

Childcare Proposal Form



Centre Name	
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Contact Name		Postal Address	
Email			
Contact Phone Number			
Full description of activities	Childcare		

Existing Insurer	NZI/Lumley/Lloyds	Existing Policy Renewal Date	

To enable us to provide you with a quotation, could you please complete the following questions:

1. BUILDING & CONTENTS

Please provide the following details (if there is more than one location, advise details for each location separately)

Location of Premises:	

Please insert details where cover is required and tick the box you want Basis of Cover for:

<input type="checkbox"/> Option A:	Building(s) Replacement value generated from square meters below		
	Main Building Square Metres		Outbuilding and Decks Square Metres

<input type="checkbox"/> Option B:	Building(s) Replacement value as per valuation attached		\$
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Contents	On Replacement value (sum Insured)	\$
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Building Details:	
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(1) Year Built		(2)	Construction Type	Please circle				
			2A. Wall Construction	-	Mixed	Concrete	Wooden	Not Known
			2B. Floor Construction	-	Mixed	Concrete	Wooden	Not Known
			2C. Foundations	-	Mixed	Concrete	Wooden	Not Known
			2D. Roof	-	Mixed	Concrete	Wooden	Not Known

(3) Sprinklered	<input type="checkbox"/> YES <input type="checkbox"/> NO	4) Smoke Detectors	<input type="checkbox"/> YES <input type="checkbox"/> NO
(5) Fire Appliances	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, what type	
(6) Alarm System	<input type="checkbox"/> YES <input type="checkbox"/> NO	Alarm Monitored	<input type="checkbox"/> YES <input type="checkbox"/> NO
		Monitored by	
(7) Building Valuation	<input type="checkbox"/> YES <input type="checkbox"/> NO	Valuation Date	/ /

2. BUSINESS INTERRUPTION

Items Insured	Sum Insured
* Loss of Income	\$

AND/OR

Total Sum insured of specified items below			
Gross Profit	\$	Book Debts	\$
Additional increased cost of working	\$	Wages	\$
Claim Preparation	\$	Dual- Wages	\$
Loss of rents receivable	\$	Reinstatement of records	\$
Total of item 1-8			\$

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I agree that:

1. **MATERIAL FACTS** (a) All information given to NZI (whether oral or written) is correct,
 (b) All material facts have been disclosed (see 'Your Duty of Disclosure' on page 1).

2. **TERMS OF POLICY** The terms of NZI's policies are accepted.

3. **USE OF INFORMATION** All personal information collected by NZI may be:

(i) Used by NZI to advise me of its other services,

(ii) Disclosed to other members of the insurance industry and Insurance Claims Register Ltd.

Any personal information held by other members of the insurance industry and Insurance Claims Register Ltd may be disclosed to NZI.

4. **AGENCY** anyone who assists me to complete this Application Form is acting as my agent only.

Signed by the customer or customer's broker or agent:

Signature: Name:

Position: (Director, Secretary Etc.): Date:

Signed		Date	
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Title	
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Please return this form to Wilkinson Insurance Brokers Ltd, PO Box 11641, Wellington or
 Email: lucy.rowe@wilkinsons.co.nz If you have any questions, please contact Lucy Rowe 04 9034583.

Underwriting Information – For office use only

Building Code:

Building Description:

Occupancy code:

Occupancy description:

ANZSCO Code – Business Industry code

Risk Classification:	Very Good <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>		
Earthquake/Cresta Zone	1.Northland	2.Auckland	3.Waikato	4.Bay of Plenty	5.Taranaki	6.East Coast
	7.Manawatu	8.Hawkes Bay	9.Wairarapa/Kapiti	10.Wellington	11.Nelson	
	12.Marlborough	13.Canterbury	14.Westland	15.Otago	16.Southland	