

FIRE PROTECTION

Do you have?

Automatic sprinkler system:	Yes	<input type="checkbox"/>	<input type="checkbox"/>	Smoke / Fire Detectors	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Hose Reels:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Number:	<input type="text"/>	Date serviced:	__/__/__
Fire Extinguishers:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Number:	<input type="text"/>	Date serviced:	__/__/__

Any additional information:

GENERAL QUESTIONS

		Yes	No
1	Do you engage in any occupation other than those as declared above?	<input type="checkbox"/>	<input type="checkbox"/>
2	Has any insurer:		
	a Declined a proposal from you?	<input type="checkbox"/>	<input type="checkbox"/>
	b Cancelled or refused to renew your policy?	<input type="checkbox"/>	<input type="checkbox"/>
	c Required an increase in premium or special conditions?	<input type="checkbox"/>	<input type="checkbox"/>
3	Have you previously held a policy or policies for the risks now proposed? If "Yes", please state name(s) or insurer(s) and the branch.	<input type="checkbox"/>	<input type="checkbox"/>
4	During the past five years, whether you were insured or not, have you had: (a) any claims, losses, proceedings, notices or complaints made against you?; (b) any fine imposed under any legislation? Include all matters, irrespective of whether any insurance was in force and irrespective of any policy excess. Also include any ACC or Workers' Compensation claims.	<input type="checkbox"/>	<input type="checkbox"/>
5	During the last 10 years have you, the organization being insured or any other person with an interest in it been declared Bankrupt or been a Director or Shareholder of any failed Company or had any criminal convictions against your name?	<input type="checkbox"/>	<input type="checkbox"/>
6	Have you had or do you currently have any legal action pending against you for recovery of any outstanding debt?	<input type="checkbox"/>	<input type="checkbox"/>
7	After enquiry are you aware of any facts or circumstances which may affect the ability of your business to meet all of its debts when they fall due ?	<input type="checkbox"/>	<input type="checkbox"/>
8	Are you aware of any other matter which may affect the acceptance of this insurance?		

If "Yes" to questions 1 to 8, please give details:

DECLARATION

- I/We declare that:
- a All answers and statements made in this Proposal are correct and complete in every respect and that no information has been withheld which is likely to affect acceptance or the assessment of terms and cost of this proposed Insurance;
 - b If accepted by the insurer, this Proposal and Declaration shall form the basis of and be incorporated into the Contract of Insurance now being applied for;
 - c I/We understand that the insurer requires this information (which will be retained by the insurer) in order to decide whether to accept this Proposal.
I/We understand that the Privacy Act 1993 entitles me/us to have access to and request the correction of the information;
 - d The insurer is authorised to disclose information contained herein to the insurer's advisors, reinsurers and to other insurers. I/We authorise the insurer to obtain, from any other party, information that is, in the insurer's view, relevant to this Proposal.
 - e I/We understand that the insurance will not be in force until this Proposal has been accepted and cover confirmed by the insurer.

Broker's Agreement

I/We further declare that with effect from the date noted below Crombie Lockwood have been (appointed as my/our Insurance Brokers) (appointed to obtain claims information and report and quote on my Insurance) and request that all necessary information be made available to assist them with their duties.

Signature of Proposer	Title/Position	Date ____/____/____
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Definition: Where the insurer is noted above this term will extend to include all Crombie Lockwood Group Companies and all insurers who are involved in the client's insurance programme.