

# Comprehensive Insurance Proposal

For the Owners of Heavy Machinery



## Tracks & Treads

Comprehensive Mobile Plant

## Safety Net

Comprehensive Contractors Liability

## On Road *PLUS*

Comprehensive Motor Vehicle

We have checked all the boxes, so make sure you do too!

**Specialist Cover**    **Specialist Insurer**    **Specialist Claims**

Turn the page and tick the boxes for the best cover for your insurance dollar  
then download and email to [info@tlcinsurance.co.nz](mailto:info@tlcinsurance.co.nz)



# Section A | General Information



## Client Details

Name of Proposer

Date of Birth

/ /

Areas of Operation

Full Description of Business & Operations

Are you a member of a recognised industry organisation? e.g. FICA

Name of Organisation

Period of Insurance

from

to

at 4pm

All information provided within Section A relates to the entire proposal.

## Previous Insurance Details

1. 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?

IF YES, then please provide full details below:

2. Have you previously held a policy for the risks now proposed?

IF YES, then please state name(s) of insurer(s) & branch below:

Mobile Plant

Public Liability

Commercial Motor Vehicle

# Section A | General Information

A



B



C



D

## Client Declaration

### Goods and Services Tax Act

The Parties agree Section 8(4) of the Goods And Services Tax Act 1985 of New Zealand ("the GST Act") will not apply to the supply of insurance by TLC. The parties agree any services supplied by TLC are treated as being supplied in New Zealand for the purposes of the GST Act.

### Privacy Act

Pursuant to the Privacy Act 1993 the following is brought to your attention:

- a. This proposal collects personal information about you / the proposer.
- b. The information is collected to evaluate the insurance that is sought.
- c. The intended recipient of the information is TLC Insurance Limited.
- d. The information is collected and held by TLC Insurance Limited.
- e. The collection of this information is required pursuant to the Common Law duty to disclose all material facts relevant to the insurance sought and is mandatory.
- f. The failure to provide this information may result in this application for insurance being declined or this insurance being void from the beginning.
- g. You have rights of access to and correction of this information, subject to the provisions of the Privacy Act 1993.

### Declaration

I declare that:

1. This proposal has been fully completed before I signed this declaration and that the particulars and answers given in the proposal are in every respect true and correct.
2. I have not withheld any information likely to affect the acceptance of this proposal.
3. Neither facts within the knowledge of, nor statements made to any Agent of the Company shall be binding on the Company unless embodied in writing on this proposal.
4. If I have not personally filled in the answers to this Proposal Form then the person filling in this Proposal Form has done so as my Agent and not that of the Company.
5. I agree that this Proposal and Declaration shall be the basis of the Contract between the Company and myself.
6. Prior to every policy renewal I will make full disclosure (in writing) to the Company of any change(s) that may have occurred in relation to the information and answers set out in this proposal and I will make full disclosure (in writing) of any new information likely to affect the acceptance of such renewal and / or the terms of it including convictions to the maximum extent permitted by the Criminal Records (Clean Slate) Act 2004.
7. Every policy renewal shall otherwise constitute a reaffirmation by me of this declaration and the answers given in this proposal.
8. I further accept the Company's Policy subject to the terms and conditions contained herein.

Signed by the Proposer

Date

I / We declare that where this Proposal is completed in electronic form and submitted without a hand-written signature, the inclusion of a name in the signature panel shall be sufficient to acknowledge acceptance of these matters and shall be treated as the signature of the person named in the signature panel as the Insured, or the insured's duly authorised representative.

## Section B | Plant Insurance Details



### TRACKS & TREADS | Comprehensive Mobile Plant

Year	Make/Model <small>(Full description is required)</small>	Serial Number/Chassis # <small>(Full description is required)</small>	Sum Insured (excl GST)

**General Questions**

**a.** Is any of the plant subject to Hire Purchase, Lease or any other financial interest?

Y   
  N

IF YES please advise the following:

- i. Which items are involved
- ii. Name and address of financially interested party(s)

**b.** Please advise if any of the plant items are fitted with:

- i. Anti Theft Devices
- ii. Fire Suppression Devices
- iii. Fire Extinguishers
- iv. Tension Monitors
- v. Other Safety / Protection Devices

Y	N
Y	N
Y	N
Y	N
Y	N

IF YES, please advise details:

**c.** How long have you operated this type of business?

New

## Section B | Plant Insurance Details

A



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### TRACKS & TREADS | Comprehensive Mobile Plant

**IT IS IMPORTANT THAT THE FOLLOWING QUESTIONS ARE ANSWERED ACCURATELY AS COVER MAY NOT APPLY IF THE COMPANY (TLC) IS UNAWARE THAT PLANT IS USED FOR HAZARDOUS ACTIVITIES.**

**d.** Will the plant be used underground? i.e. Mining Operations and the like

 Y N

IF YES, please provide full details:

**e.** Will the plant be used over water / in connection with adjustments to rivers, streams, lakes, coastal water, estuaries / or left unattended in tidal areas?

 Y N

IF YES, please provide full details - i.e. which items? / what percentage?

**f.** Are any plant items "hired out" without an operator?

 Y N

IF YES, please provide full details:

**g.** Do you hire-in machinery?

 Y N

IF YES:

i. Please describe the type of machinery hired-in? ie. Forklifts, loaders, excavators etc

ii. How many machines would you expect to hire monthly/annually?

iii. What would you estimate your maximum period of hire is per machine?

## Section B | Plant Insurance Details

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### TRACKS & TREADS | Comprehensive Mobile Plant

iv. What would you estimate as the maximum value per hired machine?

v. How much do you expect to spend on annual hire charges?

vi. Do you have a formal hire contract for your hired machinery?

h. Do you have any criminal convictions (current or in progress)

IF YES, please provide full details:

i. Below, please advise details of Mobile Plant claims or accidents in the last 3 years.

Date	Details	Insurer	Cost

## Section C | Liability Insurance Details

A



B



C



D

### SAFETY NET | Comprehensive Contractors Liability

#### Duty of Disclosure

This proposal is to be completed by the Applicant or an Authorised Officer of the Applicant.

The information provided to the Company in this Proposal will be the basis of any contract of insurance entered into.

You must disclose to TLC Insurance Limited (on behalf of the Vero Liability Insurance Limited) all information which is material to it in deciding whether to issue insurance cover to you, and if so on what terms and/or premium. This includes but is not limited to any circumstances or conduct which might lead to a claim being made against you. This may also include information which is additional to the questions that we have asked. The duty to disclose material information occurs prior to the commencement of cover, prior to each renewal or whenever the contract is varied. This means that prior to renewal or any contract variations, as well as advising of new information you also need to advise us of any alterations to the facts previously notified. Failing to disclose material information may result in your policy being avoided. This means that your policy would be deemed to have never existed and no claims would be payable.

If there is insufficient space to complete the proposal, please attach additional sheets. **WHEN IN DOUBT DISCLOSE.**

#### Applicant Details

Name of applicant (including trading names, names of subsidiaries and any other parties to be insured):

Address

Website

Email

Phone

Contact

Broker/Agent

#### New Zealand

Number of Locations

Number of Employees

#### Actual last 12 months

Annual Turnover

\$

#### Overseas

#### Estimate next 12 months

\$

#### Business Details

State fully the nature of your business activities/operations (please include current and past activities)

Do you make any products?

Do you export products overseas?

To what countries

Maximum value of exports

\$

## Section C | Liability Insurance Details

A



B



C



D

### SAFETY NET | Comprehensive Contractors Liability

Do you process other people's products?

Y

N

If Yes, please advise

Do you provide professional, technical, consultancy services or advice to your customers?

Y

N

If Yes, please advise

Do you have third party property in your care custody or control?

Y

N

Description of property

Maximum value of property

\$

Do you service, repair, work on or supply parts for motor vehicles, watercraft or aircraft?

Y

N

Description of property

Maximum value of property

\$

Do you own or operate an unmanned aerial vehicle (UAV), remotely piloted aerial systems (RPAS) or drone (howsoever called), for commercial use or aerial photography, which has a gross take-off weight not exceeding 15 kilograms?

Y

N

Do the Insured's Directors/Officers/Partners/Proprietors regularly review Health & Safety risk assessment and compliance?

Y

N

If No, please advise

Is the Business currently able to meet its debts as they fall due?

Y

N

If No, please advise

Have there been any employment disputes, past or present, that have resulted in a claim being made against the employer?

Y

N

If Yes, please advise



## Section C | Liability Insurance Details

A



B



C



D

### SAFETY NET | Comprehensive Contractors Liability

Have any form of restructuring or redundancy processes occurred in the last 12 months, or are any planned in the next 12 months?

If Yes, please advise

#### Past Claims

Have any claims for any type of insurance requested in this proposal ever been made against the Applicant or any Partner or Director of the Applicant or have any circumstances ever occurred which would have resulted in a claim under the proposed insurance had the policy been in force?

If Yes, please describe below all losses or circumstances paid or now reserved (whether or not resulting in claims) occurring during the past five years:

Year of Loss	Description of Loss	No. of Claims	Amount Paid	Amount Outstanding

#### Declaration

On behalf of all proposed Insureds, I/We declare and agree that:

- The information and answers given in this proposal are in every respect true and correct and that Vero Liability has been made aware of all information that may be material in considering this proposal.
- This proposal and declaration shall be the basis of and incorporated in the insurance contract.
- I/We warrant that we will notify Vero Liability of any material alteration to the above facts whether occurring before or after the completion of this insurance contract.
- Vero Liability is authorised to give to or obtain from any other insurers or any insurance broker or other party any information relating to this insurance or any other insurance held by me/us or any claim made by me/us.

I/We understand that:

- Vero Liability is collecting the information on this proposal for the purpose of conducting its business, providing quality insurance products and services, evaluating our insurance requirements and deciding whether to issue insurance cover and if so on what terms.
- Failure to provide any of this information may result in Vero Liability refusing to provide the insurance.
- This information will be held by Vero Liability at 23-29 Albert Street, Auckland.
- I/We have certain rights of access to and correction of this information.

Signed:

Title:

Date:

*If this proposal form is being completed electronically, please print the completed form to sign and date*

## Section D | Commercial Motor Insurance Details



### ON ROAD PLUS | Commercial Motor Vehicle

Year	Make/Model <small>(Full description is required)</small>	Registration Number <small>(Full description is required)</small>	Sum Insured <small>(excl GST)</small>	Type of Cover (A,B,C) <small>(A: Comprehensive Cover, B: Third Party Fire and Theft, C: Third Party Only)</small>

**Vehicle Use**

**1.** Do any of your vehicles over 3,500kgs have a regular run outside the city limits of more than 120kms? Yes No

 Y  N

IF YES, please complete supplementary heavy vehicle assessment form.

**2.** Are any of your vehicles operated more than 11 hours per day?

 Y  N

IF YES, please advise details:

**3.** Are any of the vehicles designed for bulk transportation of inflammable liquids or gases?

 Y  N

IF YES, please advise details:

**4.** Do you carry toxic chemical, acids or explosives?

 Y  N

IF YES, please advise details:

**5.** Do you hire out any of your vehicles without your driver?

 Y  N

IF YES, please advise details:

## Section D | Commercial Motor Insurance Details



### ON ROAD PLUS | Commercial Motor Vehicle

6. Are any of your vehicles' principal drivers under 25 years of age?

Y     N

IF YES, please advise details:

Full Name of Driver	DOB	M/F	Years Licensed	Vehicle Reg

Previous insurance to entitle you to a "No Claims Bonus" please attach confirmation from your previous insurer.

1. Have you had any motor accidents, whether or not the subject of an insurance claim, in the past 3 years?

Y     N

IF YES, please advise details, if insufficient space below please attach separate listing:

Date of Accident	Description of Accident	Insurance Company	Total Cost
/ /			
/ /			
/ /			

2. Does anyone (other than the Insured) have a financial interest in any of the vehicles?

Y     N

IF YES, please advise details of interested party:

Name  

Postal Address  

3. Have you or any intended driver (including relief drivers) involved in the operation of the vehicles:

i. Ever been charged with a log book offence?

Y     N

ii. Ever been convicted of a motoring offence, other than parking?

Y     N

## Section D | Commercial Motor Insurance Details

A



B



C



D

iii. Ever had a driver's license endorsed, suspended or cancelled?

 Y  N

iv. Ever had insurance declined or cancelled or had special terms imposed?

 Y  N

v. Ever been charged with a criminal offence?

 Y  N

If you have answered YES to any of the above, please advise full details, if insufficient space below please attach details:

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4. Is there any other material fact which could affect the acceptance of this insurance?

 Y  N

IF YES, please advise details:

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5. Has any vehicle been altered from the manufacturer's original specifications?

 Y  N

IF YES, please advise details (if insufficient space below please attach separate listing):

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Fill out this form, then download and email to [info@tlcinsurance.co.nz](mailto:info@tlcinsurance.co.nz)



# COMPLETE!

Thank you for your time to complete this!  
Your responses will help us better serve your needs.