

# INSURANCE PROPOSAL FORM

## NZ Soap Makers Association Proposal

### YOUR DETAILS

Name of Proposer: Legal Entity / Owner			
Trading Name:			
Contact Name:			
Physical Address of Property:			
Postal Address:			
Phone Number:			
Mobile Number:		Email Address:	
Period of Cover:	Beginning ____ / ____ / ____ and ending ____ / ____ / ____ at 4pm		

### FINANCIAL DETAILS

Turnover (excluding GST):	Up to \$50,000 <input type="checkbox"/>
	Over \$50,000 <input type="checkbox"/> - <i>not eligible for scheme – will need individual referral</i>
Do you Employ Staff	No <input type="checkbox"/> Yes <input type="checkbox"/> <i>if yes not eligible for scheme – will need individual referral</i>

### BUSINESS ACTIVITIES

Please list all business activities / occupations:	Hobby Soap manufacturing – sell at markets and/or online. <i>New Zealand only – excludes exports.</i>
	Do you sell to stores <input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you regularly import any products or ingredients <input type="checkbox"/> Yes <input type="checkbox"/> No <i>refer to policy conditions</i>

### 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.	<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	Are you aware of any other matter which may affect the acceptance of this insurance?	<input type="checkbox"/>	<input type="checkbox"/>

**If "Yes" to questions 1 to 7, please provide details:**


**Have you made any claims against your insurance policies in the past 5 years? If so, please provide details:**


**Policy Conditions**

No employees
Maximum turnover any one member \$50,000
No Imports <i>Definition of imports: the import of <b>main ingredients</b> (this does not include <b>the occasional import of fragrance, colourants or molds &amp; packaging equipment</b>).</i>
No work outsourced <i>Definition of outsourced is: work, packing etc. sent <u>off site to a paid third party</u> (this does not include unpaid family members or friends)</i>
No production work to be performed away from the insured premises i.e. commercial / industrial business activity
Any prior claims must be declared

**CLIENT DECLARATION**

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 We understand that the insurer requires this information (which will be retained by the insurer) in order to decide whether to accept this Proposal.  
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.  
We authorise the insurer to obtain, from any other party, information that is, in the insurer's view, relevant to this Proposal.
- e We understand that the insurance will not be in force until this Proposal has been accepted and cover confirmed by the insurer.

Signature of Proposer	Title/Position	Date

**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.