not complied with. |
| b | The optional Earthquake Extension – Indemnity and Earthquake Extension – Full Reinstatement Cover. |
| 2 | Such Provisions will have effect only if the property is underinsured at the time of loss in which case the following rules apply: |
| a | If you suffer a total loss in respect of property, the provision will have no effect. |
| b | If you suffer a partial loss in respect of property, the maximum amount that you may recover will bear the same proportion to your actual loss as the amount for which the property is insured bears to the full value of the property. |
| c | Whatever your loss, in no case will you be entitled to recover more than the amount for which the property is insured. |
| | Example: Your property is worth \$20,000. You insure it for \$10,000. You suffer a loss of \$5,000. If the policy is "subject to average", the maximum you may recover will be \$2,500. |

Privacy Act

- 3 Pursuant to the Privacy Act 1993 the following is brought to your attention:
- This proposal collects personal information about you.
 - The information is collected to evaluate the insurance that you seek.
 - The intended recipient of the information is Herbert Insurance Group Limited
 - The information is collected and held by Herbert Insurance Group Limited, Level 4, 1 Queen Street, Auckland
 - The collection of this information is required pursuant to the common duty to disclose all material facts relevant to the insurance sought and is mandatory.
 - The failure to provide this information may result in your application for insurance being declined or your insurance being void from the beginning.
 - You have rights of access to and correction of this information, subject to the provisions of the Privacy Act 1993.

Your Duty of disclosure You have a duty to tell Certain Underwriters at Lloyd's of London any information which would influence the Certain Underwriters at Lloyd's of London's decision whether to provide cover and on what terms. All information must be complete and accurate and may include any information not directly asked for above. Remember, you are not only required under the Duty of Disclosure to disclose such information at commencement of cover, you are also bound to disclose the information at each renewal. If you do not provide all of this information Certain Underwriters at Lloyd's of London may avoid you insurance cover from the commencement of your policy. This means you will be treated as though you never had a policy at all so any claim you make would not be paid.

I/We declare that: 1. The particulars and answers given above are in every respect correct and that there is no further information likely to affect the acceptance of this insurance 2. This Proposal shall be the basis of the contract between me/us and Certain Underwriters at Lloyd's of London, and I am/we are willing to accept cover subject to Certain Underwriters at Lloyd's of London policy conditions and any special terms they may require.

I/we authorise: Certain Underwriters at Lloyd's of London to give and obtain from other Insurance Companies, Insurance Brokers, Insurance Claims Register Ltd or any other party any information relating to this or any other insurance held or previously held by me/us and any claim(s) made by me/us.

I/we understand that: 1. The information collected is evaluative material for the purpose of deciding whether to issue insurance cover. The intended recipient is Certain Underwriters at Lloyd's of London exclusively represented by Herbert Insurance Group Limited, 1 Queen Street, Auckland. 2. Certain Underwriters of Lloyd's of London may refuse to provide the insurance cover if I/we fail to provide the information sought. 3. I/we have certain rights of access to and correction of this information, subject to the provisions of the Privacy Act 1993.

Signed (Signatures of Proposers)

Dated