

CAMBRIDGE HOMES FRANCHISE

PROPOSAL FORM



YOUR DETAILS

Insured:
Address:
.....
Phone: Email:
Period of Cover: From: To:
Broker: Bridges Insurance Services Limited

LIABILITY INSURANCE

Occupation: Construction of Residential Dwellings
Number of Employees: Annual Turnover:
Sums Insured: Broadform Liability \$
Statutory Liability \$
Employers Liability \$

MOBILE ASSETS – ANYWHERE IN NEW ZEALAND

Plant, Tools & Equipment \$.....
Includes Natural Disaster Cover
Theft is excluded unless from a Locked Building or Vehicle.
Cover is for Indemnity (Market) Value at the Time of Loss

MATERIAL DAMAGE - STATIC ASSETS

Plant, Contents etc \$.....

Situation of Risk:

Includes Natural Disaster Cover

Is the property fitted with an Intruder Alarm? YES / NO If YES is it: Audible / Monitored

COMMERCIAL MOTOR VEHICLE

Sum Insured: The Sum Insured shall include sign writing and all accessories affixed to the insured vehicle, but should exclude GST and be no less than market value.

No	Year	Make, Model & CC rating of Vehicle	Reg. No.	Sum Insured	Main Drivers & DOB
1					
2					
3					

Have any of your vehicles been altered from the manufacturer's original specifications?
YES / NO

If you answered "Yes," to the above question, please give details below and/or on a separate page.

.....
.....
.....
.....

DRIVER HISTORY

Please give details below of any accidents, claims or losses (**whether at fault or not, and whether insured or not**) during the past three years in connection with any motor vehicle owned or operated by you or by any persons who will drive the vehicle(s).

During the past five years, have you, or has any other person who will drive the vehicle(s):

- a. been convicted of any driving offence (excluding parking offences) or an offence for which a prosecution is still pending, or had a driving licence suspended, cancelled or endorsed? YES / NO

b. suffered from diabetes, epilepsy, heart condition, or any other disease or physical disability? YES / NO

Has any person who will drive the vehicle(s) held a driver's licence for less than three years? YES / NO

If you have answered "Yes" to any of the above, please provide details in the space provided below:

.....
.....
.....
.....
.....

CLAIMS & CIRCUMSTANCES

Has any person proposed for this insurance ever been refused this type of insurance or had similar insurance cancelled, or declined to renew, or any special terms provided. YES / NO

If the person proposed for this insurance were insured under this policy now, would any of them have a claim pending that would be covered? YES / NO

After enquiry, is any person proposed for insurance aware of any circumstances which may give rise to a claim against any of them? YES / NO

If you have answered "Yes" to any of the above, please provide details in the space provided below:

.....
.....
.....
.....
.....

DECLARATION

I/We hereby declare that:

The above statements are true, and I/We have disclosed all material facts and should any information given by me/us alter between the date of this Proposal form and the inception date of the insurance to which this Proposal relates I/We shall give immediate notice thereof.

I/We authorize Bridges Insurance Services Limited and any Insurer with whom business is proposed, to collect or disclose any personal information relating to this insurance to/from any other insurers or the Insurance Claims Register.

I/We also confirm that the undersigned is/are authorised to act for and on behalf of all persons who may be entitled to indemnity under any policy which may be issued pursuant to this Proposal Form.

Signature:

Date: