



**ACE INSURANCE LIMITED**  
 P O Box 734      P O Box 5154  
 Auckland      Wellington  
 Fax: (09) 303-1909 Fax: (04) 471-0837

## BAILEES LIABILITY INSURANCE PROPOSAL

**BROKER:** .....

**PERIOD OF INSURANCE:** .....

**LIMIT OF INDEMNITY REQUIRED:** \$.....

**DEDUCTIBLE REQUIRED:** \$.....

**Before the Proposer enters into a contract with ACE this proposal is to be completed by the Proposer or by an authorised Officer of the Proposer as the answers to the following questions will determine the acceptance or declinature of coverage proposed. Therefore there is a duty on the Proposer to answer all questions accurately and fully as all statements shall form the basis of and be incorporated into any contract of insurance which may be issued by ACE.**

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

**1. PROPOSER:**  
.....

**2. PRINCIPAL ADDRESS:**  
.....  
.....

**3. DESCRIPTION OF THE BUSINESS OF THE PROPOSER:**  
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.....

**4. SUBSIDIARY COMPANIES:**  
Attach a list of all subsidiaries to be covered by the proposed insurance, together with details of the business carried on by such subsidiaries.

**5. BALANCE DATE:** .....

**6 GROSS RECEIPTS FOR LAST FINANCIAL YEAR:** \$.....

**7. ESTIMATED GROSS RECEIPTS FOR NEXT YEAR:** \$.....

**8. OTHER INSURANCE:**

Is cover provided under any other type of Insurance for the Goods Stored?  Yes  No  
 If Yes, please provide full details:

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**9. NUMBER OF LOCATIONS TO BE INSURED:.....**

<p>Location – address, age, area and construction of the building.</p> <p>Description of goods held on behalf of other parties and the names of those other parties.</p>	<p>Maximum \$ value stored</p> <p>Average \$ value stored.</p> <p>Average period of time held in store</p> <p>(If values fluctuate for seasonal or other reasons, please include details)</p>	<p>Type of Storage, e.g. Temperature controlled? Warehouse? Other?</p> <p>Sprinklers? Yes/No</p> <p>Provide details:</p>	<p>Are training procedures in place to ensure all employees correctly handle goods in store?</p> <p>Yes/No</p>	<p><b>Is there a monitored response burglar and/or coolstore alarm outside of normal business hours?</b></p> <p>Provide details:</p>	<p>Do you have a written Maintenance/Service Contract/Agreement?</p> <p>Yes/No</p> <p>Provide details:</p>	<p>In the event of a breakdown are backup facilities available?</p> <p>Provide details:</p>
<p><b>1.</b></p>	<p>\$ Maximum</p> <p>\$ Average</p>					
<p><b>2.</b></p>	<p>\$ Maximum</p> <p>\$ Average</p>					
<p><b>3.</b></p>	<p>\$ Maximum</p> <p>\$ Average</p>					

4.	\$ Maximum \$ Average					
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**10. STORAGE CONDITIONS:**

Please attach copy of your Conditions of Storage. Will all goods held be stored on these conditions? If No; please provide full details. ΓYes Γ No

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**11. LOSS HISTORY:**

Have you had any losses during past the past 10 years? ΓYes Γ No

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.....

Amount Involved: \$.....

On a separate page please provide full details of the corrective measures taken to prevent a recurrence.

**12. PRIOR INSURANCE:**

Have you had prior Bailees Liability insurance? ΓYes Γ No

Policy Limit: \$.....

Name of Insurer: .....

**13. HAS ANY INSURER:**

- (i) declined to insure you OR
- (ii) cancelled or refused to renew your insurance?
- (iii) imposed special terms to insure you?

ΓYes Γ No

If yes; please provide full details and the name of the Insurer.

I/We, the undersigned, declare that to the best of my/our knowledge and belief the statements set forth herein are true and correct, and agree that this Proposal shall form the basis of and be incorporated into any contract of insurance which may be concluded between the Proposer and ACE.

Signed:.....

Name:.....

Position:.....

Date:.....

## Privacy Statement

ACE Insurance Limited (“ACE”) is committed to protecting your privacy. ACE collects, uses and retains your personal information in accordance with the principles in the *Privacy Act 1993*.

ACE collects your personal information (which may include health information) when you are applying for, changing or renewing an insurance policy with us or when we are processing a claim. We collect the information to assess your application for insurance, to provide you or your organisation with competitive insurance products and services and administer them and to handle any claim that may be made under a policy. If you do not provide us with this information, we may not be able to provide you or your organisation with insurance or to respond to any claim.

We may disclose the information we collect to third parties, including contractors and contracted service providers engaged by us to deliver our services or carry out certain business activities on our behalf (such as actuaries, loss adjusters, claims investigators, claims handlers, professional advisers including doctors and other medical service providers, credit reference bureaus and call centres), other companies in the ACE group, insurance and reinsurance intermediaries, other insurers, our reinsurers, and government agencies (where we are required to by law). These third parties may be located outside New Zealand.

You agree to us using and disclosing your personal information as set out above. This consent remains valid unless you alter or revoke it by giving written notice to our Privacy Officer.

From time to time, we may use your personal information to send you offers or information regarding our products that may be of interest to you. If you do not wish to receive such information, please contact our Privacy Officer using the contact details provided below.

If you would like to access a copy of your personal information, or to correct or update your personal information, please contact our Privacy Officer on +64 (9) 3771459 or email [Privacy.NZ@ace-ina.com](mailto:Privacy.NZ@ace-ina.com).

If you have a complaint or want more information about how ACE is managing your personal information, please contact the Privacy Officer, ACE Insurance Limited, PO Box 734 Auckland, Tel: +64 (9) 3771459 or email [Privacy.NZ@ace-ina.com](mailto:Privacy.NZ@ace-ina.com).