

Marine Cargo Renewal declaration

Important notice

This renewal declaration will form a key part of your ongoing contract of insurance with QBE Insurance, and it is important that all material facts continue to be fully, frankly and accurately disclosed. If you are completing this form electronically, please open it using the latest version of Adobe Reader. Upon completion, print out the form and sign the declaration.

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.

Name Insured Broker

Policy Number Expiry

Actual sendings for last financial year From To

Declared sendings

Total imports NZD + Total exports NZD + Internal NZD

Declared sendings including plusage

Total imports NZD Total exports NZD

Estimated sendings for next financial year From To

From Country of origin	To Country of destination	NZD value	Terms of sale* (eg EXW, FCA, CPT, CIP, CIF, DAP)
Total		NZD <input type="text"/>	* INCOTERMS 2010 trade definitions
Policy plusage		<input style="width: 20px;" type="text" value="%"/>	
Internal within NZ		NZD <input type="text"/>	

Declaration

I declare that all answers and statements in this renewal declaration are correct and complete in every respect, and agree that this declaration shall form the basis of, and be incorporated into, the contract of insurance which I have with QBE Insurance (Australia) Limited, New Zealand Branch.

Where this renewal declaration is signed by the broker on behalf of the insured, the broker declares that he/she has the insured's permission to sign on the insured's behalf; that the answers and statements contained above have been provided by the insured and are true, correct and complete in every respect; that the insured understands QBE is entitled to treat this renewal declaration as if it had been signed by the insured; and that a copy of the completed and signed renewal declaration will be sent to the insured as soon as practicable.

Signed by applicant

Date

dd / mm / yyyy

Printed name

Phone

Position

Mobile

Email address

