

Global Guard

Proposal Form

Instructions

Please read the Important Information Section on page 14 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.

Broker	
Name of Proposer	
Principal Locations	
Website Address	
Full Description of Your Business	
Sanctions	<p>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</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please provide details on country, product &/or operation performed in any sanctioned country:</p>

Section 1 - Coverage Requirements

Limit required	NZ\$		or	NZ\$	
Deductible required	NZ\$		or	NZ\$	
Policy period	from		to		

Section 2 - Business Details

Total actual turnover for last financial year	NZ\$		(include all group companies)		
Total estimated turnover for next financial year	NZ\$				
Total number of employees		and payroll	NZ\$		Balance date
Number of years in business		Number of locations			

Section 3 - Subsidiary Companies

Subsidiary name and main address	Describe the business activities and provide employee and payroll numbers	Actual turnover last financial year	Estimated turnover next financial year
		\$	\$
		\$	\$
		\$	\$

Section 4 - Contractors in New Zealand

Do you engage contractors or sub-contractors either through a labour hire company or otherwise? Yes No

Do you have a Health and Safety Induction Programme in place at all locations? Yes No

Subsidiary name	Total No. of Employees	Total Payroll	Percentage of total payroll paid to contractors	
			Manual	Non-manual

Section 5 - Premises

Address	Your activities at this location	Owned or Leased

a) Do you store any dangerous goods or hazardous substances at any of your premises? Yes No

b) Do you discharge any dangerous or toxic substances into the atmosphere, any water course or elsewhere? Yes No

c) Has the land on which your premises are located ever been: Yes No

i. registered by either a local authority or government as a contaminated site? Yes No

ii. used for waste disposal or hazardous processes (e.g. chemical manufacture, etc)? Yes No

If YES to any of the above, provide details below, including the required licenses and consents held:

Section 6 - Care, Custody or Control

Include full details of all property owned by others and on what basis (leasing, servicing, bailment, etc) it is in your care, custody or control.

Description of property	Basis	Approximate Value

Is there any other insurance policy in place to cover this property? Yes No

If YES, who is the insurer and when is the policy due?

Insurer:

Date:

Attach copies of storage conditions. If you are a Bailee, a separate Proposal should be completed.

Section 7 - Your Operations

a) Do any of your operations include cutting or welding or processes involving heat? Yes No

b) Do you work on motor vehicles, aircraft or watercraft? Yes No

Provide details below including the turnover generated:

NZ\$	
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c) Provide details of all work undertaken away from your premises including contracting, servicing, maintenance, installation, construction, building, erection.

d) Do you engage subcontractors? Yes No

If YES, provide details below (ie. Number, activity, payroll etc):

e) Are subcontractors required by your contract to provide their own Public Liability Insurance? Yes No

If YES, provide details below:

Section 8 - Professional Services

Do you carry on any professional, technical, design, consultancy, advisory or similar services as an ancillary service to your business? Yes No

If YES, provide details below:

Do you charge a fee for these services? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of fees	NZ\$	
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Do you have a separate Professional Indemnity policy? Yes No

If YES, who is the insurer and when is the policy due?	Insurer:		Date:	
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Section 9 - Contractual Liability (Attach a copy of your standard Terms/Conditions of Trade)

Do you have any agreements (other than lease or rental agreements) under which you:

a) have accepted liability which would not normally be your responsibility at law? Yes No

b) have given away your rights of recovery from other parties? Yes No

c) have limited your liability to any extent? Yes No

If YES, to either of the above, provide details below and attach copies of agreements:

Section 10 - Excess Motor Vehicle Liability

a) Please list all vehicles owned by the Insured or attach a schedule of vehicles separately.

Location	Year	Make & Model	Over 3.5 Tonnes?	Market Value

Section 11 - Products Liability (this includes all products manufactured, constructed, erected, repaired, serviced, treated, sold, supplied or distributed by you).

If you export, Appendix B should be completed.

Describe all of your products and enclose brochures or catalogues:

a) Are your products intended component parts of another product? Yes No If YES, provide details below:

b) Do you manufacture to the design, formulae, plans or specifications of others or to your own design? Others Own
If others, provide details below:

c) Provide details of any discontinued products no longer made, sold, or distributed by you or any subsidiary for which this insurance is proposed:

d) Will you supply any products you do not manufacture? Yes No If YES, provide details below:

e) Do manufacturers indemnify you for any defects in their products? Yes No

f) Do you alter or change the form of products which you do not manufacture? Yes No
If YES, provide details below of the products, purpose of use and the source and details of any alteration you make to it:

Section 11 - Products Liability Cont'd

g) Provide details of any products that are used in any motor vehicle, aircraft or watercraft:

h) Do you have a Product Recall or Incident Management Plan established to handle a recall if one becomes necessary? Yes No

If you require a quote for Product Recall Expense, Appendix C should be completed.

Section 12 - Imports

Supply details of all imported goods including the use of such goods and the country of origin.

Goods & Use	Country of Origin	Value

Do suppliers indemnify you for any defects in the goods they supply? Yes No If YES, provide details below:

Section 13 - Quality Control Procedures

Do you have a formalised quality management system? Yes No

Has your quality management system been certified to the ISO9000 series or equivalent? Yes No

If not certified, provide details of quality management systems and indicate who is responsible:

Name	Position	Qualifications relevant to position

Section 14 - Prior Insurance and Losses

Provide details of liability insurance during the last 10 years including the name of the Insurer(s):

Has any Insurer ever declined to insure you, cancelled or refused to renew your insurance, or imposed special terms or conditions on you?

Yes No If YES, provide details including the name of the Insurer:

Provide details of any losses, complaints or claims made against you in the last 10 years (whether insured or not) which would have been the subject of indemnity under the proposed insurance. Use a separate sheet if necessary.

Are there any claims pending against you or are you aware after investigation of any circumstances which could give rise to a claim under the proposed insurance? Yes No If YES, provide details below:

Declaration

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

- a) I/we have read and understood Chubb's Financial Strength Rating, and Duty of Disclosure in this form;
- b) 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;
- c) 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;
- d) 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:

- a) 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;
- b) 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;
- c) 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;
- d) 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;
- e) understand that I/we have rights of access to, and correction of, personal information held by Chubb; and
- f) 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			

Appendix A - Employers & Statutory Liability

1. a) How many buildings do you own? _____ lease or rent? _____

b) Do you have current Warrants of Fitness for the buildings which you own? Yes No

2. Do you have written procedures / manuals and/or systems to ensure compliance with legislation that affects your business? Yes No

If NO, advise how you comply with such legislation?

3. In respect of the Fair Trading Act do you have:

a) A Fair Trading Act compliance programme in place? Yes No

b) Is the programme reviewed and checked annually? Yes No

4. In respect of the Health and Safety in at Work Act 2015 and Amendments do you have:

a) A hazard identification system in place? Yes No

b) A Health and Safety manual and training system in place? Yes No

5. Do you need/or have you ever applied for a Resource Consent and/or Certificate of Compliance under the Resource Management Act 1991?

Yes No

6. Have you ever been involved in proceedings in connection with, received compliance notices or been fined for breaches of any Act of Parliament or Amendments? Yes No

7. a) Have you had any previous claims or complaints against you which could have been subject to indemnity under this proposed insurance?

Yes No

b) Are you, or any of the Company's Directors or Officers, aware of the existence of any circumstances from which you could reasonably expect a claim to arise in the future: Yes No

If the answer to 4, 5 or 6 is YES, please provide full details on a separate sheet.

8. Who in your Company has overall responsibility for ensuring compliance with the Acts of Parliament referred to in this application?

Name	Position

9. Limit of Insurance required: NZ\$ _____

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	

Appendix B - Exporters Liability

1. Please provide full details of your exports split into product type and value in NZ\$ to each export destination.

Destination	Products	Actual last Year	Estimate this year
New Zealand		\$	\$
Australia		\$	\$
USA		\$	\$
Canada		\$	\$
United Kingdom		\$	\$
Rest of Europe		\$	\$
Japan		\$	\$
Rest of Asia		\$	\$
Rest of World		\$	\$
	Totals	\$	\$

2. a) Please state the first year you exported any products

b) Please state the first year you exported any products (either directly or in-directly) into the USA or Canada

3. Are instructions supplied with your product and are they written in language(s) used by the end-user(s)? Yes No If YES, which languages?

4. Do your products meet the manufacturing/safety standards established in the countries exported to? Yes No
If YES, provide details of the standards your products meet.

5. List your major vendors/distributors by name, location and turnover. If they contractually require you to name them as a Vendor on your policy, please provide details.

6. Are you in anyway represented in the USA or Canada by either direct representation, parent company, subsidiary, sales office or by any other party holding Power of Attorney on your behalf? Yes No If YES, provide details below:

7. If you do not export products directly into the USA. or Canada, or any of their territories or possessions, are you aware of any circumstances where your products may be re-directed to those countries? Yes No If YES, provide details below:

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			

Appendix C - Product Recall Expense

1. List the locations of your manufacturing facilities or plants:

2. Do all your products conform in all respects with the requirements of any statute, or the regulations of any government department or agency?
 Yes No

3. Advise the type of packaging and shelf life of your products.

Product	Packaging Description	Average Shelf Life

4. Are your products batch produced or is it a continuing process?

a) If batch produced, what is your average batch size?

b) If a continuing process is used, what is your average size run?

5. Does your coding system allow for the following identification?

Product Name	Shelf expiry date
Manufacturer	Serial Number
Part Number	Suggested Use
Batch Number	Directions for Use
Manufacture Date	Warnings Needed
Producing Plant	Other

6. Do you maintain computerised control systems for:

a) Product Inventory? Yes No

b) Sales to and identity of: Yes No

i. Wholesalers and/or Distributors? Yes No

ii. Retailers? Yes No

7. Do your wholesalers and/or distributors maintain records of the final retail outlets of your products? Yes No

a) Product Inventory? Yes No If YES, provide details below:

b) How long are these records kept? _____ years

8. Do any of your products become part of other companies products? Yes No If YES, provide details below:

9. If any of your products are sold to be repackaged under another name, to whom are they sold and what is their eventual name?

Yes No If YES, provide details below:

10. Do you indemnify or hold harmless by contractual agreement any suppliers of components or raw materials?

Yes No If YES, provide details below:

Appendix C - Product Recall Expense (continued)

11. Advise the method of distribution of your products:	
a) How transported (truck, rail, etc):	
b) Type of packaging (drums, bulk, etc):	
c) Detail the steps to the end-user (e.g. manufacturer/wholesaler/retailer etc):	

12. a) Do you have a Product Recall or Incident Management Plan established to handle a recall if one becomes necessary? Yes No

Attach a full copy of your Product Recall or Incident Management Plan.

b) If you do not have such a plan and it becomes necessary to recall any of your products, what methods would be used to secure the return of such products?

Provide details on a separate sheet.

c) Provide a breakdown of the costs you could incur, in the event of a Recall - include the cost of the recalled product, any loss of income, the advertising expenses, freight/transportation costs, etc.

Estimated maximum cost in	NZ\$	
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13. Have any of your products ever been recalled for any reason? Yes No If YES, provide the following details:

a) The product(s) involved.

b) The reason for the recall and the steps taken to prevent a recurrence.

c) The date the recall was initiated and the date closed.

d) Methods used to effect the recall.

(e) A breakdown of the costs involved - including the cost of the recalled product plus any loss of income, the advertising expenses, freight/transportation costs, etc.

Total cost in	NZ\$	
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14. Do you, or any of your Directors or Officers, have knowledge or information of any circumstances which might give rise to a claim under the proposed policy?

15. Limit required: NZ\$ each loss and in the annual aggregate.

16. Deductible required: NZ\$ each loss.

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.

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Signed	
Name	Date
Position	

Information for local admitted Policy in the US

First named Insured			
US Mailing Address/Headquarters			
(attach a list of all US locations and their occupancy and square footage) - if applicable			
Complete description of operations			
Sic code(s)			
U.S. Website address			
Additional named Insureds			
(attach a list of named Insureds if more than one in the US)			
Coverage:	<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims Made	(Retro Date)
Estimated total annual turnover for each named Insured in US Dollars			
Estimated annual turnover for installation / work away			
Estimated annual turnover for sales / distribution			
Estimated annual turnover for other activities, if applicable			
Number of US employees			
Estimated annual payroll if contracting risk in US Dollars			
<input type="checkbox"/> Deductible		<input type="checkbox"/> Self Insured Retention	
Type:	<input type="checkbox"/> BI & PD Per Occurrence	<input type="checkbox"/> PD Per Occurrence	<input type="checkbox"/> BI Per Occurrence
	Amount: \$	Amount: \$	Amount: \$
Present carrier			
Current premium and estimated turnover			
Five year loss history (attach US loss runs)			
Policy inception date			
CGL Limits			
Policy aggregate		\$	
Products completed operations aggregate		\$	
Personal and advertising injury		\$	
Each occurrence		\$	
Damage to rented premises (fire legal)		\$	
Medical Expense		\$	
Employee benefits			
Each Claim		\$	
Policy aggregate		\$	
Deductible		\$	
(Require payroll & #of employees)		\$	
Retro Date			

Is an umbrella policy needed in the US? Yes No

Umbrella Limits

Each occurrence

\$

Aggregate

\$

(Attach a copy of the underlying policies)

(Please note: Hired Auto & Employers Non-Ownership Liability is only available when there is no in-force commercial auto policy in the US.)

Hired Non-Owned Auto Liability

Occurrence Limit

\$

Of Employees

\$

Annual Cost of Hire

\$

Liquor Liability

Each Common Cause

\$

Aggregate

\$

Liquor Sales

\$

Business Details

Does applicant draw plans, designs, or specifications for others? Yes No

Do subcontractors hired carry limits less than the applicant? Yes No

Are subcontractors allowed to work without providing certificates of insurance? Yes No

Are subcontractors required to name the applicant as an additional Insured under their own liability policies? Yes No

Does applicant install service or demonstrate products? Yes No

If the Insured does installation, service or repair, please provide payroll in US dollars

\$

Yes No

Any hold harmless agreements currently in effect? Yes No

If YES, please provide a list of all or provide a copy of the current policy

Products related to aircraft/space industry? Yes No

Any discontinued products or operations? Yes No

Are there any assumption of liabilities from companies no longer in business or management buyouts? Yes No

Are products of others sold under the applicants label? Yes No

Are any of the Insured's products sold under another label? Yes No

Does any Named Insured sell products to other Named Insureds? Yes No

Are there any additional Insureds on the current policy? Yes No

If YES, please provide a list of all AI's & their interest or provide a copy of the current policy

Does the current program have primary and noncontributory for the additional Insured's? Yes No

If YES, please provide a list of all or provide a copy of the current policy

Is there a US broker? Yes No

If YES, please provide contact details:

Due date:

Note: In order to offer an accurate quotation, this form must be completed in full.

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:

The rating scale is:			
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. With operations in 54 countries and territories, Chubb provides commercial and personal property and casualty insurance, personal accident and supplemental health insurance, reinsurance and life insurance to a diverse group of clients. The company is defined by its extensive product and service offerings, broad distribution capabilities, exceptional financial strength and local operations globally. Parent company Chubb Limited is listed on the New York Stock Exchange (NYSE: CB) and is a component of the S&P 500 index. Chubb employs approximately 43,000 people worldwide. Additional information can be found at: www.chubb.com.

Chubb's operation in New Zealand (Chubb Insurance New Zealand Limited) offers corporate and commercial property & casualty, group personal accident and corporate travel insurance products. Chubb also serves successful individuals with substantial assets to insure and consumers purchasing travel insurance. It leverages global expertise and local acumen to tailor solutions to mitigate risks for clients ranging from large multinational companies to local corporates and SMEs, with all product offerings transacted through brokers.

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

Contact Us

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Company No. 104656
Financial Services Provider No. 35924

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