

# Carriers Liability 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. Names of companies proposed to be insured

### 2. Date first established

dd / mm / yyyy

### 3. Principal address

### 4. Period of Insurance

From 4pm

dd / mm / yyyy

To 4pm

dd / mm / yyyy

### 5. Is carrying your full-time occupation?

Yes

No

If 'No', please give details.



6. Do you issue consignment notes?

Yes  No

If 'Yes', please attach a sample and tick to indicate enclosure. If 'No', please explain why not.

Enclosed

7. Do you use any special contract of cartage with any of your clients?

Yes  No

If 'Yes', please give details.

8. Do you insure goods on behalf of your clients?

Yes  No

If 'Yes', please give details.

9. Do you act as a subcontractor to other carriers?

Yes  No

If 'Yes', please give details.

10. Do you use subcontractors?

Yes  No

If 'Yes', please give details of agreement.

Do they have insurance cover?

Yes  No

11. Do you use any mode of conveyance other than road?

Yes  No

If 'Yes', please give details.

12. Please provide the following information:

(a) Area of your operation

(b) Number of vehicles used in your carrying business

(c) Number of subcontractors used in your carrying business

(d) Do you carry general cargo or specialise in one type of commodity?

If so, what commodity?

(e) Maximum value of load carried in any one vehicle

\$

(f) Maximum value at any one location or occurrence (limited to storage incidental to transit)

\$

**13. Sum Insured/limit required**

\$

**14. Estimated annual gross freight earnings**

(a) General cargo

\$

(b) Livestock

\$

(c) Produce

\$

(d) Other (give details)

(i)

\$

(ii)

\$

Total

\$

**B Claims experience**

**1. Has any insurer at any time:**

(a) declined your proposal?

Yes  No

(b) cancelled or refused to renew your policy?

Yes  No

(c) increased your premium rates at renewal?

Yes  No

(d) required you to bear the first part of any loss or imposed other special conditions?

Yes  No

If 'Yes' to any of (a) to (d) above, please provide full details.

**2. Who is your current insurer?**

**3. Give details of all claims made against you during the past five years for loss or damage to goods during the course of transit or while temporarily stored in the course of transit.**

Date of loss	Cause of loss	Amount involved	Was the claim paid?
		\$	
		\$	
		\$	
		\$	
		\$	

## Declaration

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

- (a) 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.
- (b) 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.
- (c) 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 1993 entitles me/us to have access to, and request the correction of, this information.
- (d) 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.
- (e) 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

dd / mm / yyyy

Printed name

Phone

Position

Mobile

Email address

**PRINT**