

# 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
_____	\$ _____	_____	<b>yes ~ no</b>	\$ _____
_____	\$ _____	_____	<b>yes ~ no</b>	\$ _____
_____	\$ _____	_____	<b>yes ~ no</b>	\$ _____
_____	\$ _____	_____	<b>yes ~ no</b>	\$ _____
_____	\$ _____	_____	<b>yes ~ no</b>	\$ _____

**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;
- The information is collected and held by Vero Marine Insurance, 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 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 and myself/ourselves and further agree to accept Vero Marine Insurance'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.**