



LIABILITY INSURANCE PROPOSAL

Client no.	
Policy no.	
Intermediary	

PRIVACY STATEMENT

The Privacy Act 1993 applies and requires us to Inform You that:

Purpose of collection

We collect personal information (this information or an opinion about an individual whose identity is apparent or can reasonably be ascertained and which relates to a natural living person) for the purposes of providing insurance services to you. This includes evaluating your application, evaluating any request for a change to any insurance provided; providing, administering and managing the insurance services following acceptance of an application; investigating and, if covered, managing claims made in relation to any insurance you have with us.

The personal information collected can be used or disclosed by us for a secondary purpose related to those purposes listed above, but only if you would reasonably expect us to use or disclose the information for this secondary purpose.

Consequences if information is not provided

If you do not provide us with the information we need we will be unable to consider your application for insurance cover, administer your policy or manage any claim under your policy.

Access

You can request access to the personal information by contacting us at our address shown on this form.

ALL questions MUST be answered - DO NOT LEAVE ANY BLANK

Proposed Period of Insurance:

Date from which the company has agreed to indemnify the proposer(s)

to:

at 4.00 pm

Being the date before which losses occurring are indemnified by this insurance

Interim cover no.

PROPOSER

Full name(s):

Home phone:

Trading name:

Work phone:

Postal address:

Postcode:

Depot address:

Postcode:

BUSINESS

1. NTI only writes public liability insurance for a limited range of occupations. Please select your occupation:

Cartage contractor - non-hazardous Cartage contractor - hazardous Earthmoving contractor* Pre-mix contractor

2. Please describe any additional activities to your primary occupation including percentage of turnover from each:

Additional activity*:	Percentage of turnover:	%
_____	_____	____%
_____	_____	____%
_____	_____	____%

* Please note - these activities are not covered unless accepted by NTI in writing.

3. Does the proposer's business have a branch or address outside of New Zealand or are you represented by a resident employee or agent outside of New Zealand?

Yes No

If Yes, please provide details:

4. Will you, or have you, manufacture(d) products or act(ed) as an agent to sell / promote products of others, or imported overseas products, or exported local products?

Yes No

If Yes, please provide details:

NUMBER OF OPERATORS

Please select from: Owner driver 2 to 3 operators 4 to 10 operators 11 to 20 operators

N.B. Risks with more than 20 operators are not acceptable.

LIMIT OF LIABILITY REQUIRED

Please select from: \$2 million \$5 million \$10 million \$20 million

N.B. Limits are restricted.

Do you require an optional extension to indemnify for:

1. Public liability exemplary damages up to \$1,000,000?

Yes No

2. Care, custody and control and / or storage cover > \$20,000?

Yes No

EMPLOYERS LIABILITY

Please complete this section ONLY if you have selected to purchase Section 4: New Zealand Employer's Liability.

1. Please select from: \$250,000 \$500,000 \$1 million N.B. Limits are restricted.
2. Do you require Employer Liability cover with extension for Exemplary Damages – Section 4.2 (3)? Yes No
3. Number of staff employed: _____
4. Annual ACC levy: \$ _____
5. Are you an exempt or "accredited" employer under current ACC legislation? Exempt Accredited
6. Will you have any operations involving use of machinery? Yes No
- If **Yes**, please give full details: _____
7. Have any circumstances ever occurred which could result in a claim under this cover you are applying for? Yes No

STATUTORY LIABILITY

Please complete this section ONLY if you have selected to purchase Section 5: New Zealand Statutory Liability.

1. Please select from: \$250,000 \$500,000 \$1 million N.B. Limits are restricted.
2. Have any circumstances occurred in the last 5 years which could result in a claim under this cover you are applying for? Yes No
- If **Yes**, give full details: _____
3. Will you need, or have you ever applied for, a resource consent and / or certificate of compliance under the Resource Management Act? If **Yes**, please attach a copy of the consent and / or certificate of compliance. Yes No
4. Building Act : Does any building owned, leased or tenanted by you, require a building consent or an annual building warrant of fitness? Yes No
- If **Yes**, are the consents and / or warrants current? Yes No
- If **No**, give reasons: _____

PREVIOUS HISTORY

PREVIOUS CLAIMS

If the answer to either of these questions is **Yes**, give details, dates and the name of the insurer (if any) hereunder.

Has a liability claim been made against you in respect of:

1. Bodily injury to any person not in your service? Yes No Details: _____
2. Damage to property? Yes No Details: _____
3. Has anything occurred which gives you reason to think that a claim may be made against you? Yes No
- If **Yes**, give full details: _____

PREVIOUS INSURERS

If the answer to either of these questions is **Yes**, give details, dates and the name of the insurer (if any) hereunder.

1. Has any insurer in respect of any proposal for insurance or any policy of any description in which you are or were interested ever:

- a. Declined a proposal? Yes No Details: _____
- b. Cancelled a policy? Yes No Details: _____
- c. Reused to renew a policy? Yes No Details: _____

2. Have you previously held a policy for liability insurance? Yes No

Name of insurer:

Details:

3. Has any insurer in connection with liability insurance ever demanded an increased premium or imposed any special conditions? Yes No

Details:

VEHICLE OPERATIONS

1. Are the vehicle(s) fitted with a crane arm? Yes No

Nature of load(s) carried:

2. Are the vehicle(s) fitted with an agitator or machine / plant? Yes No

If **Yes**, is this attachment owned by someone other than the proposer owner:

Yes No

3. Are the vehicle(s) used off road or beyond any carriageway, as an implement or otherwise?
i.e. agitator delivering concrete, backhoe digging trenches etc. Yes No

If **Yes**, give details:

4. Do you contract for a principal contractor? Yes No

If **Yes**, state name and address of principal:

5. Is the proposer being joined with any other party as co-insured? Yes No

If **Yes**, name the party:

6. Are hazardous / dangerous goods carried? Yes No

If **Yes**, give details:

7. Is the proposer subject to any form or type of contractual warranty or agreed undertaking of indemnity? Yes No

If **Yes**, give details: CONTRACTUAL LIABILITY EXCLUDED

8. How many mechanically propelled vehicles do you have that are not licensed to operate on a road and not insured under an NTI Motor / Fleet policy?

9. Are the premises and / or machinery plant and equipment used in connection with the business in sound, good order and condition? Yes No

If **No**, give details:

10. If the premises is a quarry, is any blasting undertaken?
(Liability by blasting is excluded unless agreed in writing by the company) Yes No

11. Do you manufacture any products or act as an agent to sell / promote products of others? Yes No

If **Yes**, give details:

12. Are you an importer of overseas products? Yes No

If **Yes**, give details:

YOUR DUTY TO DISCLOSE

Before you enter into a contract of general insurance with an Insurer, you have a duty to disclose to the Insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

DECLARATION

Any personal information collected by NTI may be disclosed to other members of the insurance industry and any personal information held by other members of the insurance industry may be disclosed to NTI. This includes claims related to information provided by NTI to or held on the Insurance Claims Register Limited.

We may disclose your personal information, when necessary and in connection with the purposes listed above, to: your insurance broker or our agent. Government bodies, loss assessors, claim investigators, reinsurers, other insurance companies, claims reference providers, other service providers, hospitals, medical and health professionals, legal and other professional advisers. I / We understand that no insurance is in force until such time as the insurer has confirmed acceptance of this proposal for insurance.

I / We acknowledge and agree that this proposed insurance is not retroactive and does not indemnify against losses incepted or manifesting prior to the commencement of this proposed insurance.

I / We further agree to accept the company's policy subject to the terms, conditions and exclusions to be contained herein or endorsed thereon.

Proposer's signature: **1.** _____ Date: _____
 (If more than one proposer all to sign)

_____ **2.** _____ Date: _____

_____ **3.** _____ Date: _____

Where the answers are not in my / our handwriting they have been checked jointly and / or severally by me / us and certified as correct

Proposer's signature: **1.** _____ Date: _____
 (If more than one proposer all to sign)

_____ **2.** _____ Date: _____

_____ **3.** _____ Date: _____

OTHER OFFERS

1. Do you require us to tell you how to pay for your motor vehicle finance repayment if your motor vehicle is off the road being repaired following an accident? Yes No
2. If you carry other people's goods upon your motor vehicle, do you require us to tell you how to avoid having to pay for them if you cause those goods to be damaged? Yes No

OFFICE USE ONLY: LIABILITY INSURANCE

TASK	DATE COMPLETED	INITIAL BY	NOTES
Proposal checked and accepted:	_____	_____	_____
Policy issued:	_____	_____	_____
Premium:	Stamp duty:	GST:	Total:

Level 7, PWC Tower, 188 Quay Street AUCKLAND 1143 PO BOX 106 - 635, AUCKLAND 1143 T: 0800 684 247 F: 09 919 2034
 NTI is managed by NTI New Zealand Limited as agent for IAG New Zealand Limited as insurer.
www.ntinz.co.nz

IAG New Zealand Limited has a credit rating of "AA-" as issued by Standard & Poor's on 3 November 2011.

AAA: Extremely strong	A: Strong	BB: Marginal	CCC: Very Weak	R: Regulatory Action
AA: Very Strong	BBB: Good	B: Weak	CC: Extremely Weak	NR: Not Rated

Plus (+) or minus (-) signs following ratings from "AA" to "CCC" show relative standing within the major rating categories.