



Business Insurance Application



LOWE SCHOLLUM & JONES LTD
INSURANCE BROKERS & CONSULTANTS

If you need help with this form, please contact your broker on 07 849 6881

CUSTOMER DETAILS

Customer is: New Existing

Customer's name

Postal address for notices

Customer's occupation

Contact Details

Name:
Business phone: Private phone:
Mobile: Email:

Period of Insurance

Date insurance to start: Date insurance to run to:

OFFICE USE ONLY	
Agent number	<input type="text"/>
Client number	<input type="text"/>
Abbreviated name	<input type="text"/>
Zone codes	
Post	<input type="text"/>
Client	<input type="text"/>
Service codes	
Office	<input type="text"/>
By	<input type="text"/>
Occ code	<input type="text"/>

YOUR DUTY OF DISCLOSURE

You must tell us all information you know (or could reasonable be expected to know) which would influence the judgement of a prudent insurer whether or not to accept your application, and, if it is accepted, on what terms and at what cost. If you are not sure whether you need to disclose a particular piece of information, please ask. If you fail to meet your duty of disclosure, you may find that you never had an insurance cover at all.

When in doubt, disclose. Please remember that all information will be treated confidentially.

INSURANCE HISTORY

Please answer each question on behalf of all customers listed above.

- Has any insurance company:
 - refused to insure any customer, or refused to continue to insure any customer, or imposed special terms? No Yes
 - refused any customer's claim in respect of any insurance? No Yes
- Has any customer, during the last five years, made a claim in respect of the types of insurance being sought? No Yes
 - Is any customer aware of any circumstances that may result in a claim under any of the types of insurance being sought? No Yes
- Has any customer (or any director or manager of any customer) been sued for unpaid debts, or managed a company placed in receivership or liquidation? No Yes

If you answered "Yes" to any part of questions 1 to 3 above, please give details below and/or on a separate page

4. Has any customer (or any director or manager of any customer) been found guilty of being prosecuted for a crime involving: (i) harm or threat of harm to people or property; (ii) dishonesty or fraud; (iii) illegal drugs; (iv) taking or receiving property of others?

No Yes

If "Yes", please give details below or on a separate page for each conviction/prosecution.

Date of Conviction	Nature of Offence	Amount of Money Involved	Sentence Imposed

PLEASE NOTE: THIS INFORMATION IS SAFEGUARDED BY THE PRIVACY ACT 1993.

AGREEMENT

I agree that:

Material Facts All information given to NZi (whether oral or written) is correct,
All material facts have been disclosed (see "Your Duty of Disclosure" on page 1).

Terms of Policy The terms of NZi's policies are accepted.

Use of Information All personal information collected by NZi may be:

- used by NZi to advise me of its other services,
- 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.

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: **Date:** DAY MONTH YEAR

PRIVACY ACT STATEMENT

We gather information about you (including your claims history) to consider your application for insurance. Your duty of disclosure requires you to do this. If you refuse to provide the information, we may decline your application or declare this policy unenforceable from the beginning. This information is held by us and you may access and seek correction of it. It may be passed on to other insurers you deal with, and interested parties. Your claims history is passed on to, and held by, Insurance Claims Register Ltd. This enables other insurers you deal with to access it, and prevents fraudulent claims.

PAYMENT OPTIONS

How do you wish to pay?

Annually

Quarterly*

Monthly*

*Please complete a Flexisteps automatic payment form.

OFFICE USE FOR FLEXISTEPS ONLY	
Review Date	Pay Plan
<input type="text"/>	<input type="text"/>
Months Paid	First Instalment Date
<input type="text"/>	<input type="text"/>
Premium Paid	Receipt Number
<input type="text"/>	<input type="text"/>

OFFICE USE ONLY – PREMIUM SUMMARY	COMPANY ANNUAL	COMPANY FIRST
Business Assets		
Business Interruption		
Portable Equipment		
General Liability		
Statutory Liability		
Employer's Liability		
Top Gear®		
Fidelity Guarantee		
Income Protection		
Stock Deterioration		
Carrier's Transit Liability		
Machinery Breakdown		
Electronic Equipment		
Machinery Breakdown – Business Interruption		
Total Company Premium		
Flexisteps Loading		
Government Levies		
Subtotal		
GST		
Total		