Wealthpoint General Ltd

NZ Business Pack Insurance

New Business Application Form

|  |
| --- |
| * Please answer all questions. Blanks and/or dashes, or answers "known to underwriters or brokers" or "N/A" are not acceptable and will delay processing of this application. * If there is insufficient room to complete a question, please attach a signed & dated addendum. * Any documents attached to this document form part of this application. * Where appropriate, please tick the yes or no box which best indicates your reply. |

## Your Details

### Period of Insurance

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Start Date |  | Expiry Date |  | Effective Date |  |

## Applicant’s details

### Insured

Insured name

|  |
| --- |
|  |

Trading name

|  |
| --- |
|  |

Web Site Address

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| Address Line 1 |  | |
| Address Line 2 |  | |
| Suburb |  |
| City |  |
| Post Code |  |

### Business Details

Business Occupation

|  |  |
| --- | --- |
| Description |  |

Describe Business if different from above

|  |
| --- |
|  |

### Duty of disclosure

Have you ever or any partner(s) or director(s) of the business:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Ever had an insurance policy cancelled, declined or terms imposed? | Yes |  | No |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **Date of Incident** |  | **Description** | |
|  | **1** |  | |  |  | |
|  | **2** |  | |  |  | |
|  | **3** |  | |  |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Ever been declared bankrupt? | Yes |  | No |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **Date of Incident** |  | **Description** | |
|  | **1** |  | |  |  | |
|  | **2** |  | |  |  | |
|  | **3** |  | |  |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Ever been involved a company or business which became insolvent or  subject to any form of insolvency administration? | Yes |  | No |  |
|  |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **Date of Incident** |  | **Description** | |
|  | **1** |  | |  |  | |
|  | **2** |  | |  |  | |
|  | **3** |  | |  |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Been convicted of any criminal offence within the past 5 years (other than minor traffic convictions)? | Yes |  | No |  |
|  |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **Date of Incident** |  | **Description** | |
|  | **1** |  | |  |  | |
|  | **2** |  | |  |  | |
|  | **3** |  | |  |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Been liable for any civil offence or pecuniary penalty (exceeding $5000)? | Yes |  | No |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **Date of Incident** |  | **Description** | |
|  | **1** |  | |  |  | |
|  | **2** |  | |  |  | |
|  | **3** |  | |  |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Any other matters you should disclose? | Yes |  | No |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **Date of Incident** |  | **Description** | |
|  | **1** |  | |  |  | |
|  | **2** |  | |  |  | |
|  | **3** |  | |  |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Any claims in the last 3 years? | Yes |  | No |  |

**Claim #1**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Policy Type |  | Date of Loss |  | Cost |  |
|  |  |  |  |  |  | |
|  | Description |  |  |  |  |  |
|  |  | | | | | |

**Claim #2**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Policy Type |  | Date of Loss |  | Cost |  |
|  |  |  |  |  |  | |
|  | Description |  |  |  |  |  |
|  |  | | | | | |

**Claim #3**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Policy Type |  | Date of Loss |  | Cost |  |
|  |  |  |  |  |  | |
|  | Description |  |  |  |  |  |
|  |  | | | | | |

## Policies Selection

Policies List Selection

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| General Liability |  | Statutory Liability |  | Employers Liability |  |
| Commercial Motor |  | Material Damage |  | Business Interruption\* |  |

\* Material Damage must be selected when Business Interruption is selected

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you want to provide any important information for the insurer? | Yes |  | No |  |

Important notes

|  |
| --- |
|  |

## Liabilities

### Property Owners Liability

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Are the Insured’s activities limited to property ownership only (property owners rating)? | | | Yes |  | No |  |
| Number of Sites |  |  | | | | |

### General Cover

|  |  |  |
| --- | --- | --- |
| Number of Employees |  |  |

**General Cover Specified Activity List**



**Specified Activity #1**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Description |  | | |  |
| Actual Turnover |  | Estimated Turnover |  |  |

### Adventure Tourism

|  |  |
| --- | --- |
| Total number of volunteers |  |
| Total number of participants |  |
| Total number of clients/tourists/spectators |  |
| Total number of tours/trips/events |  |

### General Liability

|  |  |  |
| --- | --- | --- |
| Number of location |  |  |

**Territorial Limits**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| New Zealand, Pacific Islands excluding USA/Canada Territories |  | New Zealand | |  | | New Zealand & Australia | |  | |
|  |  | |  | |  | |  | |
| New Zealand, Asia & Pacific Islands excluding USA/Canada Territories |  | Fiji |  | | Worldwide excluding USA/Canada | |  | |
|  |  |  | |  | |
| New Zealand, Australia, Asia & Pacific Islands excluding USA/Canada Territories |  | Australia |  | | New Zealand, Asia & Pacific Islands | |  | |
|  |  |  | |  | |
| Other |  |  |  | | New Zealand & Pacific Islands | |  | |

|  |  |
| --- | --- |
| Specify Territorial Limits |  |

### Coverages

Limit of Indemnity Limit

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| $1,000,000 |  | $2,000,000 |  | $5,000,000 |  |
| $10,000,000 |  | Other |  |  |  |

|  |  |
| --- | --- |
| Specify General Indemnity Limit |  |

### Statutory Liability

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Retroactive Type | | Date |  | Unlimited |  |
| Retroactive Date |  | | | | |

Limit of Indemnity Limit

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| $500,000 |  | $1,000,000 |  | $2,000,000 |  |
| Other |  |  |  |  |  |

|  |  |
| --- | --- |
| Specify General Indemnity Limit |  |

## Commercial Vehicles Policy

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Large Losses > $50,000 | 1+ in last 3 years |  | Nil in last 3 years |  |

### Driver History

In the last 5 years, has any person who is likely to drive the insured vehicle(s):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Ever been charged with any breach of regulations relating to work time driving hours or log book rules? | Yes |  | No |  |
|  |  |  |  |
| Had any convictions or had any penalties imposed for driving under the influence of alcohol or drugs? | Yes |  | No |  |
|  |  |  |  |
| Had a driver’s licence cancelled or suspended or restricted? | Yes |  | No |  |
|  |  |  |  |
| Been convicted or charged with any driving offences or traffic infringements (other than parking offences or speeding)? | Yes |  | No |  |
|  |  |  |  |

**Vehicle details section**

### Vehicle

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Cover Option** | Comprehensive |  | Third party, fire, and theft |  | Third party only |  |

|  |  |  |
| --- | --- | --- |
| Sum Insured |  | **\* Not required if Third Party Only** |

|  |
| --- |
| **Vehicle** |

|  |  |
| --- | --- |
| Year |  |
| Make |  |
| Vehicle Model |  |

Type

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Bus Coach |  | Commercial Vehicle |  | Fire Appliance |  |
| Funeral Hearse |  | Heavy Plant |  | Heavy Trailers |  |
| Heavy Truck |  | Light Vehicle |  | Mobile Plant |  |
| Taxi |  |  |  |  |

|  |  |
| --- | --- |
| Body Type |  |
| Registration number |  |

|  |
| --- |
| **Usage** |

**Area of Operation**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Northland |  | Auckland |  | Waikato |  |
| Bay of Plenty |  | Gisborne |  | HawkesBay |  |
| Taranaki |  | Manawatu-Whanganui |  | Wellington |  |
| Marlborough |  | Nelson-Tasman |  | West Coast |  |
| Canterbury |  | Otago |  | Southland |  |
| Australia |  | South Pacific |  |  |  |

|  |  |
| --- | --- |
| Use |  |
| Sub-use |  |

|  |
| --- |
| **Claims History** |

**Claims Grade**

|  |  |  |  |
| --- | --- | --- | --- |
| Grade 1 – 0 at fault claims in the last 3 years |  | Grade 2 – 1 at fault claims in the last 3 years |  |
| Grade 3 – 2 at fault claims in the last 3 years previous insurance library |  | Grade 4 – 3+ at fault claims in the last 3 years |  |
|  |  |

**Interested Parties**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are there any interested parties to note? | Yes |  | No |  |

|  |  |
| --- | --- |
| **1.** |  |
| **2.** |  |
| **3.** |  |

**Optional Extensions**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Loss of Use | | | Yes |  | No |  |
| Maximum Limit Per Day |  |
| Maximum Period of Loss for any Vehicle |  |
| Portable Electronic Equipment | | | Yes |  | No |  |

Portable Electronic Equipment Details

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Limit Per Item |  |
| Number of Items |  |

## Notice

We draw your attention to the Important Notice accompanying this Application form. You must read the Important Notice carefully. If you do not understand the content of Important Notice, please contact us immediately.

If any of the statements in this Application form are untrue, and you have suppressed or mis-stated any facts and/or should any information given by you alter between the date of this Application form and the inception date of the insurance to which this Application form relates you must immediately notify us.

You authorise us to collect or disclose any personal information relating to this insurance to any insurer or insurance reference service. Where you have provided information about another individual (for example, a relative, employee or client), you have or you will make the individual aware of that fact and the section in the Policy on "The way we handle your personal information".

You agree that you have read and understood this notice by doing any of the following:

(a) Signing and returning a copy of this form; or

(b) Providing the information requested and returning the form to us; or

(c) Providing us with instructions to place the policy.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Applicant(s) |  |  |  |
|  |  |  |  |
| Position held |  |  |  |
|  |  |  |  |
| Date |  |  |  |