

Important Policy Information Please Read

Your Duty of Disclosure

Before entering into a contract of insurance, You have a duty, at law, to disclose to Us all material facts. This duty also applies when You renew, vary, extend or reinstate Your Policy. The same duty applies to any person making statements or providing information on Your behalf.

Information is material if it may influence a prudent Insurer in deciding whether or not to accept cover, renew or alter the Policy, the terms and conditions to operate, including the Premium payable.

Examples of information You may need to disclose include but are not limited to:

- anything that increases the risk of an insurance claim;
- subject to the Criminal Records (Clean Slate) Act 2004, any criminal conviction or offence;
- if another insurer has cancelled or refused to insure or renew insurance, has imposed special terms, or refused any claim;
- any insurance claim or loss made or suffered in the past five years.

These examples are a guide only. If there is any doubt as to whether a particular piece of information needs to be disclosed, this should be referred to Allianz Australia Insurance Limited.

Non-disclosure

If You fail to comply with Your Duty of Disclosure, it may result in:

- the Policy being void;
- the Policy being cancelled; or
- the amount We pay if You make a claim being reduced.

Duty of Utmost Good Faith

Every insurance contract is subject to the duty of utmost good faith which requires both the Insured and the Insurer to act towards each other in utmost good faith. Failure to do so on the part of the Insured may prejudice any claim made under the policy or the continuation of insurance cover by the Insurer.

Privacy

Pursuant to the Privacy Act 1993 the following information is provided for Your benefit:

- the proposal collects personal information about You;
- the information is collected to evaluate the insurance being sought;
- the intended recipient of the information is Allianz Australia Insurance Limited;
- the information is being collected and held by Allianz Australia Insurance Limited at our registered office at Level 11, Tower 1, 205 Queen Street, Auckland, NZ 1010;
- the collection of this information is required pursuant to the common law duty to disclose all the material facts relevant to the insurance sought and is mandatory;
- the failure to provide this information may result in the application for insurance being declined, or the insurance being void from the beginning;
- You have rights of access to, and correction of, this information subject to the provisions of the Privacy Act 1993.

Insurer Financial Strength Rating

Allianz Australia Insurance Limited has an AA- insurer financial strength rating given by Standard & Poor's (Australia) Pty Limited.

The rating scale* in summary form is:

AAA	Extremely Strong	B	Weak
AA	Very Strong	CCC	Very Weak
A	Strong	CC	Extremely Weak
BBB	Good	R	Regulatory Action
BB	Marginal		

Plus (+) or minus (-): Ratings from "AA" to "CCC" may be modified by the addition of a plus (+) or minus (-) sign to show relative standings within the major rating categories.

*A full description of the rating scale is available at www.allianz.co.nz/insurer-rating.

An overseas policyholder preference applies. Under Australian law, if Allianz Australia Insurance Limited is wound up, its assets in Australia must be applied to its Australian liabilities before they can be applied to overseas liabilities. To this extent, New Zealand policyholders may not be able to rely on Allianz Australia Insurance Limited's Australian assets to satisfy New Zealand liabilities.

Subrogation

You may prejudice your rights in relation to a claim made under this policy if, without prior agreement from us, you make an agreement with a third party that will prevent us from recovering a loss from that or another party.

Change of Risk or Circumstance

It is vital that you provide us with notification of any changes in your risk profile or other circumstances occurring during the period of insurance which may be relevant to the terms and conditions of this insurance including but not limited to changes in business activities and acquisitions.

Policy Information

Please Note – That this is a limited summary only and not a full description of the covers. Each cover noted is subject to terms, conditions, exclusions and limitations that are not listed in this summary. You need to read the policy to properly understand the cover provided.

We offer 3 types of cargo covers to suit the specific needs of businesses regularly involved in the movement of goods and who would prefer not to separately arrange cover for each shipment they make. These are:

Cargo Insurance Within New Zealand

Loss of or damage to the Goods described in the Schedule whilst in Transit within New Zealand. Options are available for Accidental Damage or Specified Events.

Combined Cargo Insurance

Cover Sections available for inland, import and export shipments.

- Section 1 cover – Loss of or damage to the Goods described in the Schedule whilst in Transit within New Zealand. Options are available for Accidental Damage or Specified Events.
- Section 2 cover – Loss of or damage to the Goods described in the Schedule whilst in Transit within the geographical limits specified on the basis of the specified Institute Cargo Clauses.

Each of these sections provides a different type of cover. You select the sections that you wish indemnity for in the Proposal you submit to us. You are not automatically insured under each section. You are only covered for the sections that you have selected in this Proposal.

Open Cargo Policy

A declaration type policy covering all declared shipments of Goods (of a type agreed) for loss or damage whilst in Transit within the geographical limits specified on the basis of the specified Institute Cargo Clauses, commencing after the inception date and prior to the cancellation date. The policy remains in force, until cancelled by either You or Us.

In each case, the Policy does not cover property other than Goods of the types noted in the Schedule or which are specified under the Packaging, Containers and Equipment, Employees Personal Property, Exhibitions/Demonstrations, Tools of Trade or Travellers Samples covers (where applicable).

Fair Insurance Code

Allianz Australia Insurance Limited supports the principles of the Fair Insurance Code. The purpose of this Code is to increase the standards of practice and service within the insurance industry.

To the extent the Code applies to this product, a copy of the Fair Insurance Code is available from the Insurance Council of New Zealand website (www.icnz.org.nz).

IMPORTANT: Please retain this section and complete the following application form in black or blue pen.

If there is insufficient space, attach additional information on a separate sheet of paper.

General information applicable to all sections

Intermediary Name _____

Contact _____

Telephone No. () _____ Fax No. () _____

Email _____

Website Address _____

Proposer's name (include Subsidiary Companies) _____

How many years has the business been established? _____ years

Cover requested: From ____ / ____ / ____ to ____ / ____ / ____ at 4.00pm

Policy Cover required:

Combined Cargo Insurance

Open Cargo Policy

Cargo Insurance Within New Zealand

Transits Within New Zealand

(Available under all 3 policy types)

Do you require transits within New Zealand insured?

Yes

No

If Yes, please complete the following questions

Geographical Limits

From _____ To _____

Limit required any one conveyance/location \$ _____

Description of the goods and/or merchandise to be insured _____

Packaging

Full Container Load (FCL)

Crates/Pallet/Boxes

Less Than Container Load (LCL)

Other (Describe) _____

Mode of transport

Road – Own Vehicles

Road – Professional Carrier

Rail

Parcel Post

Sea

Air

Basis of Valuation

Set out below is the method we use to calculate how much we will pay you in the event of a claim and you must declare to us. If you wish another basis not specified below, please advise in the space provided under "Other".

Purchases: purchase invoice cost plus freight (if applicable).

Sales: invoice value of Goods sold plus freight incidental to Transit if not included in invoice figure.

Stock Transfer: gate cost into store

Returned Goods: market value plus freight and incidental charges incurred

Other: _____

Estimated Gross Sendings or Turnover for the coming 12 months

	Estimated Annual Value
Purchases	\$ _____
Sales	\$ _____
FOB/CFR Sales	\$ _____
Stock Transfers	\$ _____
Returned Goods	\$ _____
Other (e.g. goods on consignment, please specify below)	\$ _____
Total	\$ _____

Past Loss History

	Current Year	Previous Year 1	Previous Year 2	Previous Year 3	Previous Year 4
Actual Gross Sendings or Turnover	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Claims Paid & Outstanding	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Number of Claims	_____	_____	_____	_____	_____
Policy Excess if applicable	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Name of Insurer	_____	_____	_____	_____	_____

Imports and/or Exports and/or Other International Moves

(Available under Open Cargo or Annual Combined Cargo covers only)

Do you require transits To and From New Zealand and/or From Overseas Ports to Overseas Ports insured?

Yes

No

Geographical Limits

From ports and/or places anywhere in the World to ports and/or places anywhere in New Zealand and from ports and/or places anywhere in New Zealand to ports and/or places anywhere in the World including Ports and/or places in the World to Ports and/or Places in the World.

Principal countries imported from _____

Principal countries exported to _____

Principal countries where goods are shipped from Overseas Ports to Overseas Ports without entering New Zealand

From _____

To _____

Important: Please note the policy wording contains the following Clause which limits our liability in respect of shipments to/from certain destinations:

"Irrespective of any other provision of the Policy, We shall not be deemed to provide cover or be liable to pay any claim or provide any benefit (including a refund a Premium) hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would contravene or otherwise expose Us to any penalty, sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of Australia, New Zealand, the European Union, United Kingdom or United States of America."

Sum Insured Imports (any one conveyance/location) \$ _____

Sum Insured Exports (any one conveyance/location) \$ _____

Sum Insured Overseas Ports to Overseas Ports (any one conveyance/location) \$ _____

Description of the goods and/or merchandise to be insured _____

Packaging

Full Container Load (FCL) Crates/Pallet/Boxes

Less Than Container Load (LCL) Other (Describe) _____

Mode of transport

Road – Own Vehicles Road – Professional Carrier Rail Parcel Post Sea Air

Other _____

Basis of Valuation

Set out below is the method we use to calculate how much we will pay you in the event of a claim and you must declare to us. If you wish another basis not specified below, please advise in the space provided under "Other".

Imports to a country including New Zealand

Your basic landed cost to import the goods plus (shipping charges), the freight for which you are liable, the charges of Insurance and _____ % added thereto.

Do you wish to insure your payments of New Zealand Import Duty? Yes No

If yes, the turnover you declare to us must be inclusive of Import Duty.

Exports from a country including New Zealand

Cost, insurance and freight with _____ % added thereto.

Stock Transfers – gate cost into store

Returned goods – market value plus freight and incidental charges incurred

Other Valuation _____

Estimated Gross Sendings or Turnover for the coming 12 months

	Estimated Annual Value
Imports	\$ _____
Exports	\$ _____
Other (e.g. goods on consignment, please specify below)	\$ _____

Overseas Ports to Overseas Ports	\$ _____
Total	\$ _____

Past Loss History

	Current Year	Previous Year 1	Previous Year 2	Previous Year 3	Previous Year 4
Actual Gross Sendings or Turnover	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Claims Paid & Outstanding	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Number of Claims	_____	_____	_____	_____	_____
Policy Excess if applicable	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Name of Insurer	_____	_____	_____	_____	_____

Principal Exclusions

Full details of the policy exclusions are listed in the policy document, set out below are principal exclusions only:

- loss of market, delay and/or consequential loss;
- storage other than in the ordinary course of transit;
- inherent vice;
- wear and tear, ordinary leakage, ordinary loss in weight or volume of the goods;
- mechanical or electrical breakdown or malfunction of goods where no external evidence exists of damage from an insured event.

Declaration

This declaration concerns all the insurances being applied for.

I/We acknowledge and declare that:

1. I /we have received or have been offered a copy of the Policy Document;
2. I /we have read the information concerning the Duty of Disclosure and other Important Notices;
3. I /we have been truthful and accurate in completing this form and declaration and have not withheld any information likely to affect the terms of the acceptance of this insurance by the Insurer;
4. I /we have either completed this form personally or, if it has been on my /our behalf, have checked that the questions have been fully and accurately answered;
5. I /we understand that any statement made in this application will be treated as a statement made by all the people to be insured;
6. upon acceptance of this proposal the terms and conditions of this insurance will be in accordance with the Policy Document;
7. I /we have read and understood the Privacy information and consent to the collection, storage, use and disclosure of any personal information;
8. an occurrence during the Period of Insurance, which alters any of the information provided, will be promptly notified;
9. if I /we have not complied with the Duty of Disclosure and Duty of Utmost Good Faith, a claim made under the Policy may not be met or only met in part.

Signed by first Proposer _____

Signed by second Proposer _____

Date / /

Date / /