

Carriers Legal Liability Proposal



Period of insurance

From

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To

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at 12 midnight

The Proposer

Carrier's name _____

Main base address _____

NOTE If more than one base please schedule separately

Number of owned vehicles/trailers _____

Description _____

NOTE If more than one vehicle/trailer please schedule separately

Number of employed drivers _____

Number of owner-drivers _____

Number of subcontractors _____

NOTE Please provide separately details of any security checks undertaken when drivers are hired

Do you contract out carriage to other carriers? **yes ~ no** (Please circle)

NOTE Cover under this policy does NOT extend to contract carriers

Do you engage in contract carriage for another carrier? **yes ~ no**

NOTE Please provide separately details of any such contracts

Operation

Specific area of operation in NZ _____

_____ % Local carriage (metropolitan/around town)

_____ % Line haul (same day return up to 250km from base)

_____ % Long haul (over 250km/overnight)

100% Total

At what terms do you carry goods _____

_____ % of income at Limited Carriers Risk (LCR)

_____ % of income at Owners Risk

_____ % of income at Declared Terms or Declared Value

100% Total

LCR limit of liability required per vehicle/location \$ _____

LCR gross freight revenues last 12 months \$ _____

LCR estimated gross freight revenues next 12 months \$ _____

Goods Carried

TYPE	PERCENTAGE	TYPE	PERCENTAGE	TYPE	PERCENTAGE
Whitegoods	_____ %	General merchandise	_____ %	Dangerous goods	_____ %
Fragile goods	_____ %	Frozen foods	_____ %	Timber	_____ %
Household effects	_____ %	Chilled foods	_____ %	Bulk goods	_____ %
Livestock	_____ %	Fruit/vegetables	_____ %	State how freight charged	_____

NOTE If you engage in any courier activity, provide details of the company, contracts and goods carried separately from the above



Contracts

Do you have any Declared Terms contracts **yes ~ no** Declared Value contracts **yes ~ no**
State revenue from Declared Terms contracts \$ _____ Declared Value contracts \$ _____
Do terms apply to all subcontractors? **yes ~ no**

NOTE Please attach a copy of each contract in which you carry goods under these terms

General Information

Has any Insurer declined to insure you, imposed special terms or excesses or cancelled/refused to renew your policy? **yes ~ no**
Give name of present Insurer for Carriers Liability risks _____ Expiry date / /
Have you ever been declared bankrupt or had bankruptcy proceedings against you? **yes ~ no**
Have you any criminal convictions? **yes ~ no**
If yes, to any of the above, please provide details _____

Claims History

Please detail all claims/losses over the last three years.

YEAR	AMOUNT	CAUSE	ROLLOVER	EXCESS DEDUCTED
_____	\$ _____	_____	yes ~ no	\$ _____
_____	\$ _____	_____	yes ~ no	\$ _____
_____	\$ _____	_____	yes ~ no	\$ _____
_____	\$ _____	_____	yes ~ no	\$ _____
_____	\$ _____	_____	yes ~ no	\$ _____

NOTE Please attach a claims printout from your current insurer

Privacy Act

Pursuant to the Privacy Act 1993 the following is brought to your attention

- This Proposal collects personal information about you;
- The information is collected to evaluate the insurance that you seek;
- The intended recipient of the information is Vero Marine Insurance Limited;
- The information is collected and held by Vero Marine Insurance Limited, 48 Shortland Street, Auckland;
- The collection of this information is required pursuant to the common duty to disclose all material facts relevant to the insurance sought and is mandatory;
- The failure to provide this information may result in your application for insurance being declined or your insurance being void from the beginning.
- I/We authorise Vero Marine Insurance Limited to obtain from other insurers or any insurance broker or any other party any information relating to this insurance or any other insurance held by me/us or any claim made by me/us.
- You have rights of access to and correction of this information, subject to the provisions of the Privacy Act 1993.

Declaration

I/We declare that the answers given above are true and correct and I/we have not withheld any information or details of previous claims or any other material fact likely to affect acceptance of this proposal.

I/We agree that this proposal and declaration shall be the basis of the contract between Vero Marine Insurance Limited and myself/ourselves and further agree to accept Vero Marine Insurance Limited's policy subject to the terms exceptions, conditions and excesses contained therein.

Signature _____ Date / /

Company _____

This insurance will not be in force until this proposal has been accepted by Vero Marine Insurance Limited.