



# Business Insurance Quotation Request

Quotation Request (BIQR) No.

Date

Please complete all relevant sections, once completed please include relevant information and send off to provider. Please note additional information may be requested if required by underwriters.

### Adviser details

Adviser business

Phone number

Adviser name

Email address

Adviser number

Reference No.

### Customer details

Company name

Customer name

Customer postal address

Daytime phone no

Mobile

Fax

Website (if available)

Email

### Interested parties (e.g. finance company)

### Current insurer details

Current Insurer (including personal):

Expiry Date of Present Cover:

### Period of Insurance

From

To (4pm)

Renewal date

Target Premium (incl GST)

Letter of Appointment signed:

Yes  No

Claims history attached:

Yes  No

Authority to Quote signed:

Yes  No

If No, why?

**Risk Details**

Full Detailed Description of Business Activities (including occupancy of buildings):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Annual Turnover: (1) Actual last 12 months

(2) Estimate next 12 months

\$ \_\_\_\_\_

\$ \_\_\_\_\_

No. of years in business

\_\_\_\_\_

No. of working directors

\_\_\_\_\_

No. of employees

\_\_\_\_\_

Details of any Criminal/Traffic Convictions

\_\_\_\_\_

Accidents & Claims History last 5 years

| Date | Full details of claim/or traffic/criminal convictions | Value |
|------|---|-------|
|      |   | \$    |
|      |   | \$    |
|      |   | \$    |
|      |   | \$    |
|      |   | \$    |

**General questions**

Have you or any other person to be covered under this policy or any person who may benefit from this insurance (please tick):

In the past 5 years experienced any loss (whether or not a claim was made) for the type of insurance applied for?

Yes  No

Ever experienced any loss of \$5,000 or more to any property?

Yes  No

Ever withdrawn a claim?

Yes  No

Ever had insurance voided, refused, cancelled, renewal not offered, special conditions imposed or a claim refused?

Yes  No

Been convicted or found guilty of any criminal offence not affected by the Criminal Records (Clean Slate) Act 2004?

Yes  No

Been adjudged bankrupt or insolvent?

Yes  No

Is there any further information that may affect the acceptance of this insurance?

Yes  No

If Yes, to any of the above, please give full details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 1: Material damage – assets** (For more than one building, please copy this section and add to application)

Required  Yes  No

Earthquake cover required  Yes  No

Situation of risk:

\_\_\_\_\_

Building age

\_\_\_\_\_

No. of storeys

\_\_\_\_\_

Exterior walls

\_\_\_\_\_

Frame

\_\_\_\_\_

Roof

\_\_\_\_\_

Floor

\_\_\_\_\_

Does any part of the building construction include expandable polystyrene (EPS)?  Yes  No

Is the % of EPS greater than 10%?  Yes  No

Distance to neighbouring buildings: \_\_\_\_\_

If less than 12 metres, is there a firewall between?  Yes  No

If less than 12 metres, what is the occupation of neighbouring properties? \_\_\_\_\_

Does it have a Domestic portion?  Yes  No

If yes, state value of domestic portion

\$ \_\_\_\_\_

Number of units

\_\_\_\_\_

Water supply

Town  Country

What type of land was building built on? i.e flood prone, erosion, solid etc: \_\_\_\_\_

**Details of all fire protection:** (or please specify)

- Single sprinkler       Dual sprinkler       Fire hoses       Fire extinguishers       Smoke/heat detectors

(or please specify) \_\_\_\_\_

Type / model of sprinkler

Date of last service on fire extinguisher

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Are smoke detectors monitored:  Yes  No

If Yes, which monitoring company?

Other Fire Protection

**Details of all burglary protection:** (monitored alarm; security patrol & who; security lighting; deadlocks; grills; bollards; security fencing, or please specify)

- Security Patrol       Alarm       Security Lighting       Deadlocks       Grills       Bollards

(or please specify) \_\_\_\_\_

Security fencing      Height of fencing?

If security patrol, who is the contracted company?

If alarmed, is it monitored?  Yes  No      Who is the contracted company?

Give details if any of the following apply:

- Sale of Alcohol or Cigarettes \_\_\_\_\_
- Deep Fat Frying (eg fire blanket; steel lid) \_\_\_\_\_
- Welding / Dangerous Goods \_\_\_\_\_
- % of floor space chiller occupies \_\_\_\_\_
- Do you have a registered valuation (2 years old or newer) for any buildings (required) when value is greater than \$750,000 \_\_\_\_\_

|   |          | Replacement Value |         | Indemnity Value (for FSL calc)    |    |
|---|----------|-------------------|---------|-----------------------------------|----|
| Building  |          | \$                |         | \$                                |    |
| Plant & Equipment (incl. Leasehold Improvements)  |          | \$                |         | \$                                |    |
| Tools of Trade (AINZ)   |          | \$                |         | \$                                |    |
| Stock   |          | \$                |         | \$                                |    |
| <b>Total sum insured</b>  |          | <b>\$</b>         |         | <b>\$</b>                         |    |
| Description of Stock / High Risk Items:   |          |                   |         |                                   |    |
| <b>Extensions</b>   |          |                   |         |                                   |    |
| Capital Additions:  | Standard | or                | \$      |                                   |    |
| Property Under Construction:  | Standard | or                | \$      | (Contents / plant / building)     |    |
| Goods in Transit:   | Standard | or                | \$      |                                   |    |
| Money A:  | Standard | or                | \$      | Increased Limit – Christmas Carry | \$ |
| Money B:  | Standard | or                | \$      | Security of Money:                |    |
| Deterioration of Refrigerated Stock:  | Standard | or                | \$      | ** Per Cabinet Limit              | \$ |
| Seasonal Stock Increase:  | Standard | or                | % or \$ |                                   |    |
| Seasonal Stock Increase Period:   | From:    |                   | To:     |                                   |    |
| Voluntary Excess required? Std excess?  | \$       |                   |         |                                   |    |
| For standard extension limits such as capital additions, goods in transit, protection costs, theft from locked vehicle, deterioration of stock / refrigerated goods etc., refer to underwriters policy wording. |          |                   |         |                                   |    |

**\*\* If over limit for deterioration of stock complete section 6a.**

## Section 2: Business interruption

Required  Yes  No

Earthquake cover required  Yes  No

|                                      |           |            |
|--------------------------------------|-----------|------------|
| Gross Profit / Revenue               | \$        | Extension: |
| Additional Increased Cost of Working | \$        |            |
| Claim Preparation Fees               | \$        |            |
| Reinstatement of Records             | \$        |            |
| Book Debts                           | \$        |            |
| Loss of Rents (Building Owner)       | \$        |            |
| <b>Total sum insured</b>             | <b>\$</b> |            |
| Indemnity Period:                    | Months    |            |
| Payroll Payments:                    | \$        |            |
| Accounts Receivable:                 | \$        |            |
| Redundancy Payments:                 | \$        |            |

**Note:** Supplementary questionnaires may be required by underwriters

## Section 3: Commercial motor vehicle

Required:  Yes  No

| Year / Make / Model | Registration | Full Cover TPFT/TPO | cc/Vehicle Weight | Configuration (vehicle type) | Region/Area Travelled | Sum Insured | No Claims Bonus Applicable |
|---------------------|--------------|---------------------|-------------------|------------------------------|-----------------------|-------------|----------------------------|
| 1.                  |              |                     |                   |                              |                       | \$          |                            |
| 2.                  |              |                     |                   |                              |                       | \$          |                            |
| 3.                  |              |                     |                   |                              |                       | \$          |                            |
| 4.                  |              |                     |                   |                              |                       | \$          |                            |
| 5.                  |              |                     |                   |                              |                       | \$          |                            |
| 6.                  |              |                     |                   |                              |                       | \$          |                            |
| 7.                  |              |                     |                   |                              |                       | \$          |                            |
| 8.                  |              |                     |                   |                              |                       | \$          |                            |
| 9.                  |              |                     |                   |                              |                       | \$          |                            |
| 10.                 |              |                     |                   |                              |                       | \$          |                            |

**NB: If a private vehicle, do drivers under 25 years of age drive the vehicle?**

| Main Drivers Name | DOB | Type of Licence Held | Date of issue | Vehicle No Above |
|-------------------|-----|----------------------|---------------|------------------|
|                   | / / |                      |               |                  |
|                   | / / |                      |               |                  |
|                   | / / |                      |               |                  |

| Loss of use extension: Vehicle number above           | \$ per day   | Days per week | Number of weeks |
|---|--|---------------|-----------------|
|   | \$   |               |                 |
|   | \$   |               |                 |
| Where are vehicles stored?                            |  |               |                 |
| Are vehicles modified?                                |  |               |                 |
| Interested Party (e.g. finance company).              |  |               |                 |
| Does the vehicle carry hazardous goods?               |  |               |                 |
| Is the vehicle used at airports?                      |  |               |                 |
| Does the cover need to include additional extensions? | Such as rental vehicles, fleet additions and deletions |               |                 |

For Long / Line Haul Vehicles (regular journeys over 100km), or any vehicles operated more than 10 hours per day, provide additional information: \_\_\_\_\_

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## Section 4: General & products liability

**General liability required:**  Yes  No

**Products liability required:**  Yes  No

**Statutory liability required:**  Yes  No

**Employers liability required:**  Yes  No

General Indemnity (Including Punitive & Exemplary Damages)

or

| Extensions:  |          |   |    |
|--|----------|---|----|
| Bailees Liability (proposal required to write this line) |          |   |    |
| Service & Repair   | Standard | or  | \$ |
| Vibration & Removal of Support                           | Standard | or  | \$ |
| Forest & Rural Fires Act                                 | Standard | or  | \$ |
| Property in Care, Custody & Control                      | Standard | or  | \$ |
| If Property Owners Liability, how many Buildings:        |          | Is there any Welding/Hazardous Goods/Wood Cutting/Chemicals? <input type="checkbox"/> Yes <input type="checkbox"/> No |    |
| % of Work Away from Main Situation:                      |          | %   |    |

**Products includes any goods manufactured, constructed, erected, installed, repaired, serviced, treated, sold, supplied or distributed by you.**

| Provide details of all products sold in New Zealand: |                           | Provide details of all products exported: |                             |
|--|---------------------------|---|-----------------------------|
| Product type   | Actual turnover last year | Product type                              | Destination Value last year |
|  | \$                        |   | \$                          |
|  | \$                        |   | \$                          |
|  | \$                        |   | \$                          |

Do you service or repair any third party products?  Yes  No

If Yes, please give details and total turnover: \_\_\_\_\_

Do you manufacture the products you sell?  Yes  No

If Yes, please advise what products you design and whether they are to your own, or your customer's, specifications:

| Product designed | Specifications by |
|------------------|-------------------|
|                  |                   |
|                  |                   |
|                  |                   |
|                  |                   |

Has any product been withdrawn or recalled in the last five years?  Yes  No

If yes, give details: \_\_\_\_\_

Do you have a certified quality control system in place?  Yes  No

**Note: If exporting, full proposal and supplementary declaration will be required**

| Section 4a: Statutory liability | Section 4b: Employers liability |    |    |                    |           |    |    |
|---------------------------------|---------------------------------|----|----|--------------------|-----------|----|----|
| Limit of Indemnity              | \$500,000                       | or | \$ | Limit of Indemnity | \$500,000 | or | \$ |

**Note: Supplementary questionnaires may be required by underwriters**

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## Applicant Declaration

Once you have completed and signed this quotation request form, your AMP insurance adviser will submit it to one or more insurance underwriters in order to obtain a quotation for the insurance cover described in this form. If, as a result of this process, you elect to purchase an insurance policy from one of these insurance underwriters then this form will become part of that insurance contract and references to the insurer will be references to the insurance underwriter that you have selected.

**To effect or continue cover it is essential that you sign and return this declaration with your premium payment or instalment documents.**

Our documentation is based on the information you have supplied and if any changes are required please contact us immediately. Please ensure that you have carefully read all Duty of Disclosure questions and information attached with the documentation prior to signing this declaration.

Your Duty of Disclosure requires you to tell us of any information that may affect the insurer's decision to provide the insurance cover you have sought and/or on what terms and conditions. Each person/s or entity named as the Insured has this duty of disclosure. If you do not tell us about any information which may be relevant to the Insurer accepting this insurance, this may result in the refusal or reduction of claims or cancellation of the Policy itself.

### Duty of Disclosure Questions:

Subject to any rights any Insured has under the Criminal Records (Clean State) Act 2004, I/we declare that: Yes No

All material information relevant to the insurer's decision to issue, renew or alter this insurance has been disclosed and is accurate in every detail:

This declaration shall be the basis of and be incorporated in the insurance contract:

I/We warrant that as at the commencement of the policy, and at the time that I/we request any changes to the policy, and as at the commencement of each subsequent renewal of the policy, I/we will have immediately disclosed any change that has occurred during the relevant period which materially varies any of the facts or circumstances that have previously been disclosed: Yes No

I/We authorise \_\_\_\_\_ and the insurer to give and obtain from other insurers, insurance agents, brokers, the Insurance Claims Register Limited and other parties any information relating to this insurance or any other insurance held or previously held by me/us:

As required by the Fire Service Act 1975, I/we declare that the amounts stated represent a fair and reasonable Indemnity Value relative to the Replacement Value of the property:

I/We agree the Privacy Act statement is acceptable:

### Privacy Act 1993

We have collected information about you in the process of providing you with insurance services. The information has been collected to evaluate the insurance and may be used or disclosed for any purpose in connection with insurance services supplied to you (including premium funding arrangements that you may request) in accordance with standard insurance industry practice.

The information will be held by \_\_\_\_\_ and the insurer. Individuals have a right to request access to and correction of their personal information subject to the Privacy Act 1993.

### Signature and Declaration

1. I/We hereby declare that all answers and statements made in this declaration and as shown on the schedule, are true and accurate in every respect and no information has been withheld which is likely to affect an Insurer's decision about accepting or renewing this insurance and/or on what terms and conditions.
2. I/We have read and understand all the information contained in this declaration, including my/our Duty of Disclosure obligations.
3. I/We undertake to advise of any material alteration to the information disclosed whether occurring before or after the insurance cover commences or is renewed.
4. I/We acknowledge that the Insurer reserves the right to decline any application or renewal.
5. I/We understand that this declaration will be relied on by the Insurer in accepting or renewing the insurance.
6. I/We acknowledge if we acquire the insurance cover for business purposes then nothing in the Consumer Guarantees Act 1993 shall apply to the provision of the insurance services to me/us.

Name

Signed

Date

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

## Authority Declaration

This authority replaces and revokes any previous authorities given, or implied, to any agent, consultant or adviser, previously handling our insurance business.

Complete (a) or (b) below as applicable.

### (a) Authority to act as insurance agents

I/We authorise \_\_\_\_\_, with effect from the date of this signed Authority, to act as our insurance agents for the purposes of placing the cover or renewing the cover set out in this Authority with an Insurer (as it sees fit) and in connection with premium funding arrangements that I/we may request and I/we authorise \_\_\_\_\_ to disclose to any Insurer or other party (including solicitors, accountants, insurance premium funders) any information relating to any insurance cover applied for or held by me/us and any claim made by me/us or on my/our behalf in respect of that cover or any other insurance held or previously held by me/us (or any premium funding arrangements that I/we may request).

Name

Signed

Date

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

OR

### (b) Authority to review

I/we authorise \_\_\_\_\_ with effect from the date of this signed Authority, to act as our insurance adviser for the purposes of reviewing and evaluating my/our insurance cover requirements and obtaining quotations in respect of the cover described in this Authority from one or more Insurers (as it sees fit) and in connection with premium funding arrangements that I/we may request based on the information set out in this Authority and I/We authorise \_\_\_\_\_ to disclose to any Insurer or other party (including solicitors, accountants, insurance premium funders) any information relating to any insurance cover applied for or held by me/us and any claim made by me/us or on my/our behalf in respect of that cover or any other insurance held or previously held by me/us (or any premium funding arrangements that I/we may request).

Name

Signed

Date

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

**Note:** The use of this Authority to act as Insurance Agent is in line with accepted insurance market practice. A copy of this Authority has been retained by the signatory/ies.

Any information collected is to enable \_\_\_\_\_ to evaluate the insurance best suited to your personal and/or business needs and will be held on your behalf by \_\_\_\_\_. \_\_\_\_\_ receives commission from an Insurer in respect of any insurance cover that is placed with that insurer through \_\_\_\_\_.

Cover is subject to the terms, conditions and exclusions contained in the policy document and schedule.

## Additional Sections

Add to application if required – leave blank if not required

### Section 5: Fidelity guarantee

Required:  Yes  No

Limit any one loss

\$

No of staff handling cash:

Does the applicant have procedures in place to counter the threat of employee theft such as controlled access to computer terminals and systems, segregation of duties such as funds transfer, signing cheques and investing funds:

Yes  No

**Note: Supplementary questionnaires may be required by underwriters**

### Section 6: Machinery breakdown

Required:  Yes  No

Specify Each Unit to be Insured:

| Make / Model | Age | Horse Power | New Replacement Value |
|--------------|-----|-------------|-----------------------|
| 1.           |     |             | \$                    |
| 2.           |     |             | \$                    |
| 3.           |     |             | \$                    |

Or Blanket Cover:

| No of Units | Type | Maximum Horse Power | Maximum Replacement Value any one Unit |
|-------------|------|---------------------|--|
|             |      |                     | \$                                     |

Details of Existing Plant Maintenance Programme/s & Who:

#### Extensions:

Deterioration of Stock

\$

%

Loss of Profits

\$

Indemnity period:

months

Increased Costs of Working

\$

Is air freight required?

Yes  No

Overtime/express freight

Yes  No

Has machinery had any accidents or failures within last 3 years?  Yes  No If Yes, describe

What maintenance or service agreements are in place?

Is there any machinery in use at premises that is not insured?

Makers name

Makers serial number

Additional extensions requirement such as overseas airfreight

**Note: Supplementary questionnaires may be required by underwriters**



## Section 7: Annual contract works

Required:  Yes  No

Type of Contracts to be Insured: e.g: Domestic and /or Commercial and /or Commercial Construction /Alterations

|   |    |        |
|---|----|--------|
| Estimated Annual Turnover   | \$ |        |
| Max Length of Time any one Contract:  |    | Months |
| Maintenance Period (defect liability period)  |    | Months |
| Region where Contracts are undertaken:  |    |        |
| Max Value any one Contract  | \$ |        |
| Existing Structure  | \$ |        |
| Professional Fees   | \$ | %      |
| Removal of Debris   | \$ | %      |
| Increased Construction Costs during Construction Period   | \$ | %      |
| Escalation of Costs during Reinstatement Period   | \$ | %      |
| Are you a member of a Trade Association? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify: |    |        |

What general conditions of contract do you normally work to?

NZS3910  NZ Institute of Architects  Master Builders Assn  Other: (please supply copy of contract)

**Note: Supplementary separate questionnaires may be required by underwriters**

## Section 8: Single risk contract works

Required:  Yes  No

**Note: Supplementary separate questionnaires may be required by underwriters**

## Section 9: Directors & officers liability

Required:  Yes  No

**Note: Supplementary separate questionnaires may be required by underwriters**

## Section 10: Professional indemnity

Required:  Yes  No

**Note: Supplementary separate questionnaires may be required by underwriters**

## Section 11: Employment disputes

Required:  Yes  No

**Note: Supplementary separate questionnaires may be required by underwriters**

## Section 12: Carriers liability

Required:  Yes  No

**Note: Supplementary separate questionnaires may be required by underwriters**

|   |         |                   |  |
|---|---------|-------------------|--|
| Any unit / package of goods limit               | \$1,500 |                   |  |
| Limit any one conveyance / accident             | \$      |                   |  |
| Estimated annual gross freight revenue          | \$      |                   |  |
| No of owned vehicles / trailers                 |         | Area of operation |  |
| Escalation of Costs during Reinstatement Period |         | Terms carried on  |  |

## Section 13: Marine cargo

Required:  Yes  No

Note: Supplementary separate questionnaires may be required by underwriters

|  | Internal (NZ) shipments | Overseas shipments |
|--|-------------------------|--------------------|
| Annual value of sendings                               | \$                      | \$ (CIF+10%)       |
| Limit any one sending                                  | \$                      | \$                 |
| Limits for each of: Land                               | \$                      | \$                 |
| Sea  | \$                      | \$                 |
| Air  | \$                      | \$                 |
| Point of origin for imports                            |                         |                    |
| Destination /s for overseas sendings                   |                         |                    |
| Type of packaging – containerised or other             | Terms of sale           |                    |
| Destination /s for overseas sendings                   |                         |                    |
| Description /types of goods /hazardous goods transited |                         |                    |
|  |                         |                    |
|  |                         |                    |

## Section 14: Personal income

Complete this section if you would like to insure against loss of earnings if you are unable to work. If you answer Yes to any of the questions under the personal statement please provide a full explanation in the box below:

Required:  Yes  No

Full Name

Date of Birth

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Height & Weight

Weekly income to be insured

Are you presently insured with any insurance company for any accident or illness benefit?  Yes  No

Has any insurance for you ever been refused, terms amended on renewal or a claim declined?  Yes  No

Do you suffer from any:  
– chronic or recurring medical condition or complaint; or  Yes  No

– permanent physical defect; or  Yes  No

– impairment of sight or hearing?  Yes  No

During the last 5 years, have you ever been confined to hospital or lost more than 5 consecutive days from working as a result of Accident or Illness?  Yes  No

Do you regularly travel outside New Zealand? If 'Yes', please give details of number of days, duration, and reason for trips.  Yes  No

Have you smoked in the last 12 months?  Yes  No

Are you an employee or self employed? \_\_\_\_\_

Do you regularly take any medication, prescription drugs or any other drugs or undergo regular treatment of any kind?  Yes  No

Do you take part in any sporting or recreational activities that may expose you to injury or illness?  Yes  No

Would the weekly benefit applied for below – when added to any other insurance or compensation to which you may become entitled e.g. ACC – exceed your average net weekly earnings over the past six months?  Yes  No

Please state your occupation \_\_\_\_\_

If answered 'Yes', to any questions above please provide details: \_\_\_\_\_

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