

THE HIRE AND RENTAL INSURANCE SCHEME (HIANZ Inc) 2020 - INSURANCE QUESTIONNAIRE FORM - NEW CLIENT

Insured:

(Please list all companies that you intend to insure)

Current Insurer: Current Insurance Broker: Expiry Date

Physical Address of all hire operations:
(if more than one please list on separate page)

Postal Address:

Email address: Website:

Description of operation:

(Important - Please list other activities if your business is more than Hire and Rental. i.e. contracting, service and repairs or any works such as engineering, and any other work done or services provided).

Number of Branches: Employees – Full time equivalents:

MATERIAL DAMAGE POLICY

Description of Property	Sum Insured
Buildings – (if you are insuring on behalf of landlord –please advise landlord's name)	
Non Hire Plant	
Hire Plant – excluding those listed in Motor vehicle policy	
Stock/Miscellaneous items	
Property in Transit – Policy Limit is \$50,000 – please indicate if you want higher value	
Money - \$5,000 kept overnight in safe – please advise if you a higher limit	
Employee Tools – please advise if higher than \$2,000	

- ◆ Note that all buildings are insured for Replacement Value unless otherwise stated above
- ◆ Note that except for buildings all property and stock is insured anywhere in New Zealand

MOTOR VEHICLE AND MOBILE PLANT POLICY

We require a precise itemisation within each category shown.

This will enable us to negotiate the best premium pricing structure.

Current Replacement Cost should be shown for all items under 12 months old.

Current market value should be shown for all other items.

Categories 1 - Registered Motor Vehicles

Classification: 1P = Private 1UAP= Underage Private IC = Company 1R = Rental

Categories 2 - Registered non-self propelled plant/equipment e.g. trailers, log-splitters towable concrete mixers, towable cherry pickers, waterblaster, compressor

Categories 3 - Registered and Non Registered self-propelled plant/equipment e.g. Scissorslift, Diggers and Tractors, bulldozer, excavator, roller, loader, compactor, snorkel platforms, grader

Please provide on separate piece of paper and list of any motor vehicles you wish to insure.

It is important that vehicles in Category 1 are classified correctly.

BUSINESS INTERRUPTION POLICY

The Policy covers these locations - Any of the Insured's premises and/or sites in New Zealand

Description of Insured Item	Sum Insured
Insured Profit *	
Additional Increase Cost Of Working	
Claims Preparation Cost	
Others:	

Please refer to page 4 – Appendix 1 if you need help to determine the Insured Profit

Note if you are arranging insurance on the property on behalf of your landlord, please check whether this includes insurance on Loss Of Rents

Indemnity Period - 12/ 24/36 Months - circle one please (ICIB recommends minimum of 24 months to cater for disaster events.)

PUBLIC LIABILITY POLICY

Do you require cover to include all the operations undertaken by your company(ies)?

☐ Yes ☐ No

(Please ensure that all operations are listed on page 1, THIS IS VERY IMPORTANT)

Do you supply products or services outside New Zealand? If yes, please provide details on types of products and services and to which country?

.....

Please state additional activities/operations to be covered and estimated annual turnover for the next 12 months.

Year	Estimated Turnover	Activities/Operation
2020/2021		Hire & Rental
2020/2021		Other Operations

As far as you are aware, do you hire out or sub hire out any equipment to an airport or to firms engaged in airport work and the hired equipment is used near the airside (airside means in aircraft traffic areas), please complete the following questionnaire.

AIRSIDE QUESTIONNAIRE

Airside means any part of an airport which is used for aircraft operations including servicing and maintenance workshops etc.

- Do you hire any equipment which you know will be used for any work on airside at airports.
☐ Yes ☐ No
- If so, please advise estimated hire revenues as follows:

Hired out with an operator \$ _____ Dry hire \$ _____
- Are you aware of any formal contracts in place for any airside operations? ☐ Yes ☐ No
If so please provide a copy of the contract document.

EMPLOYERS LIABILITY - LIMIT ANY ONE CLAIM \$1,000,000

Scope of cover:- To indemnify the Insured against all claims (including claimants costs and expenses) which the Insured becomes legally liable to pay as damages and which are notified to the Insurer during the Period of Insurance stated in the Schedule or within 21 days after its expiry as a result of any employee of the Insured sustaining Personal Injury arising out of or in the course of their employment with the Insured.

STATUTORY LIABILITIES - LIMIT ANY ONE CLAIM \$1,000,000

Scope of cover: Indemnification against:-

1. Any legally insurable Fine upon conviction	2. Defence Legal Costs incurred other than under 3 below
3. Defence Legal Costs incurred where there are allegations of wilful or intentional acts but only on acquittal	4. Civil Defence Legal Costs incurred in being represented at any inquiry under an Act of Parliament arising out of a breach of any Act of Parliament during the policy period but excluding any excluded Acts.

Excluded Acts:

1. Arms Act 1983	2. Aviation Crimes Act 1972
3. Crimes Act 196	4. Proceeds Of Crimes Act 1991
5. Transport Act	6. Summary Offences Act 1981
7. Transport Act 1986	8. Sections 78,80, or 89(3)(b) of the Commerce Act 1986 is excluded

NOTE: Both the Employers and Statutory Liability policies are "claims made" Policy.

This means that if any claim has been made, threatened or in any way intimated against you, or there is any circumstance or occurrence of which you are, or ought reasonably to be, aware of which may give rise to a claim against you, you must declare the information to us.

For the purposes of effecting insurance it is a requirement that the following declaration is completed.

DECLARATION FOR EMPLOYERS AND STATUTORY LIABILITY

After enquiries by the Insured it is confirmed that:

No claims have been made against me/us and no circumstances have occurred or become known to me/us which may give rise to any claim by or against me/us, other than those details disclosed or declared.

Signed by: _____ Dated: _____

Name and Designation: _____

Appendix 2

Marquee Questionnaire Form

We would appreciate your response to the following questions:

What is the highest value any one marquee at its fullest configuration?
Who normally erects your marquees <input type="checkbox"/> your employees <input type="checkbox"/> contractor <input type="checkbox"/> the Hirer
If practice varies please explain what factors are taken into account in deciding who carries out this work.
Who oversees or supervises marquee operations on site?
When you have committed to a job, do you normally check weather forecasts to determine whether the conditions are suitable to erect a marquee? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, explain
If Yes what “rule of thumb” determines whether the job should be done?
Do you at all times erect marquees according to the specifications laid down by the manufacturers? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, explain
When erecting marquees larger than 100 square metres, do you apply for permit in accordance with The Building Act? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, explain
When your employees or contractors are erecting the marquee and where pegs & poles are driven 1 metre or deeper into the ground, do you normally check with the relevant authorities for any underground utilities such as water pipes, power or telephone cable? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, explain
Add any comments you wish to make.

Name of Hire Company	
Signature	
Date:	

Appendix 3

OPTIONAL LIABILITY PACKAGE

PLEASE COMPLETE ONLY IF YOU WANT COVER

FIDELITY GUARANTEE INSURANCE

This policy covers loss of money or stock as a result of staff fraud – successful prosecution for valid claim

Even if uninsured, have you ever suffered loss of money or stock as a result of staff fraud in the last 3 years? Yes ☐ No ☐ If Yes, what is the amount loss? _____

Are all cheques including electronic payments, signed and authorised by 2 employees/directors/owners of business? Yes ☐ No ☐ If No, who is the sole signatory: _____

DIRECTORS & OFFICERS LIABILITY INSURANCE

This policy indemnifies directors & officers of the company for a Wrongful Act insured under the policy. This policy covers the individual liability of the directors & officers and DOES not cover the company itself.

Is your business/company currently able to meet its debts as they fall due? Yes ☐ No ☐

Are you currently insured for this? Yes ☐ No ☐

EMPLOYMENT PRACTICE LIABILITY

This policy indemnifies your company for certain losses arising out an employment disputes with your employees. *The policy provides 1 hour of free legal advice from Brookfields solicitors*

In the last 3 years, have you been involved with any employment disputes with any employees/past & present?

Yes ☐ No ☐ If Yes, what was the outcome: _____

To the best of your knowledge, are you aware of any circumstances in relation to any current employment disputes?

Yes ☐ No ☐ If Yes, please provide details: _____

PROFESSIONAL INDEMNITY

This policy indemnifies you for certain legal liabilities arising from your negligent acts, errors or omissions which do not necessarily involve loss or damage to third party property

Do you provide any advice independently to your customers for a fee? Yes ☐ No ☐
(note if the advice is provided in conjunction with a product that you supplied, please answer NO)

If Yes, what advice do you provide? _____

Depending on your responses to questions above, we may require you to complete a full proposal form.

We confirm that all information supplied in this questionnaire is true and correct.

Yours faithfully

Signature:.....

Name:.....

Dated:.....

Please return this questionnaire form to:

ICIB Ltd
Level 7, Hobson Towers West
26 Hobson Street, Auckland
PO Box 3174 Auckland, New Zealand

Main Line (09) 377 4314
Fax (09) 373 4882
Cell Phone (027) 482 6832

Email: davidc@icib.co.nz

LETTER OF AUTHORITY TO REPORT

TO WHOM IT MAY CONCERN

RE and all subsidiary and associated companies

We wish to advise that we have requested ICIB Ltd to report on our insurances and obtain quotations on our behalf.

This letter should be taken as full authority, by our existing advisors and insurers (present and past), to provide any information ICIB may request in respect of our insurance portfolio.

Would you kindly provide them with the information and details normally required for this and render them any assistance they may require on our behalf.

Yours faithfully

for and on behalf of

Dated:

TO WHOM IT MAY CONCERN

LETTER OF APPOINTMENT

This serves to confirm that I/we have appointed **ICIB Limited** as our Insurance Brokers. This authority cancels all previous authorities.

I/We understand insurance will be placed with insurance companies by **ICIB Limited** on authorisation from us. I/We acknowledge that the insurers with whom we place our business will provide consideration to **ICIB Limited** for doing so. I/We consent to this.

I/We authorise the disclosure of personal information held by any party regarding my/our previous insurance.

I/We agree to **ICIB Limited** releasing to insurers or other relevant parties personal information regarding this insurance.

I/We agree that in the event of my authorising **ICIB Limited** to place insurance on my behalf and invoicing me for the premium and my subsequent non-payment of the premium, shall have the authority to cancel any such policy following not less than 10 days notice in writing to me or my last known address.

I/We understand **ICIB Limited** will use all reasonable precautions in choosing insurer(s) and will advise me/us of the claims paying rating of insurer(s) as per the Insurance Companies (Ratings and Inspections) Act 1994. I/We understand **ICIB Limited** cannot guarantee the financial status of any underwriter and do not accept any liability due to the failure of any underwriter.

This Letter of Appointment is on behalf of:
Client Name/Company Name

Signed:

Dated: