



Insurance Proposal for Professionals Plan Office Package Insurance

Aon New Zealand
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carol.rose@aon.com

Insured Name:

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Postal Address:

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Contact Person:

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Email Address:

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Contact Numbers:

Landline:

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Mobile:

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Type of Business

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Date Cover to

Commence:

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PLEASE PROVIDE FULL AND DETAILED DESCRIPTION OF YOUR BUSINESS ACTIVITIES

If your firm has any subsidiaries or service companies which are to be included with your firm as joint insured parties, please also give full details below.

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BUSINESS ASSETS INSURANCE

COMMERCIAL CONTENTS

Premises:

Section A

Address of Premises

Contents Sum Insured

1.

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\$

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2.

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\$

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3.

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\$

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Subtotal for contents Sum Insured

\$

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Contents:

Section B

If you have Portable Tools of Trade with individual values of \$5,000 or greater, and you require cover for these items anywhere in New Zealand, please list them below (e.g. Laptops, Phones, Theodolites, etc)

Specified Items (for which cover is required anywhere in New Zealand)	Contents Sum Insured
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
7. _____	\$ _____
Subtotal of Specified Items Sum Insured	\$ _____
 TOTAL SUM INSURED REQUIRED = Sections A + B:	 \$ _____

Details of Premises: *If building was constructed prior to 1935, please provide a structural Engineer’s report to state % of seismic strengthening carried out to Current Building code.

Year Built*	Flooring Materials	Wall Materials	Roofing Materials
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Security Precautions (please check the applicable box):

	Yes	No		Yes	No
Alarm (monitored/audible)	<input type="checkbox"/>	<input type="checkbox"/>	Windows Barred	<input type="checkbox"/>	<input type="checkbox"/>
Skylights Barred	<input type="checkbox"/>	<input type="checkbox"/>	Deadlocks	<input type="checkbox"/>	<input type="checkbox"/>

Fire Precautions (please check the applicable box):

	Yes	No		Yes	No
Fire Extinguishers	<input type="checkbox"/>	<input type="checkbox"/>	Hose Reels	<input type="checkbox"/>	<input type="checkbox"/>
Heat or Smoke Detectors	<input type="checkbox"/>	<input type="checkbox"/>	Sprinklers (single/dual)	<input type="checkbox"/>	<input type="checkbox"/>

Current % of NBS (New Building Standard)

COMMERCIAL BUILDINGS

Premises:

	Address of Premises	Replacement Value	Indemnity Value
1.	_____	\$ _____	\$ _____
2.	_____	\$ _____	\$ _____
3.	_____	\$ _____	\$ _____

Only complete these details if location of premises differs from the Plant Contents section stated above:

	Year Built*	Flooring Materials	Wall Materials	Roofing Materials
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Security Precautions (please check the applicable box):

	Yes	No		Yes	No
Alarm (monitored/audible)	<input type="checkbox"/>	<input type="checkbox"/>	Windows Barred	<input type="checkbox"/>	<input type="checkbox"/>
Skylights Barred	<input type="checkbox"/>	<input type="checkbox"/>	Deadlocks	<input type="checkbox"/>	<input type="checkbox"/>

Fire Precautions (please check the applicable box):

	Yes	No		Yes	No
Fire Extinguishers	<input type="checkbox"/>	<input type="checkbox"/>	Hose Reels	<input type="checkbox"/>	<input type="checkbox"/>
Heat or Smoke Detectors	<input type="checkbox"/>	<input type="checkbox"/>	Sprinklers (single/dual)	<input type="checkbox"/>	<input type="checkbox"/>

Current % of NBS (New Building Standard)

PLEASE COMPLETE:

Occupancy of Building – name and description of occupier

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Adjacent Premises details – please advise occupation of adjacent premises

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Name and Address of Other Interested Parties (co-owner, finance company, mortgage, etc):

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Note:

The Fire Services Commission requires a current valuation certificate (less than two years old), or a signed declaration to be provided in order to accurately calculate Fire Services Levies on the indemnity value of the building (a declaration is attached for use if a current valuation has not been obtained). Failing to provide either a current valuation or a signed declaration will result in Fire Service Levies being charged on the full replacement value.

BUSINESS INTERRUPTION INSURANCE

	Cover Available	Amounts to be Insured
A	Annual Gross Revenue - excluding wages/salaries	\$
B	Loss of Rents for Property Owners	\$
C	Additional Costs of working	\$
D	Reinstatement of Accounts & Documentation	\$
E	Irrecoverable Book Debts	\$
F	Claims Preparation Costs – minimum of \$10,000	\$
G	Wages/Salaries	\$
	Indemnity Period – we recommend a minimum of 12 months	Months
	(Options are in six-monthly increments)	
	Total Sum Insured	\$

LIABILITY INSURANCES

	Cover Available	Amounts to be Insured
A	Public Liability (minimum of \$2,000,000)	\$
B	Statutory Liability option of \$500,000, \$1,000,000	\$
C	Employers Liability option of \$500,000, \$1,000,000	\$
	State Current Retroactive Date – Statutory Liability	\$
	State Current Retroactive Date – Employers Liability	\$
	Estimated Annual Turnover for the next 12 months	\$
	Estimated Annual Wages for the next 12 months	\$
	Number of staff - please split between clerical and other	Clerical = Other =
	Is there any sale of product or visits made outside of New Zealand **	

** We may contact you for further information as necessary

COMMERCIAL MOTOR INSURANCE

Year Make Model Rego Number	Type of Vehicle Details of Finance Owned or Leased	Area of Use	Current Market Value including paint job or wrap (excl GST)	Value of all fixed permanent accessories & signwriting etc	Total Sum Insured (excl GST)
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

The Total Sum insured for the vehicle should include the vehicle itself and permanently fixed accessories such as bull bars and tow bars; it should include the cost to repaint the vehicle and any signwriting on the vehicle; and other similar accessories – please ensure allowed for in the sum insured stated. If vehicle is brand new it should be the retail replacement cost including all accessories and then with GST deducted from the value

Optional Loss of Use cover – attaches to each individual vehicle and must be specified to be included:

Please specify daily limit required x number of days worked per week x how many weeks you require cover for E.g \$200 per day x 6 = \$1200 x 4 weeks = total of \$4800

Please confirm specific vehicles you want this to attach to and amount cover to be set for:

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Please confirm details of all drivers using these vehicles:

Name of Driver	Date of Birth	Vehicle Driven and % of overall use
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-----	-----	-----
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OTHER INSURANCE REQUIREMENTS

Would you like AON to contact you regarding any further insurance requirements you may have? If so please state what specifically is required:

AUTHORITY TO ACT AS BROKER

To the Insurers concerned

This letter confirms that I/We have authorised Aon New Zealand to act as our insurance brokers, effective from:

This authority relates to: (Add entity name here)

Of: (Add physical address here)

This authority replaces and revokes any previous authorities given, or implied, to any agent or broker previously handling our business and in particular to:

Signed: _____

Dated: _____

Telephone: _____

Facsimile: _____

DECLARATION & AGREEMENT

1. I/We declare that:

- I/We agree that the quotation shall be the basis of the contract between me/us and the Company and I am/we are willing to accept the terms, conditions and exclusions of these insurances.
- All answers and information given and on any attachment are in every respect correct.
- I/We authorise the disclosure of personal information held by any other party regarding my/our existing and previous insurances.
- I/We agree to the Company releasing to other parties personal information regarding this insurance.
- The sums Insured represent the full value of the property insured.

PLEASE READ AND ANSWER THESE QUESTIONS FULLY

2. Have you or any other person to be covered under this policy or any person who may benefit from this Insurance:

- Experienced any loss (whether or not a claim was made) for the type of insurance being applied for in the past 5 years or ever experienced any loss of \$5,000 or more to any property? **If insufficient room here please provide list separately.** Please note that the insurer vets all of the quotes. Non-disclosure of claims could result in your application being declined.

DETAILS:

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- Has any Insurer declined, cancelled, required withdrawal, imposed special terms on your insurance or refused a claim?

DETAILS:

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- Is there any further information that may affect the acceptance of this insurance? (*e.g., Bankruptcy, Insolvency, Criminal activity or Associations or Convictions, or any other circumstances giving greater than normal risk of loss. Note this is not an exhaustive list*)

DETAILS:

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3. Privacy Act 1993

Pursuant to the Privacy Act 1993 the following is brought to your attention:

- The Quotation / Policy collects personal information about you.
- The information is collected to evaluate the insurance you seek.
- The intended recipient of the information is Aon New Zealand and the chosen Underwriter of the proposed insurance with claims reporting to ECL.
- The information is being collected and held by Aon New Zealand, PO Box 2845, Wellington.
- The collection of this information is required pursuant to the common law duty to disclose all material facts relevant to the insurance sought and is mandatory.
- The failure to provide this information may result in YOUR application for insurance being void from the beginning.
- YOU have rights of access to, and correction of, this information. (Subject to the provisions of the Privacy Act 1993.)

Insured's Signature (if company state position): _____

Date:

[Click here to enter a date.](#)