

## NZ Soap Makers Association Insurance Proposal Form 2022/2023

### Your Details

|                                      |  |               |  |
|--------------------------------------|--|---------------|--|
| Name of Member                       |  |               |  |
| Trading Name / Legal Entity / Owner: |  |               |  |
| Contact Name                         |  |               |  |
| Physical Address (Named Premises)    |  |               |  |
| Postal address if different to above |  |               |  |
| Phone Number                         |  | Mobile Number |  |
| Email Address                        |  |               |  |

### Financial Details

|  | Yes | No |
|--|-----|----|
| Turnover \$50k (ex GST) - <i>If over \$50k not eligible for scheme – will need individual referral</i> |     |    |
| Do you employ Staff - <i>If yes not eligible for scheme – will need individual referral</i>            |     |    |

### Business Activities

|   | Yes   | No |
|---|---|----|
| <p><b>Covered Products</b><br/> <i>Soap, bars, liquid and shaving<br/>           Bubble Bars, Bubble bath, Bath Salts,<br/>           Bath Bombs, Bath Oils<br/>           Deodorants - solid and cream forms<br/>           not in the compressed spray bottles<br/>           (like the commercial ones on the<br/>           supermarket shelf)<br/>           Beard Oil, Beard Balm, Shampoo Bars,<br/>           Conditioner Bars<br/>           Lotion Bars, Creams and Lotions, Body<br/>           Butter, Body Scrubs<br/>           Face Masks, Lip Balms<br/>           Soy Melts – made with soy wax and<br/>           not petrol-based paraffin wax</i></p> | <p>Hobby Soap Manufacturing – selling at markets and or online <b>NZ Only</b></p> |    |
| <p>Do you sell to Stores:<br/> <i>(If yes provide details of Store &amp; total annual sales)</i></p>  |   |    |
| <p>Do you regularly import any products or ingredients:<br/> <i>(refer to policy conditions)</i><br/>           Product Name &amp; Country of Import;</p>   |   |    |

### General Questions

|   | Yes | No |
|---|-----|----|
| 1 Do you engage in any other occupation other than those as declared above?<br>If Yes What is your day job:                                 |     |    |
| 2 Has any insurer:  |     |    |
| a Declined a proposal from you?   |     |    |
| b Cancelled or refused to renew your policy?  |     |    |
| c Required an increase in premium or special conditions?  |     |    |
| 3 Have you previously held a policy or policies for the risks now proposed?<br>If "Yes", please state name(s) or insurer(s) and the branch. |     |    |

| General Questions |  | Yes | No |
|-------------------|--|-----|----|
| 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?<br>Include all matters, irrespective of whether any insurance was in force and irrespective of any policy excess.  |     |    |
| 5                 | During the last 10 years have you or 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? |     |    |
| 6                 | Have you had, or do you currently have any legal action pending against you for recovery of any outstanding debt?  |     |    |
| 7                 | Are you aware of any other matter which may affect the acceptance of this insurance?   |     |    |
| 8                 | Have you made any claims against your insurance in the past 5 Years, if so, please provide details:  |     |    |

If more space to answers to Question 1 to 8 required:

**Policy Conditions:**

- No Employees
- Maximum annual turnover any one Member \$50,000.00
- No Imports – *Definition* - importation of main ingredients (this does NOT include the occasional import of Fragrance, Mica's, Moulds or Packaging)
- No work outsourced - *Definition* – work, packing etc. sent off site to a 3<sup>rd</sup> Party (this does not include unpaid friends or family members)
- No production work to be performed away from the named premises e.g., commercial / industrial business activity
- Any prior claims must be declared

**Client Declaration**

I/We declare that:

- 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;
- 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;
- 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;
- 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.
- I/We understand that the insurance will not be in force until this Proposal has been accepted and cover confirmed by the insurer.

Signature of the Proposer / Member:

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.

**Period of Cover:** Beginning: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Ending: 1 December 2023 at 4pm

*This Panel is to be Completed by the Insurance Coordinator of NZSMA only  
The details of this form will be entered into the Master Insurance Spreadsheet and will be available to the Insurer and or their agents upon request*