

Bailees Liability Insurance

Insurance Proposal Form

Instructions

Please read the Important Information Section on page 4 before completing this form.

Please contact us if you would like a hard copy of the relevant insurance policy or a summary of cover provided by Chubb.

Section 1 - Insured Details	
1. Broker	
2. Period of Insurance	
3. Limit of Indemnity Required	\$
4. Deductible Required	\$

Before the Proposer enters into a contract with Chubb this proposal is to be completed by the Proposer or by an authorised Officer of the Proposer as the answers to the following questions will determine the acceptance or declinature of coverage proposed. Therefore there is a duty on the Proposer to answer all questions accurately and fully as all statements shall form the basis of and be incorporated into any contract of insurance which may be issued by Chubb.

If there is insufficient space to complete the proposal, please attach additional sheets.

1. Name of Proposer	
2. Principal Address	
3. Description of the Business of the Proposer	
4. Subsidiary Companies	Attach a list of all subsidiaries to be covered by the proposed insurance, together with details of the business carried on by such subsidiaries.
5. Balance Date	
6. Gross Receipts for Last Financial Year	\$
7. Estimated Gross Receipts for Next Year	\$
8. Other Insurance	Is cover provided under any other type of Insurance for the Goods Stored? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide full details:
9. Sanctions	Do you export products or have staff or operations in any sanctioned countries including but not limited to Iran, Cuba, Syria, North Korea, North Sudan, Crimea? For a full listing of sanctioned countries, please refer to: www.treasury.gov/resource-centre/santions/programs/pages/programs.aspx <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please provide details on country, product &/or operation performed in any sanctioned country:

10. Number of Locations to be Insured

	1.	2.	3.	4.
Location - address, age, area and construction of the building. Description of goods held on behalf of other parties and the names of those other parties.				
Maximum \$ value stored Average \$ value stored. Average period of time held in store. (If values fluctuate for seasonal or other reasons, please include details)	Maximum \$	Maximum \$	Maximum \$	Maximum \$
	Average \$	Average \$	Average \$	Average \$
	Average period of time	Average period of time	Average period of time	Average period of time
Type of Storage, e.g. Temperature controlled? Warehouse? Other? Sprinklers? Yes/No	Provide details:	Provide details:	Provide details:	Provide details:
Are training procedures in place to ensure all employees correctly handle goods in store?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a monitored response burglar and/or coolstore alarm outside of normal business hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No Provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No Provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No Provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No Provide details:
Do you have a written Maintenance/Service Contract/ Agreement?	Provide details:	Provide details:	Provide details:	Provide details:
In the event of a breakdown are backup facilities available?	Provide details:	Provide details:	Provide details:	Provide details:

11. Storage Conditions	Please attach copy of your Conditions of Storage. Will all goods held be stored on these conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, on a separate page please provide full details.		
12. Loss History	Have you had any losses during past the past 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Amount involved	\$	
	On a separate page please provide full details of the corrective measures taken to prevent a recurrence.		
13. Prior Insurance	Have you had prior Bailees Liability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Policy Limit	\$	
	Name of Insurer		
14. Has any Insurer	Declined to insure you <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Cancelled or refused to renew your insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Imposed special terms to insure you? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes; please provide full details and the name of the Insurer.		

Declaration

On behalf of the applicant, I/we declare that:

- I/we have read and understood Chubb's Financial Strength Rating, and Duty of Disclosure in this form;
- all information provided (and where applicable, previously provided) is true and correct and I/we have made a fair presentation of the risk, by disclosing all material matters which I/we know or ought to know or, failing that, by giving the insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances;
- I/we undertake to inform the insurer promptly in writing of any material alteration to the facts declared that occurs prior to completion of the contract of insurance;
- I/we have obtained, and will obtain in the future, the consent to the disclosure and use of personal information from those persons whose personal information is supplied in relation to this form for the purposes of (i) underwriting the risks and (ii) administering and performing any resulting insurance contract.

This form must be signed by the applicant's Chairman of the Board, Managing Director, Chief Executive Officer or Chief Financial Officer.

Signed			
Name		Date	
Position			

Proposal Privacy Consent

On behalf of the applicant, I/we:

- understand that Chubb Insurance New Zealand Limited CUI-3, Shed 24, Princes Wharf, Auckland (Chubb) requires personal information (which may include, but not limited to, Health information) so that Chubb can assist with my/our specific needs, including but not limited to providing quotes and administering my/our insurance policy in accordance with Chubb's [Privacy Policy](#) should I/we accept this quote;
- understand that failure to consent to the collection, use and disclosure of personal information may result in Chubb being unable to provide a quote or deliver the services I/we require;
- authorise Chubb to obtain from other parties personal information (which may include, but not limited to, Health information) about me/us that Chubb views as relevant to assist with my/our specific needs, including but not limited to providing quotes and administering my/our insurance policy should I/we accept this quote;
- agree to Chubb disclosing to other parties, including but not limited to, service providers engaged by Chubb, our reinsurers, or your insurance broker personal information (including but not limited to Health information) collected in relation to this proposal form for the purpose of providing quotes and administering my/our insurance policy should I/we accept this quote;
- understand that I/we have rights of access to, and correction of, personal information held by Chubb; and
- understand that further information about how Chubb collects, uses, discloses and processes my/our personal information is set out in Chubb's Privacy Policy, available at <https://www.chubb.com/nz-en/footer/privacy.html>.

If you would like to access a copy of your personal information, or to correct or update your personal information, please contact our Privacy Officer on +64 (9) 377 1459 or email NZlegal.privacy@chubb.com

Signed			
Name		Date	
Position			

Important Information

In this section “We”, “Our” and “Us” means Chubb Insurance New Zealand Limited (Chubb). “You” and “Your” refers to Our customers and prospective customers as well as those who use Our website.

Duty of Disclosure

Your Duty of Disclosure

Before entering into a contract of insurance with Chubb, each prospective insured has a duty to disclose to Chubb information that is material to Chubb’s decision whether to accept the insurance and, if so, on what terms. This includes material information about the insured, any other people and all property and risks insured under the policy. Information may be material whether or not a specific question is asked.

There is the same duty to disclose material information to Chubb before renewal, extension, variation or reinstatement of a contract of insurance with Chubb. You should also provide all material information when You make a claim or if circumstances change during the term of the contract of insurance.

It is important that each prospective insured understands all information provided in support of the application for insurance and that it is correct, as each prospective insured will be bound by the answers and by the information they have provided.

The duty of disclosure continues after the application for insurance has been completed up until the time the contract of insurance is entered into.

Consequences of Non-Disclosure

If an insured fails to comply with their duty of disclosure, Chubb may be entitled, without prejudice to its other rights, to reduce its liability under the contract in respect of a claim or refuse to pay the entire claim. Chubb may also have the right to avoid the contract from its beginning. This means the contract will be treated as if it never existed and no claims will be payable.

Financial Strength Rating

At the time of print, Chubb has an “AA-” insurer financial strength rating given by S&P Global Ratings. The rating scale is:

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AAA Extremely Strong	BBB Good	CCC Very Weak	SD or D Selective default or default
AA Very Strong	BB Marginal	CC Extremely Weak	R Regulatory Action
A Strong	B Weak		NR Not Rated

The rating from ‘AA’ to ‘CCC’ may be modified by the addition of a plus (+) or minus (-) sign to show relative standings within the major rating categories. A full description of the rating scale is available on the S&P Global Ratings [website](#).

Our rating is reviewed annually and may change from time to time, so please refer to Our website for Our latest financial strength rating.

Fair Insurance Code

We are a member of the Insurance Council of New Zealand (ICNZ) and a signatory to ICNZ’s Fair Insurance Code (the Code). The Code and information about the Code is available at www.icnz.org.nz and on request.



Privacy - How We handle Your Personal Information

Chubb is committed to protecting Your privacy. Chubb collects, holds, stores, uses, discloses, retains, gives access to and corrects Your personal information in accordance with the Privacy Act 2020 (NZ) and Our Privacy Policy. For more information on how Chubb handles Your personal information, please refer to Our Privacy Policy. Please note that Our Privacy Policy may change from time to time and where this occurs, the updated Privacy Policy will be posted on Our website available at <https://www.chubb.com/nz-en/footer/privacy.html>

About Chubb in New Zealand

Chubb is a world leader in insurance. Chubb's operation in New Zealand (Chubb Insurance New Zealand Limited) offers corporate Property & Casualty, Group Personal Accident and corporate Travel Insurance products through brokers.

More information can be found at www.chubb.com/nz.

Contact Us

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Financial Services Provider No. 35924

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