



63 Albert Street, 5th Floor, P O Box 91748, Auckland -1142, New Zealand
Ph: 9-3064014 Fax: 9-3064015

Email: info@nia.co.nz

Registered & Head office: New India Assurance Building 87, M.G Road, Fort, Mumbai – 400001 (India)

PROPOSAL FOR MACHINERY BREAKDOWN

No risk attaches until the proposal has been accepted by the company and premium is paid or agreed to be paid

Your Details

Business name:	
Business's physical address:	
Is it alarmed? Yes/No. If Yes, is it monitored? Yes/No. Does it have sprinklers? Yes/No	
Type of business:	
Contact details:	Postal Address
Telephone:	(work)
	(home)
	(mobile)
	Email

YOUR DUTY OF DISCLOSURE

You must tell us everything you know (or could be reasonably expected to know) that a prudent insurer would want to take into account in deciding:

- whether to accept your proposal, and
- if so, on what terms.

Examples of what you must tell us include:

- anything that increases the risk of a claim
- any criminal offending or convictions
- any previous insurance claims
- any refusal by another insurer to insure you on standard terms, or continue to insure you on standard terms.

You must also tell us this every time this policy renews, and when you make any changes to it.

If you fail to do this, we may avoid the policy back to when it started as if you were never insured at all.

When in doubt, disclose. We treat all information confidentially.

YOUR PRIVACY

We collect and receive your personal information in this proposal to decide whether to insure you. We hold it in our records. You have rights to access it, and correct it under the Privacy Act 1993.

You must supply your personal information to us if it comes within your duty of disclosure (see Your Duty of Disclosure above). If you fail to do so, we may decline your proposal or avoid your insurance retrospectively.

We obtain your authority below to transfer some or all of it to other members of the insurance industry, financially interested parties noted on your policy and Insurance Claims Register Limited.

YOUR PREVIOUS HISTORY

The following questions must be answered in relation to the business, and in relation to every director and manager of the business *Please circle*

Has any insurer ever refused to insure you on standard terms, or refused to renew your insurance on standard terms?	Yes/No
Has any insurer ever refused to pay your insurance claim?	Yes/No
Have you made any insurance claim in the last five years?	Yes/No
Do you know of any circumstances that could lead to a claim under any of our policies in the future?	Yes/No
Do you have any criminal convictions (including traffic offences, but not parking offences), or are you currently facing a prosecution? If Yes , please list each offence or prosecution, and each sentence your business has received.	Yes/No

If you have answered **Yes** to any of the above questions, please write full details below.

OPTIONAL EXTENSIONS

Do you require Expediting Expenses?	Yes/No
Do you require Overseas Airfreight?	Yes/No Sum insured:
Do you require cover for dies?	Yes/No Sum insured:
Do you require Reinstatement of boilers and pressure vessels?	Yes/No Sum insured:

MACHINERY TO BE INSURED (Boilers and pressure vessels to be listed in next section.)

Year of manufacture	Description and make	New replacement cost
Sum insured limit any one loss		

BOILERS & PRESSURE VESSELS TO BE INSURED

(Other machinery to be included in previous section.)

Year of manufacture	Description and make	New replacement cost

DEDUCTIBLES

The Company shall not be liable for the first \$ of each and every claim.

ABOUT THE MACHINERY

- 1 Is there a regular preventative maintenance programme on any of the machinery included in this proposal? No Yes If "Yes", please provide details below.

- 2 Is there any fault or defect known to you in any part of the equipment? No Yes If "Yes", please provide details below.

- 3 Refrigeration / Air conditioning plant to be insured? No Yes If "Yes", please answer 4. (If "No", please skip to 5.)

- 4 Has the gas been changed from another type and/or model since this equipment was first installed? No Yes If "Yes", please answer 4(a) and (b).

(a) What refrigeration gas was used?

(b) What refrigeration gas is now used?

- 5 Submersible / bore pumps to be insured: No Yes If "Yes", please answer 5(a) and (b).

(a) Have you included in the New Replacement Cost the value of raising and lowering the pump and any bore case?

No Yes

(b) Do you want to insure this cost?

No Yes

If "Yes", sum insured:

\$

- 6 Boiler / pressure vessel to be insured? No Yes If "Yes", please answer 6(a) to (d).

(a) Are the boilers / pressure vessels subject to an annual maintenance or inspection contract other than the statutory inspection? No Yes If "Yes", name service organisation below.

(b) Is the boiler feed water treated? No Yes If "Yes", state by whom and type of treatment below

Is this treatment: automatic manual continuous periodic state period:

(c) What percentage of condensate is returned to the boiler? %

(d) If the boilers do not require certificated attendant under statutory regulations, who is appointed to exercise general supervision and safe operation of the boilers?

7 Have you any machinery, boilers or pressure vessels other than those included in this application? No Yes > If "Yes", please provide details below.

YOUR DECLARATION

I declare that I:

- 1 Have answered all questions truthfully.
- 2 Have, in addition, disclosed all material facts to New India (please see Your Duty of Disclosure above)
- 3 Agree to the policy terms and conditions.

4 Authorise:

4.1 New India to advise me of its other services from time to time.

4.2 The disclosure of my personal information held by New India to:

4.2.1 Other members of the insurance industry, and

4.2.2 Financially interested parties noted on the policy, and

4.2.3 Insurance Claims Register Limited.

4.3 The disclosure of my personal information held by:

4.3.1 Other members of the insurance industry, and

4.3.2 Insurance Claims Register Limited

to New India for the purpose of considering this proposal and administering the policy.

- 5 Am authorised to complete this proposal on behalf of anyone else to be insured under the policy, and agree that they give the same declarations.

Signature of Proposer

Date / /