

Marine Annual/Open Cargo 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 of company

2. Date first established

3. Principal address

4. Website address

5. Period of Insurance

From 4pm

dd / mm / yyyy

To 4pm

dd / mm / yyyy

6. Current insurer

B Cargo details

1. Goods insured

2. Type of packaging

3. Means of conveyance



4. **Limit of Liability** (Sum Insured for any one conveyance or location)

Maximum shipment: (a) International

NZD

(b) Inland New Zealand

NZD

5. **Gross margin at time of sale**

(This should reflect the average gross percentage added to purchase cost when goods are resold.)

%

6. **Estimated Sendings for Period of Insurance**

From Country of origin	To Country of destination	NZD Value	Terms of sale* (eg EXW, FCA, CPT, CIP, CIF, DAP)
		NZD	
		NZD	
		NZD	
		NZD	
		NZD	
		NZD	
		NZD	
		NZD	
		NZD	
Total		NZD	* INCOTERMS 2010 trade definitions

Internal within NZ NZD

Policy Plusage

%

C Previous history

1. **Has any insurer ever:**

(a) declined to insure you?

Yes No

(b) cancelled or refused to renew your insurance?

Yes No

(c) imposed special terms or conditions in respect of any insurance for you?

Yes No

If 'Yes' to any of the questions above, please provide full details including the name of the insurer.

D Claims experience

1. **Please provide details of your claims experience over the past five years.**

From year	To year	Number of claims	Value of claims	Excess
	to		NZD	NZD
	to		NZD	NZD
	to		NZD	NZD
	to		NZD	NZD

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 2020 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

SAVE AS