

# Machinery Breakdown Proposal

## Important notice

### Material facts

'You' (this includes every person or entity to be insured under this insurance) are under a duty to disclose all material facts that could influence QBE Insurance's decision to accept this insurance and, if so, on what terms. You need to disclose facts both known to you and those which you could have been reasonably expected to know about. If you are in any doubt as to whether or not a fact may be material, you should disclose it to ensure that any cover granted is not prejudiced.

### Non-disclosure/misstatement

If you fail to comply with your duty of disclosure, QBE may be entitled to avoid the contract altogether, and therefore decline to pay any claim.

### Jurisdiction

Except where the parties agree otherwise, the laws of New Zealand apply to this form and any dealings between the parties arising from this form. The New Zealand courts have exclusive jurisdiction in relation to any disputes that may arise.

### How to complete this form

- You must answer all questions fully and, if you are completing this form by hand, please ensure you write clearly.
- If you are completing this form electronically, please open it using the latest version of Adobe Reader. Use your mouse/trackpad to take the cursor to the next editable field. Boxes can be ticked either by using your mouse/trackpad or by hitting 'enter'. Upon completion, please print out this form and sign the declaration.
- The signed form should then be posted, or emailed, to your broker.

Broker

Company

Individual

## A Applicant details

1. Name

2. Physical address

3. Website address

4. Contact person

Name

Phone number

Email address

5. Situation of risk

## B Cover required

1. Please indicate the cover you are applying for:

Section 1 Machinery Breakdown

Excess

NZD

Section 2 Spoilage

Excess

NZD

Section 3 Business Interruption

Excess/time excess

NZD

or

days

Indemnity period

months



2. Would you like any of the following Optional Extensions, applicable to Section 1, Machinery Breakdown?

- (a) Express freight      Yes  No       (b) Overseas airfreight      Yes  No
- (c) Labour overtime      Yes  No

3. Period of Insurance From 4pm  To 4pm

4. Broker      Individual       Company

**C Machinery and maintenance**

1. Please describe all machinery, boilers and pressure vessels to be insured.

Item	Description	Year of manufacture	Serial number	Replacement value	Sum Insured
				NZD	NZD
				NZD	NZD
				NZD	NZD

2. Is all the machinery listed in C1 above in good condition? If 'No', please state nature and extent of defects.      Yes  No

3. Are any of the above under a manufacturer or supplier's guarantee? If 'Yes', please provide details.      Yes  No

4. Is manufacture of any of the above known to have discontinued? If 'Yes', please provide details.      Yes  No

5. (a) What are the normal hours of operation for the items listed above?  hours per day  days per week

(b) Is the business seasonal? If 'Yes', please state the months in which peak activity occurs.      Yes  No

(c) Are any of the machines to be insured kept as standby or only used seasonally or intermittently?      Yes  No   
If 'Yes', please give details of the machines and extent of use.

6. Do you have any other machines, in addition to those listed in C1 above, at your premises?      Yes  No   
If 'Yes', please provide details.

7. Do you have a routine maintenance programme in place? If 'Yes', who is responsible for it?

Yes  No

Own staff are responsible  Outside company is responsible

(a) If own staff, please comment on the experience and qualifications of the staff responsible.

(b) If an outside company, please advise whether it is 'as required' or whether a service agreement exists and, if so, which agreement applies and the frequency of servicing.

### D Spoilage

Please describe all goods to be insured under Section 2, Spoilage.

Item	Description of goods	Type of packing (unpacked, wrapped, boxed)	Type of storage (chilled, frozen, cooled)	Sum Insured
				NZD
				NZD
				NZD
				NZD
				NZD

### E Business interruption

1. Please provide details of consequential loss that could arise as a result of damage to machinery listed under C1 of this proposal (ie machinery to be insured under Section 1, Machinery Breakdown).

<input type="radio"/> Gross profit		Sum Insured	NZD
<input type="radio"/> Additional expenditure		Sum Insured	NZD
<input type="radio"/> Wages (dual basis)	100% for <input type="text"/> weeks, then <input type="text"/> % for remainder	Sum Insured	NZD
<input type="radio"/> Wages in lieu of notice		Sum Insured	NZD
<input type="radio"/> Fines or damages		Sum Insured	NZD
<input type="radio"/> Claims preparation expenses		Sum Insured	NZD
		Total Sum Insured	NZD

2. Is all machinery listed in C1 above to be covered under Section 3, Business Interruption?

Yes  No

If 'No', please provide details.

3. Can parts be sourced domestically (ie within New Zealand) for all items listed in C1 above? Yes  No

If 'No', indicate which country(ies) they would have to be sourced from and how long they could take to become available.

4. Are any spare parts for key machinery kept in stock? Yes  No

If 'Yes', please provide details.

## F Claims experience/prior insurance

1. Have you had any losses and/or claims in the past three years (whether insured or not) which, had the events giving rise to the losses and/or claims occurred during the Period of Insurance, would be the subject of indemnity under this proposed insurance? Yes  No

If 'Yes', please provide details.

2. In respect of the proposed insurance, has any insurer ever:

(a) declined to insure you or the business now being proposed? Yes  No

(b) cancelled or refused to renew your policy? Yes  No

(c) required an increase in premium or applied special conditions? Yes  No

If 'Yes', please provide full details.

## Declaration

I/We declare, on behalf of all proposed insureds, that:

- All answers and statements in this proposal are correct and complete in every respect and there is no further information which may affect acceptance of the proposal.
- If accepted by QBE, this proposal and declaration, and any other material which I/we have provided to QBE, shall be incorporated into and form the basis of the contract of insurance.
- I/We understand that QBE requires this information (which will be retained by QBE) in order to decide whether or not to accept this proposal, and also that the Privacy Act 2020 entitles me/us to have access to, and request the correction of, this information.
- QBE is authorised to disclose information received from me/us to its advisers, reinsurers and to other insurers. I/We authorise QBE to obtain, from any party, information that is, in QBE'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 QBE.

Note: Signing this proposal and any supplementary questionnaires does not bind either the applicant or QBE to complete the contract of insurance.

Signed by applicant ..... Date

Printed name  Phone

Position  Mobile

Email address