



Business Insurance

AMP's Business Insurance policy is a comprehensive insurance cover available to clients on a modular basis.

There are 8 types of cover (sections 1-7), which are all optional - you only need to complete the sections of cover your business needs. Your policy document and premiums are prepared and calculated accordingly to offer you excellent cover at competitive rates - you only pay for what you need. Please also read and complete the Introduction, the Summary and the Privacy Act declaration.

Reference

Proposer details

Full name

Postal address

Business location

Business activity

Interested parties

Name	Address	Interest

Period of Insurance from to 4pm

Payment options Monthly Quarterly Six monthly Annually

If by instalment give bank account

Bank Branch Account Number Suffix

Website

List of sections in this proposal

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Office use only

1. Branch <input type="text"/>	4. Client no. <input type="text"/>
2. Adviser/Broker no. <input type="text"/>	5. Replacing policy no. <input type="text"/>
3. Policy no. <input type="text" value="BIP"/>	

Section 1. Material Damage

Additional space for answers is provided on page 16

Situation and occupation of buildings

Complete this section if you would like to insure your buildings and their contents

Item	Situation	Occupation
1		
2		

	Situation 1		Situation 2	
	Indemnity Value \$	Replacement Value \$	Indemnity Value \$	Replacement Value \$
Buildings				
Contents				
Stock				
Specified items				
Total				
Details of specified items:			Overall Total	\$

Extensions with special limits

No.	Extensions	Standard limit	Special limit
	Capital additions	\$ 0	
	Employees' effects	\$ 5,000	
	Money: Section A	\$ 5,000	
	Section B	\$ 1,000	
	Christmas carry	\$ 0	
	Property under construction	\$ 100,000	
	Protection costs	\$ 5,000	
MD034	Seasonal stock increase percentage	0%	% for the period
MD029	Transit	\$ 0	

Additional extensions

Do you require this insurance to include the following additional extensions? Please tick the relevant boxes below:

No.	Memorandum	Yes	No
MD003	Mortgagee redemption	<input type="checkbox"/>	<input type="checkbox"/>
MD020	Earthquake - indemnity	<input type="checkbox"/>	<input type="checkbox"/>
MD022	Earthquake - full reinstatement	<input type="checkbox"/>	<input type="checkbox"/>
MD025	Stock declaration	<input type="checkbox"/>	<input type="checkbox"/>
MD027	Refrigerated goods (\$2,000 per cabinet, \$5,000 total)	<input type="checkbox"/>	<input type="checkbox"/>
MD028	Theft	<input type="checkbox"/>	<input type="checkbox"/>

Voluntary excess

By electing a higher excess than our standard your premiums will reduce accordingly

	Standard excess	Situation 1	Situation 2
Standard	\$ 500	\$	\$
Burglary	\$ 1,000	\$	\$
Theft (if theft extension above is selected)	\$ 2,500	\$	\$

Office use

Blackboard notes

Tell us about your business

Business Premise Situation 1 (if more than one situation please photocopy this page)

If you are taking out property damage or business interruption insurance with us, please let us know if your premises have:

A burglar alarm linked to a monitoring station	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	A monitored smoke detector	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
A burglar alarm linked to your home	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	An unmonitored smoke detector	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
A non-linked burglar alarm	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	A fire sprinkler system throughout the premises	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
A burglar alarm with cellular backup	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Fire blankets	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
A security patrol to attend if system activates	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Staff able to use fire fighting extinguishers etc.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
					Deep fat frying equipment	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Please give details of: No. of hose reels No. of extinguishers

On what date were the hose reels & extinguishers last serviced? / /

Do the premises require a Warrant of Fitness under the Building Act 1991? Yes No

If 'yes' give the certificate number: Certificate Date / /

Are the premises in a secure retail shopping complex or multi storey building? Yes No

Do all external doors have internal padlocks or deadlocks that can be locked from both sides? Yes No

Do the windows have any security measures on them? Yes No

Are there any fire exits? If yes, give details of security measures installed. Yes No

Are there any defects in the premises, machinery, plant and equipment used in connection with the risk to be insured? Yes No

Has any insurer requested repairs to the premises, machinery, plant or equipment. Yes No

If the answer to this question is 'yes', write the full details here:

Please give details about the building: Year Built No. of levels

Construction: Walls: Brick or equivalent Mixed Construction, give details:
 Wood or equivalent Other, give details:

Floors:

Roof:

What type of land is the building built on? Solid Fill Reclaimed Flood prone Erosion/Landslip prone

What type of business activities adjoin your premises?
 a) To your left
 b) To your right
 c) Behind you

Additional information or comments about the premises or history:

Section 2. Business Interruption

Additional space for answers is provided on page 16

Insurance against interruption to your business following a claim under Section 1 Material Damage

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	\$
4.	Payroll	\$
5.	Additional increased costs of working	\$
6.	Loss of rents and payments for services	\$
7.	Accounts receivable	\$
8.	Reinstatement of records	\$
9.	Claim preparation costs	\$
Indemnity Period <input type="text"/> months		Total sum insured \$ <input type="text"/>

Additional extensions

Do you require this insurance to include the following Additional Extensions? Please tick the relevant boxes below:

No.	Memoranda	Yes	No
BI028	Gross revenue	<input type="checkbox"/>	<input type="checkbox"/>
BI031	Earthquake, volcanic eruption and hydrothermal activity	<input type="checkbox"/>	<input type="checkbox"/>

Calculation of Gross Profit sum insured - this does not form part of the proposal - completion is optional

Part 1

Indemnity Period (longest period you might need to claim) months: Date last financial year ended: / /

Part 2

1. Annual turnover (money paid or payable to you for goods sold or services provided by your business)	\$	<input type="text"/>
2. Plus Closing Stock (value of stock on the last day of your financial year)	\$	<input type="text"/>
3. Less Opening Stock (value of stock on the first day of your financial year)	\$	<input type="text"/>
4. Less Specified Expenses mentioned below. These expenses would reduce in the same ratio as the turnover during the period of interruption.		
(a) Purchases	\$	<input type="text"/>
(b)	\$	<input type="text"/>
(c)	\$	<input type="text"/>
(d)	\$	<input type="text"/>
Totals:	\$ (B)	\$ (A)
Historical Gross Profit = (A) above less (B) above	\$	<input type="text"/>

Part 3

+ Allowance for trends (increases should be compounded):

(a) Growth between end of the last financial year and the start of the insurance year (less than 12 months) +	<input type="text"/>	% =	\$
(b) Growth during period of insurance (generally 12 months) +	<input type="text"/>	% =	\$
(c) Growth during the period of indemnity (up to 12 months) +	<input type="text"/>	% =	\$
Adjustment for Indemnity Period that exceeds 12 months e.g. 18 month Indemnity Period x 1.5 or 24 month Indemnity Period x 2 =	\$		(C)
Suggested Gross Profit Sum Insured \$ <input type="text"/> = (C) above (rounded)	\$		<input type="text"/>

Office use

Blackboard notes

Business operations

1. Please show the limit of indemnity you require:
2. Please show the excess you require. (Our standard excess is \$250. By electing a higher excess than the standard your premiums will reduce accordingly).
3. Please provide a complete description of your business operations, including any subsidiaries. Outline all of the process/activities in which you engage, with a breakdown of turnover for each process/activity.

Operation	Turnover last year	Est. turnover next year
Total	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>

4. (i) How long has your business been established? years
- (ii) If new, detail your previous experience in this occupation
5. Number of employees
6. Total turnover Last year \$ Estimated next year \$
7. Total wages \$
8. Which of the following capacities are you operating in? Manufacturer Retailer Contractor Wholesaler Property Owner

Property owners

How many buildings do you own?
 Please provide details below:

Situation	Occupation

Your business premises

Address of premises	Occupied as	Owned/leased/rented

Contractual liability

- Do you have agreements, other than lease liability, under which:
- (a) You have accepted liability which would not normally be your responsibility? Yes No
 - (b) You have given away your legal rights of recovery from other parties? Yes No
- If Yes to either of the above, please provide full details below and attach copies of the agreements:

Bailees liability

1. Do you require liability cover for property held by you for reward? (for which you charge a fee) Yes No
If Yes, please provide full details below including the limit required:

Type of property	Maximum value	Limit required

2. Do you cover this property under any other policy? If Yes please give details. Yes No

Professional services

1. Do you provide professional, technical, consultancy, advisory or like services, either for a fee, or as a part of your business? Yes No
If Yes, please provide details below:

2. Do you charge a fee for these services? Yes No

3. Do you have Professional Indemnity cover? Yes No

Work on customer's property

- Do you undertake work on customer's property? Yes No
If Yes, please complete details below. Specifically note if watercraft, aircraft, or any of their components are worked on.

Type of property worked on	Full details of work carried out	Estimated annual turnover \$ next year

Motor trades

If you work on customer's motor vehicles please complete below:

Details of work carried out	Estimated workshop turnover \$ next year

Details of substances used

1. Does your business involve the use or storage of:
(i) Asbestos or synthetic mineral fibres Yes No

- (ii) Acids, chemicals, explosives, radioactive substances or other goods subject to current Dangerous Goods regulations? Yes No

If Yes, to either of the above, please provide full details below:

2. Do you discharge or dispose of trade wastes, smoke, soot, fuels, liquids, gases, or other substances into the atmosphere, sewers, water or elsewhere? Yes No

If Yes, please provide full details, including measures taken to prevent pollution of the environment:

Use of heat

Does your business involve the use of blow torches, cutting or welding equipment, naked flames or other open heat source:

- (i) At your own premises? Yes No

- (ii) Away from your own premises? Yes No

If Yes to either, please advise precautions taken to prevent fire damage and for (ii) only advise the location(s):

Off-site business activities

1. Do you perform, or have work performed on your behalf away from your premises? Yes No

2. Do you sub-contract work? Yes No

If Yes to either of the above, please provide full details below:

Work performed	Estimated turnover \$ next year

3. Do you, your employees or directors travel overseas for business? Yes No

If Yes, give details of countries visited and the reasons:

Country visited	Reason

Product details

Notes: Products means all goods supplied, sold, distributed, handled, manufactured, constructed, erected, installed, serviced, repaired, altered, renovated or treated by you. Please provide brochures or leaflets describing the products, and specimen labels if they bear formulae, directions, warnings or disclaimers.

1. Please give details of:

(i) Your individual products or groups of products and their purpose of use (if not apparent). Specifically note if any products are used in vehicles, watercraft or aircraft;

(ii) Length of time they have been manufactured or supplied by you:

Product and purpose of use	Length of time manufactured/supplied	Turnover last year	Estimated turnover \$ next year

2. Will you supply any products you do not manufacture? Yes No

If Yes, please provide the following information:

(i) Do you retain rights of recovery against the manufacturers? Yes No

(ii) Do you alter, adapt, or change the form of any product which you do not manufacture? Yes No

If Yes to (ii), please provide details below, including the product, purpose of use, source of supply and type of alteration, adaption or change made.

(iii) Do you supply or sell products from overseas manufacturers or suppliers direct to overseas customers without the products entering New Zealand? Yes No

If Yes, please provide details below including the product, purpose of use, source of supply and customer's country:

Imported products

Do you import products? Yes No

If Yes, please provide details of these products including purpose of use, source and estimated turnover for the next 12 months.

Product and purpose of use	Country of origin	Estimated turnover \$ next year

Discontinued products

1. Has any product been discontinued (during the past 5 years), withdrawn, recalled from use or found defective for safety reasons? Yes No
If Yes, please provide details below including reason why discontinued or recalled:

2. Are all products traceable if a recall becomes necessary? Yes No

Quality control

1. Do you have a system of quality control relating to your products? Yes No
If Yes, please describe below its basic features (e.g. at what stages control checks are carried out, nature of check(s):

2. Do you have a quality control manual? If Yes: Yes No

(i) How many years has it been in use?

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(ii) When was it last revised?

	/		/	
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3. Do you have a person responsible for quality control? Yes No
If Yes, please provide designation of person.

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4. Do you have an ISO 9000 series approval? Yes No

Product design by staff

1. Are any of your products designed or formulated by your own staff? Yes No
If Yes, please give details of staff involved, including their qualifications and experience.

2. Please attach any product brochures Attached Nil

Conditions of sale

With your products, do you

- (i) Impose conditions of sale? Yes No

- (ii) Make any disclaimers of liability? Yes No

- (iii) Give any guarantees for your products? Yes No

If Yes, please attach copies of each wording.

Aircraft and watercraft

- Will any of your products be used in aircraft or watercraft? Yes No

If Yes, please provide details below:

Exports

Our standard wording excludes liability for products exported to North America. However cover can be considered on application.

Export details

1. Do you supply or distribute products overseas? If Yes, please complete the following chart: Yes No

Country	Product/use	Turnover last year \$	Estimated turnover \$ next year

2. Please list the countries in which you have a registered office, assets, legally authorised representatives or agents:

3. What steps are taken to ensure the products comply with all relevant industry, statutory, government, or other regulations of the countries to which the products are exported?

Extensions and alterations required

Complete boxes 1 and 2 below:

1. **Broadform** If you require alteration to the standard limit shown please indicate below:

No.	Extension	Standard limit	Alternative limit
Auto	Forest and Rural Fires Act	\$250,000	\$
Auto	Innkeepers Act	\$250,000	\$
Auto	Motor and watercraft repair	\$250,000	\$
Auto	Product recall	\$100,000	\$
Auto	Property in care custody and control	\$250,000	\$
Auto	Vibration and weakening of support	\$250,000	\$

2. **Exemplary damages** (PLB532) Limit up to \$1,000,000 Yes No

Office use. Memoranda to be applied where required by nature of occupation.

PLB507	Deep frying equipment warranty.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
PLB510	Fire risk work away.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
PLB525	Advice, design, formula or specification exclusion.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Blackboard notes

Section 5. Employers Liability and Statutory Liability

Additional space for answers is provided on page 16

Scope of cover. These limits are for any one claim and any one period of insurance, (all costs included).

Voluntary excess. Our standard excess is \$500. By electing a higher excess your premiums will reduce accordingly.

1. Please indicate the limit of indemnity you require. Please tick the box or complete details.

Employers Liability	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$250,000	<input type="checkbox"/> \$500,000	Other	\$ <input type="text"/>
Statutory Liability	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$250,000	<input type="checkbox"/> \$500,000	Other	\$ <input type="text"/>

2. Please indicate the excess you require. Please tick the box or complete details.

Employers Liability	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,000	Other	\$ <input type="text"/>
Statutory Liability	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,000	Other	\$ <input type="text"/>

3. Number of employees, members or students 4. Number of buildings owned

5. Annual wages \$ 6. Annual turnover \$

7. Does your business involve the use, handling or manufacture of chemicals, toxic or hazardous substances or goods? Yes No
If Yes, please provide full details below:

8. Do you have written procedures or systems to ensure compliance with:

(i) the Health & Safety in Employment Act? Yes No

(ii) any other legislation that affects your business? Yes No

If No to either question, please advise below how you comply with legislation:

9. Are you already or have you previously been insured for Employers Liability and/or Statutory Liability? If Yes, please advise details below: Yes No

		Current/Previous insurer	Insured continuously since
<input type="checkbox"/> Employers	<input type="checkbox"/> Statutory	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Employers	<input type="checkbox"/> Statutory	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Employers	<input type="checkbox"/> Statutory	<input type="text"/>	<input type="text"/>

Previous history

10. Have you or any director or partner ever experienced any proceedings, notice, complaint or claim against you, whether insured or not, which had this insurance been in force would have resulted in a claim? Yes No

11. Have you or any director or partner ever had a fine imposed? (Statutory Liability) Yes No

12. Are you aware, after enquiry, of any other circumstances not mentioned above that might give rise to a claim under the proposed insurance? Yes No

If Yes to any of questions 10-12, please provide full details below:

Office use

Blackboard notes

Section 6. Machinery Breakdown

Additional space for answers is provided on page 16

Items to be insured

The new replacement cost must include any packing, freight, customs duties or installation charges.

Item	Description	Makers name & serial number	Country of manufacture	Year of manufacture	New replacement costs \$
Total					

Additional extension

Do you require the following additional cover?

No.	Extension	Limit	Yes	No
MB251	Overseas air freight	\$5,000		

General questions

1. Has the machinery been subject to any accidents or failures (insured or otherwise) within the last three years? Yes No
 If Yes, to either please give details below:

2. Do you have maintenance or service agreements? If Yes, please give details below: Yes No

Type of equipment	Machine serviced	Maintenance company

Excess required

The minimum excess is \$250 or you can select a voluntary excess

\$

Office use

Blackboard notes

This section must be completed for all proposals

1. Are you now or have you ever been insured for any of the types of risks proposed? Yes No
 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 of any risk you now wish to insure: Yes No
 • 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 partner, or any other company with which you or they have been associated?
 If Yes, please give details:

3. Have you or any director or partner ever committed any criminal offence? If Yes, please give details: Yes No

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? If Yes, please give details: Yes No

6. Have you had any losses (whether insured or not) **prior to the last 3 years and over \$20,000**, incurred by you or any director or partner, in respect of any of the types of risks proposed? If Yes, please give details: Yes No

Section 9. 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. See Special Provision 5. (d)
 - (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.

The Underwriter

AMP's general insurance products are underwritten by Vero Insurance New Zealand Limited.
For the purpose of this declaration, 'the underwriter' means Vero Insurance New Zealand Limited, 48 Shortland Street, Auckland.

Privacy Act

3. Pursuant to the Privacy Act 1993 the following is brought to your attention:
 - (a) This proposal collects personal information about you.
 - (b) The information is collected to evaluate the insurance that you seek.
 - (c) The intended recipient of the information is AMP, and the underwriter - Vero.
(AMP includes all the members of the AMP Group of companies and their subsidiaries, associated companies and agents.)
 - (d) The information is collected and held by both AMP Limited, 80-86 Customhouse Quay, Wellington & Vero Insurance New Zealand Limited, 48 Shortland Street, Auckland.
 - (e) 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.
 - (f) The failure to provide this information may result in your application for insurance being declined or your insurance being void from the beginning.
 - (g) You have rights of access to and correction of this information, subject to the provisions of the Privacy Act 1993.

Declaration

I/we agree that my/our personal information may be used by AMP to advise me/us of other products or services available from or through AMP.

I/we authorise the disclosure of personal information held by any other party regarding my/our previous insurances.

I/we agree to the underwriter releasing to other parties information regarding this insurance.

I/we do hereby declare and warrant that the answers given in this proposal are in every respect correct and complete and

I/we agree that this proposal and declaration shall be the basis of the contract between us; and I/we further agree to accept the terms, exceptions and conditions contained in the Business Insurance policy as modified or extended by any endorsements thereon or the policy schedule or on any certificate of insurance issued to me/us by the underwriter in lieu of a policy.

Fire Service Amendment Act

I/we, in conformance with the Fire Service Act 1975 Section 48 (6) (b) (1) or 48 (6) (c) (1), declare that the indemnity value of the property listed and insured by the above policy is fair and reasonable in relation to the replacement value of the property.

Important notice

Please note you are required to:

- (a) tell us about any other circumstances which may be relevant to us in considering this proposal, and
- (b) notify us of any material events or changes in circumstances which may have occurred since this policy commenced or was last renewed.

If these answers are not in my own handwriting, I have checked them and I certify they are all correct.

Signature

Date / /

Name

Position

