

Delta Property Insurance Limited. Level 8, 57 Fort Street, Auckland 1010. PO Box 106 276, Auckland 1143. Tel 09 300 3079  
www.deltainsurance.co.nz

## Material Damage and Business Interruption Insurance

### Important Information

This proposal forms the basis of any insurance contract entered into. Please complete it fully and carefully, remembering to sign the Declaration. If you have insufficient space to complete any of your answers please continue on a separate attachment.

If you are completing this form electronically, please open it in the latest version of Adobe Reader. Once completed, please print out and sign the declaration. This signed form should then be posted or emailed to your broker.

You have an ongoing duty to disclose all material facts, both known to you and those which you should be reasonably expected to know about. If you are uncertain whether the fact is material, you should still disclose it. Failure to meet this duty could prejudice future claims.

Except where the parties agree otherwise, New Zealand law applies to this form and any dealings between parties because of this form. In the case of disputes, the New Zealand courts have exclusive jurisdiction.

### Applicant Details

Name of Applicant/Insured:

\_\_\_\_\_

Company name/Legal entity/Trading names/Subsidiaries:

Occupation/Occupational Activities:

Period of Insurance (dd/mm/yy) from \_\_\_\_\_ 4:00pm to \_\_\_\_\_ 4:00pm

Situation of Risk: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Interested Party: \_\_\_\_\_

## MATERIAL DAMAGE

### Sums Insured

Sums Insured/ basis of settlement: 'IV' = Indemnity Value; 'RV' = Replacement Value (please circle one)

<b>Building</b>	<b>NZD (\$)</b>	<b>IV</b>	<b>RV</b>
<b>Plant/ content</b>	<b>NZD (\$)</b>	<b>IV</b>	<b>RV</b>
<b>Stock</b>	<b>NZD (\$)</b>	<b>IV</b>	<b>RV</b>
<b>Other – Material Damage*</b>	<b>NZD (\$)</b>	<b>IV</b>	<b>RV</b>
<b>Total</b>	<b>NZD (\$)</b>	<b>IV</b>	<b>RV</b>

\* describe 'Other – Material Damage': \_\_\_\_\_

### Building Details

Construction material:            Brick/Concrete            Wood            Mixed

Year built: \_\_\_\_\_

Number of buildings: \_\_\_\_\_

Number of storeys: \_\_\_\_\_

Refurbishment/strengthening work?            Yes/No

If **Yes**, please provide details:

Does any part of the building include EPS/Sandwich Panel Construction?            Yes/No

If **Yes**, is the proportion of EPS greater than 15%?            Yes/No

Sprinklers?            Yes/No

Monitored alarms?            Yes/No

Audible alarms?            Yes/No

Heat detectors/ smoke detectors?            Yes/ No

Fire extinguishers?            Yes/ No

Other fire protection?            Yes/No

**Delta Property Insurance Limited's claims services are provided by Sedgwick New Zealand**

Level 5, Metlife Care Building  
Corner Kent and Crowhurst Street, New Market  
Auckland 1023  
PO Box 335 Shortland Street, Auckland 1140

[propertyclaims@deltainsurance.co.nz](mailto:propertyclaims@deltainsurance.co.nz)  
0800 51 33 77

If **Yes**, please provide details:

If 'Yes', is the safe covered by burglar alarm sensors? Yes/ No  
Any deep frying/wok cooking undertaken on the premise? Yes/ No

## BUSINESS INTERRUPTION

### Sums Insured:

<b>Gross Profits</b>	<b>NZD (\$)</b>
<b>AICOW</b>	<b>NZD (\$)</b>
<b>Claims Preparation</b>	<b>NZD (\$)</b>
<b>Loss of Rents</b>	<b>NZD (\$)</b>
<b>Other - Business Interruption *</b>	<b>NZD (\$)</b>
<b>Total</b>	<b>NZD (\$)</b>

\* describe 'Other - Business Interruption': \_\_\_\_\_

Indemnity period: \_\_\_\_\_

Any further comments/information?

## Declaration

- (a) I/We agree to The Company acting through their agents at Delta Property Insurance obtaining personal information about me/us that is, in The Company's or Delta Property's view, relevant to this claim from any other party including members of the Insurance Industry and Insurance Claims Register Limited (ICR Ltd) in order to decide whether or not to accept this proposal.
- (b) I/We am/are authorised to complete this form on behalf of the Insured.
- (c) The information given above is correct and complete to the best of my/our knowledge and belief.
- (d) I/We have not withheld any material information which may affect Delta Property Insurance's assessment of this claim.
- (e) I/We authorise the use of this information (and any further information supplied by me/us/the insured during the course of the claim) by Delta Property Insurance to assess and administer this claim.
- (f) I/We authorise the disclosure of this information by Delta Property Insurance to its advisers, reinsurers and other insurers.
- (g) I/We understand that I/We/the insured have certain rights of access to and correction of this information.
- (h) If accepted by Delta Property Insurance, this proposal and declaration, and any other supplementary material provided, shall be incorporated into and form the basis of the contract of insurance.
- (i) I/ We understand that the insurance will not be in effect until this proposal has been accepted or cover confirmed by Delta Property Insurance

Note: Signing this proposal and any supplementary documents does not bind either Delta Property Insurance or the applicant to complete the contract of insurance

Signature of Principal, Partner or Director:

\_\_\_\_\_

Full name of individual completing this form: \_\_\_\_\_

Position: \_\_\_\_\_

Email address: \_\_\_\_\_

Date: \_\_\_\_\_

