



New Zealand's Premier Insurance Facility For LMVD'S

INSURANCE PROPOSAL FORM FOR LMVD'S

CLIENT DETAILS

Full Name:	Contact Name:
Postal Address:	Phone No:
Situation(S):	Fax No:
Mortgagee Etc & Address:	
Insurance's Due:	

SECTION: 1. ASSETS

1. What is the total average value of your stock of vehicles, boats or caravans for sale including vehicles for sale on behalf.	\$															
Limit required on any one vehicle	\$															
2. What is the total value of stock in trade other than motor vehicles including value of fuel in storage tanks.	\$															
3. What is the total value of plant, equipment, tools, fixtures, fittings, signs leasehold improvements and all other property not otherwise insured.	\$															
4. Value of employees tools and clothing (as required under the appropriate Employment Contract).	\$															
5. State the number of Principals, Employees or others who customarily have the use of a vehicle belonging to the business.																
6. Give details of vehicles/boats/bikes owned by the business, or personally that are not intended as business stock for sale that you want to insure?	<i>Watercraft cover under the Motor Policy is restricted to static cover at the insured premises & whilst being towed.</i>															
<table border="1"> <thead> <tr> <th><u>Make & Type</u></th> <th><u>Year</u></th> <th><u>Reg.No:</u></th> <th><u>Amount Insured</u></th> </tr> </thead> <tbody> <tr> <td>(a) _____</td> <td>_____</td> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>(b) _____</td> <td>_____</td> <td>_____</td> <td>\$ _____</td> </tr> </tbody> </table>	<u>Make & Type</u>	<u>Year</u>	<u>Reg.No:</u>	<u>Amount Insured</u>	(a) _____	_____	_____	\$ _____	(b) _____	_____	_____	\$ _____				
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(a) _____	_____	_____	\$ _____													
(b) _____	_____	_____	\$ _____													
7. Buildings. Give details of buildings on which insurance is required.																
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(a) _____	_____	_____	\$ _____	\$ _____												
(b) _____	_____	_____	\$ _____	\$ _____												
Situation (if different from above) _____																
Mortgagee: _____																
8. If replacement cover on buildings is selected is cover required for earthquake in excess of Indemnity Value	YES/NO															

SECTION: 2. LOSS OF PROFITS

1. Gross Profit (excluding uninsured expenses listed below).	\$
2. Additional Increased Cost of Working (12 Months)	\$
3. Claim Preparation Costs	\$
4. Indemnity Period _____ Months	
5. Earthquake cover required	YES/NO
Uninsured Working Expenses	\$

SECTION: 3. PUBLIC LIABILITY

1. SUM INSURED	\$1,000,000	Higher Limit Required: \$
2. What is the annual turnover of the business	\$ _____	
3. If you have a workshop and carry out repairs to customers vehicles/boats, do you require cover for liability arising from faulty repairs	YES - NO	
If the answer to question 3 above is YES please state annual turnover of the workshop only (parts and labour)	\$ _____	

SECTION: 4. STATUTORY & EMPLOYERS LIABILITY

1. Number of employees:	_____
2. Approx annual wages/salaries:	\$ _____
3. Occupation:	_____

GENERAL QUESTIONS

1. Which Insurance Company currently provides cover on your business	_____
2. Has any Insurer declined to insure you, imposed special terms or conditions or cancelled or refused to renew your insurances	_____
3. In the past 3 years have you had any claims or any notifications, for injury to employees, or breached any Act of legislation, or are aware of any pending circumstances that may give rise to a claim?	_____
4. Give details of any claims made within the past three years under any insurance policy covering the risks now proposed.	_____
5. Give brief details of the security on your premises, i.e. fenced, alarmed, floodlight etc.	_____

I/WE have read the above and to the best of MY/OUR knowledge it is true and accurate. I understand this proposal form will form the basis of any contract between the Insurer(s) and myself and I have not withheld any information likely to affect the acceptance of this proposal ie. criminal convictions (subject to the 'Clean Slate Act 2004'), claims pending, change of business occupation & activities etc.

Signature or Proposer: _____ Date: _____

PRIVACY ACT: The purpose of collecting this information is to determine the acceptability of the proposal risk, and may be used in matters pertaining to Insurance. This and other information collected will be held by, or on behalf of Dealersblock and our Underwriters Lumley General Insurance (NZ) Limited for the purposes of administering your insurance cover. You may request access to, and correction of, this information subject to the provisions of the Privacy Act 1993.

DEALERSBLOCK WHOLESALE SCHEME

NEW ZEALANDS PREMIER INSURANCE FACILITY FOR LMVD'S

Clint Sammons – Manager for the Broker Only Scheme
Contact: Auckland 09 623 9951, or 0274 799 476

