

Heritage Commercial Property Insurance Application



Heritage Property Material Damage/Business Interruption Insurance Application



Office Use Only

Core Customer Segment

Account number

Policy number

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Important Notices

Your duty of disclosure

You are required to tell us anything you know, or ought to know, that may affect the decision of a prudent insurer whether to accept your insurance, or renew your policy, and if so, on what terms. If you have not disclosed all material information, or if you have misrepresented that information, then we are entitled to avoid the policy retrospectively from the beginning.

Set out below are some examples of the types of information you should disclose and the types you do not need to disclose. They are a guide only. If you are unsure whether you should disclose something to us, please ask.

Types of information that should be disclosed include:

- any previous insurance claim you have made
- anything that increases the risk of a claim
- if another insurer has ever cancelled or refused to renew your insurance or has imposed special terms on it
- any criminal record

Types of information that do not need to be disclosed include:

- anything which reduces the risk of a claim
- anything which you have already told us or which in the ordinary conduct of our business we could be expected to be aware of
- anything which is common knowledge

Privacy

Personal information supplied by you in this application and otherwise is for the primary purpose of evaluating and administering the proposed insurance cover. You are entitled to access this personal information. If you do not provide all the information requested by us, this may affect the insurance cover. It may also be necessary for us to disclose personal information to other parties including agents, reinsurers, claims consultants, mailing houses and market research. Any such disclosure will be in accordance with the Privacy Act 1993.

How we can be contacted

The registered office of Ansvar Insurance is Level 6, 396 Queen Street, Auckland.

You can contact us by:

- calling in person at any Ansvar Insurance office
- telephoning 0800 123 344
- facsimile on 09 366 6107
- writing to any office of Ansvar Insurance
- email to insure@ansvar.co.nz

How to complete this application

All questions must be answered in relation to the business entity to be insured and all its subsidiary and controlled entities (if any). Please tick the box in front of the correct answer and/or write the information requested in the space provided.

If there is inadequate space to answer any questions or to describe any matter you need to disclose to us, please provide this information on a separate signed sheet of paper or attach the relevant document to this application.

Applicant(s) information *This section must be completed*

Name of business entity to be insured		Date business entity first commenced operations
<input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>
Authorised contact person	Business telephone	Business fax
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile	Email	
<input type="text"/>	<input type="text"/>	
Postal address for notices		
<input type="text"/>		
Internet address or website		
<input type="text"/>		
Nature of business		
<input type="text"/>		

Period of insurance

From	To	
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	at 4pm

Details of the premises

Situation	Address and postcode	Occupied as
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>

What is the age of the building? Does it comply with building code and all earthquake strengthening requirements? Yes No

Do you use or have any radioactive, explosives, flammable, toxic, corrosive or potentially dangerous goods on your premises? Yes No

If yes, please provide details

Are all your premises, plant and machinery in good repair and are all statutory requirements complied with? Yes No

If no, please provide details

Who do we contact if we wish to carry out a survey?

Name	Position	Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 1. Material Damage

About the buildings

Situation	Construction			Protection	
	Floor	Exterior walls	Roof	Fire	Burglary
1.					
2.					
3.					
4.					
5.					
6.					

Are you aware of any asbestos material forming part of any of your buildings? Yes No

If no, have you undertaken a thorough search for asbestos? Yes No

If yes, describe the type of material, quantity and your management plan Yes No

Are you aware of any particular thing which would increase the cost of repairing / delay the repairs to your premises if it happened to be damaged?

If yes, please provide details Yes No

Declared values

Situation	Building \$	Contents \$	Stock \$	Other property		Removal of debris \$
				Description	\$	
1.						
2.						
3.						
4.						
5.						
6.						

Section 2. Business Interruption

Do you require business interruption insurance? *If yes, please complete the following* Yes No

Indemnity period required 12 months 18 months 24 months Other (specify) _____ months

What is the annual income/turnover of the business? _____

Payroll limits

Total (100%) payroll \$ _____ 100% for _____ weeks Followed by \$ _____ % for _____ weeks

Uninsured working expenses. *List the major expenses which will terminate or reduce in case of damage to your premises or their contents and indicate the percentage reduction.*

Extension to Section 2

Suppliers/Customers premises

Name and address of Supplier/Customer

% Gross profit will be affected by damage at the suppliers/customers premises

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Infectious disease/closure of premises: Subject to 48 hours deductible.

Limit \$

Extent of cover required

Section 1 – Material Damage \$

Section 2 – Business Interruption \$

Or combined sections 1 and 2 (alternative if required) \$

Sub limits of liability**Section 1 – Material Damage**

Capital Additions	\$100,000
Contract Works	\$500,000
Gradual Loss or Damage	\$5,000
Landslip, Erosion or Subsidence	\$500,000
Legal Expenses	\$5,000
Lost or Stolen Keys	\$50,000
Machinery Breakdown/Boiler Explosion	\$25,000
Computer/Electronic Equipment	\$10,000
Spoilage of Goods	\$10,000
Reconstruction of Data	\$5,000
Additional Increased Costs of Working (12 month indemnity)	\$5,000
Money Extension – Section A	\$10,000
Money Extension – Section B	\$5,000
Monuments, Memorials and Statues	\$50,000
Protection Costs Extension	\$50,000
Theft Extension	\$200,000
Transit Extension	\$25,000
Valuation Expenses Extension (5% of the premium subject to \$2,000 maximum)	max \$2,000
Archaeological Costs	\$100,000
Claims Assessment Extension	\$500,000
Claims Investigation	\$500,000
Employees, Trustees and Directors Effects	\$100,000

Declaration

This section must be completed

Important information relating to this proposal

Your Duty of Disclosure

Your Duty of Disclosure subject to the rights set out in the Criminal Records (Clean Slate) Act 2004 ("Clean Slate Act"), you are under a duty to disclose all material information to Ansvr Insurance Limited whether the information is asked for or not. Material information is information that might influence our decision to insure you and if so on what terms and/or premium. All information given must be complete and correct. If you have any doubt as to whether a fact is material then it should be disclosed. The duty to disclose all material information occurs prior to the commencement of cover, if the contract is varied and prior to each renewal. Failure to disclose all material information may result in Ansvr Insurance Limited avoiding your insurance policy. This means your policy would be deemed never to have existed and any claims would not be payable.

Declaration

I/We declare that the information and answers given above are true in every detail and that all material facts have been disclosed. I/We agree to the terms of the policy. I/We authorise Ansvr Insurance Limited to give or obtain from other insurance companies, insurance brokers or any other party any information relating to this or any other insurance held or previously held by me/us and any claim(s) by me/us.

I/We understand that

1. The information collected is evaluative material for the purposes of deciding whether to issue insurance cover. The intended recipient is Ansvr Insurance Limited, 396 Queen Street, Auckland.
2. Ansvr Insurance may refuse to provide insurance cover if I/we fail to provide the information sought.
3. I/We have certain rights of access of correction of this information, subject to the provisions of the Privacy Act 1993.

Declaration to be signed by the applicant(s)

I/We declare that:

1. Subject to any rights I/we have under the Clean Slate Act, the information given is in every respect correct and complete and all material information has been disclosed to Ansvr Insurance Limited.
2. This proposal shall be the basis of the contract between me/us and Ansvr Insurance Limited and I am/we are willing to accept cover subject to Ansvr Insurance Limited policy terms, conditions, exclusions and any special terms they may require.

I/We agree that this application shall be incorporated in and taken as the basis of the proposed contract between me/us and Ansvr Insurance Limited and that this insurance shall be subject to the Companies' current standard Policy.

I/We understand that the information supplied by me/us will be used to evaluate any application form or claim submitted by me/us.

I/We authorise my/our previous insurers, Insurance Broker or other professional intermediary to release any information needed for this insurance.

I/We understand that under the Privacy Act 1993 that I/we have the right of access to and to correct any information held regarding me/us.

I/We agree that this information may be used by Ansvr Insurance Limited to advise us of other products and services available.

Applicant(s) signature

Signed

Date

 / /

Position

Applicant(s) signature

Signed

Date

 / /

Position

Please tick the box if you do not wish to receive any marketing material from us.

Payment options – You may pay your premium by one of the following options

Cash \$ Cheque \$ Credit Card \$

Card type Visa MasterCard

Card number

Name of cardholder

Monthly instalments by direct debit. Please complete a direct debit request agreement. Your intermediary or local Ansvr Insurance office will provide details. An additional fee applies.

0800 123 344
ansvar.co.nz

AD Level 6, Sofrana House
396 Queen St
Auckland 1010

PO Box 7042
Wellesley St
Auckland 1141

FX +64 9 366 6107
EM insure@ansvar.co.nz

Ansvar Insurance Ltd.
Member of the Ecclesiastical Insurance Group

NZCPAPPL 0908