



# Business Risks Insurance Application

Call us today:  
**0800 800 627**  
Visit us online at [mas.co.nz](http://mas.co.nz)







## IMPORTANT PLEASE READ

Please read the notes below before you complete your application.

If you require any assistance in completing this form, please do not hesitate to call a MAS adviser on 0800 800 627.

### Disclosure

When arranging a Business Risks insurance policy, you must tell us everything you know (or could reasonably be expected to know) that a prudent insurer would want to take into account in deciding:

- whether to accept your application,
- and if so, on what terms.

Examples of what you must tell us include:

- Circumstances that increase the risk of a claim, e.g. a history of flooding.
- Criminal offending or convictions, e.g. a conviction for theft.
- Previous insurance claims.
- Refusal by another insurer to insure you on standard terms, or to continue to insure you on standard terms.

You must also tell us this every time you seek to renew your policy, when you make any changes to it, or if your situation changes.

Failure to disclose information material to the risk may prejudice your policy.

When in doubt, disclose. We treat all information confidentially.

### What can be covered under this policy?

- Your practice building and its permanent fixtures and fittings.
- Loss of rents.
- Your practice contents including portable items.
- Stock, including refrigerated stock and seasonal increases.
- Loss of records and data.
- Money.
- Loss of profit – Business Interruption.
- Irrecoverable book debts – Business Interruption.
- Legal Liability.
- Statutory Liability.
- Employer's Liability.
- Employment Disputes.
- Employee Dishonesty.

The underwriter of this policy is Medical Insurance Society Limited (a subsidiary company of MAS). A specimen of the policy document setting out the full conditions and exceptions of the policies offered is available on request.

## How to complete this application

1. Please complete Section 1: The insured person or entity.
2. Please complete Section 2: Covers required indicating the cover(s) that you require and the appropriate amounts of cover:
  - You may select as many of the standalone covers as are appropriate for your needs.
  - Some of the standard limits under a cover may be increased to meet your individual needs.
  - Several optional covers are also offered.
3. Please complete the questions in Section 3 in respect of the elective covers you have chosen.
4. Please complete the questions in Section 4, in every case.
5. Please read the declarations in Section 5 before signing where indicated.
6. Section 6 is for MAS use only.

## Average will apply to this policy

If any sum insured for property in this Business Risks insurance policy is less than 80% of the full value of that property, the cover for that property is subject to average.

If it is, the following rules apply:

- If you suffer a total loss the condition has no effect.
- If you suffer a partial loss, the maximum amount that you may recover will bear the same amount for which the property is insured bears to the full value of the property.
- Whatever your loss, in no case will you be entitled to recover more than the amount for which the property is insured.

### Example

Your property is worth \$20,000. You insure it for \$10,000. You suffer a loss of \$5,000. The maximum amount you may recover will be \$2,500.

## Free look period

When you receive your policy, please take the time to read it carefully and check that the covers required have been provided. We will be pleased to answer any questions you may have.

If you are not completely happy with your Business Risks insurance policy, you may cancel it within 30 days of it commencing and receive a full refund on your premium. You are not able to claim under it.

## Privacy

We collect and receive your personal information in this application to decide whether to insure you. We hold it. You have rights to access it and correct it under the Privacy Act 1993.

You must supply your personal information to us if it comes within your duty of disclosure (see Disclosure on page 3). If you fail to do so, we may decline your application or void your insurance retrospectively.

We obtain your authority in the Declaration to transfer some or all of it to other members of the insurance industry, financially interested parties noted on your policy and Insurance Claims Registered Limited.

**Please use the space for supplementary notes on page 14 if required.**

MAS  
FREEPOST 884  
PO Box 13042  
Johnsonville, Wellington  
Phone 0800 800 627  
Facsimile (04) 477 0109  
Email info@mas.co.nz



### Important information

Please read the information below before completing this application. You have a duty to disclose all information that MAS may want to take into account in deciding whether or not to accept your application and, if so, on what terms. The information that you provide in this application must be true, correct and complete. In addition to answering the specific questions asked, you must disclose everything you know that may be relevant to this insurance, permanent disability, permanent emigration, relationship property separation.

## Section 1: The insured person or entity

### Member details

Title		First name(s)	
Surname		Member number	

#### Office use only

Member number

Policy number

### The insured

Name of entity/company/full name			
Company number			
Postal address	City	Postcode	
Email address			
Phone number	Home	Work	Mobile

Branch

Adviser

District name

Who would you like to be the main contact for this account?

Title		First name(s)	
Surname			
Postal address	City	Postcode	
Email address			
Phone number	Home	Work	Mobile

Approved

Date

What is your preferred contact method? ☐ Phone ☐ Text ☐ Email

### Mortgage details

Mortgagee (if applicable)

Name			
Address	City	Postcode	

### Period of insurance

From dd-mm-yyyy To dd-mm-yyyy

## Section 2: Covers required (Please tick box to indicate if required.)

### ☐ Buildings cover

Risk location

Building location	City	Postcode
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Cover required

- a) (i) Replacement value  
Estimated market value – for calculation of fire service levies.

OR

- (ii) Market value (also used for calculation of fire service levies).

- b) Disaster building and rent cover (optional cover).

- c) Loss of rent (optional cover).

Annual rent

Sum insured

\$	
\$	

\$	
----	--

\$	
----	--

\$	
----	--

#### Office use only

☐ BBRV

☐ FSLV

☐ BBM/FSLV

☐ DIBB 1234 MT

☐ BRNT

## ☐ Contents cover

Risk location

Contents location

City

Postcode

Cover required

Sum insured

Office use only

- a) Total replacement value (include value of any portable items).

\$

☐ BCRV

Estimated market value – for calculation of fire service levies.

\$

☐ FSCL

- b) Contents portable risks (standard cover is \$10,000. If increase is required, please specify **total** of portable risks cover required). See also page 7.

\$

☐ BPOR

- c) Stock (standard cover is \$10,000. If increase is required, please specify **total** of stock cover required).

\$

☐ BSTK

- d) Seasonal stock increase (optional cover, please specify **total** seasonal increase cover required).

\$

☐ BSSI

Months required

☐

January

☐

February

☐

March

☐

April

☐

May

☐

June

☐

July

☐

August

☐

September

☐

October

☐

November

☐

December

- e) Refrigerated stock (standard cover is \$5,000. If increase is required, please specify **total** of refrigerated stock cover required). See also page 7.

\$

☐ BREF

- f) Disaster contents cover (optional cover).

\$

☐ DICB 1234 MT

- g) Records and data (optional cover). See also page 8.

\$

☐ BREC

- h) Money (standard cover is \$5,000. If increase is required please specify **total** of cover required).

\$

☐ BMNY

## ☐ Business Interruption cover

Cover required

Sum insured

- a) What is the annual gross profit of your business?

\$

Indemnity period (12, 18, or 24 months).

months

Office use only

Sum insured

\$

☐ BBI

- b) Disaster Business Interruption (optional cover).

\$

☐ DIBB 1234 MT

- c) Book debts (standard cover is \$10,000. If increase is required, please specify the **total** cover required). See also page 8.

\$

☐ BACR

## ☐ Legal Liability cover (If you have Buildings cover or Contents cover, you automatically have this cover.)

Cover required

Sum insured

Office use only

Public Liability (standard cover is \$2,000,000. If increase is required, please specify the total cover required).

\$

☐ BPLC

## ☐ Statutory Liability cover

Cover required

Sum insured

Office use only

Statutory Liability (standard cover of \$1,000,000 available. If increase is required, please specify the total cover required).

\$

☐ BSTL

## ☐ Employer's Liability cover

Employer's Liability (standard cover of \$500,000 available). See also page 8.

Sum insured

Office use only

\$500,000

☐ BEML

## ☐ Employment Disputes cover

Cover required

Sum insured

Office use only

Employment Disputes (standard cover of \$500,000 available). See also pages 8.

\$500,000

☐ BEDS L50

## ☐ Employee Dishonesty cover

Cover required

Sum insured

Office use only

Employee Dishonesty (standard cover of \$25,000 available). See also page 9.

\$25,000

☐ BDIS

## Section 3

(Please complete this section if you have selected increased standard cover for the following items or cover.)

### Refrigerated stock

(Please complete this section if you wish to increase the standard cover provision of \$5,000.)

What is the nature of the refrigerated stock?


What is the maximum amount held at any one time?


Who is the owner of the refrigerated stock if not you?


If you are not the owner, on what basis do you have any responsibility to make good any loss or damage to the refrigerated stock?


How is the refrigerated stock kept and what steps are taken to monitor the temperature, e.g. automatic temperature monitoring by security company?


What back-up support, if any, is provided in the event of a failure of the primary cooling system, e.g. alternative refrigeration plant available and/or back-up power supply in the event of power failure?


Do you have a maintenance plan and/or servicing agreement in place with respect to the refrigeration plant?

☐ Yes\*

☐ No

\*If yes, please provide details.


### Portable contents

What is the nature of the portable items that are to be covered, e.g. medical equipment/veterinary equipment?


What is the maximum value of goods taken away from the risk location at any one time?

\$

What is the likely value of the single most valuable item taken away at any one time?

\$

How are your portable items stored when not in use, e.g. kept in vehicle or removed to be stored at home or business premises?  
Please provide details.


If in a vehicle, how is your vehicle garaged overnight, e.g. street, driveway, garage?


**Records and data and/or books debts** (Please complete this section if you require cover for records and data or wish to increase the standard cover provision of \$10,000 for book debts, which is provided under the optional cover for Business Interruption.)

What steps are taken to back up records and data?


What steps have been taken to prevent power fluctuations from damaging your records?


How have you arrived at the sum insured?


**Employment Disputes and/or Employers Liability and/or Employee Dishonesty** (Please complete this section if you require any of the optional covers for Employment Disputes and/or Employers Liabilities and/or Employee Dishonesty)

Please complete the following details in respect of the insured entity.

Annual Revenue

\$

Number of FTE vocationally registered practitioners employed

Number of FTE support staff


**Employment Disputes** (Please complete this section if you require the optional cover for Employment Disputes)

Do you have a formal staff recruitment and selection process?

☐ Yes

☐ No\*

*\*If no, please outline what steps and processes you follow in the recruitment and selection of staff including the taking and retention of records.*


Do you have a formal staff performance and appraisal process?

☐ Yes\*\*

☐ No\*

*\*If no, please outline how you monitor and review the performance of your employees.*


*\*\*If yes, please confirm that your employees have:*

A position description

☐ Yes

☐ No

Agreed goals or objectives

☐ Yes

☐ No

Written appraisals (at least annually)

☐ Yes

☐ No

Who in your organisation is responsible for ensuring the business complies with employment related legislation?

Name

--

Position

--

Who in your organisation is responsible for preparation of employment related documentation including employment agreements, staff personnel files and payroll records?

Name

--

Position

--

Do each of your staff have a written employment agreement?

☐ Yes

☐ No



Are you a member of any organisation providing employment advice? Do you subscribe to the Employers and Manufacturers Association or the services provided by MAS through Business Advisory Services?

☐ Yes\*

☐ No\*\*

*\*If yes, please confirm the name of the organisation(s) and services provided.*


*\*\*If no, who are your advisers on matters relating to human resource management issues?*


In the past three years has any personal grievance been taken against you or any entity in which you have had a financial interest?

☐ Yes\*

☐ No

*\*If yes, please detail the date, circumstances of the allegation and the outcome for each instance.*


Are you aware of any current issues which may give rise to a dispute or a personal grievance?

☐ Yes\*

☐ No

*\*If yes, please provide details.*


## Employment Dishonesty

In the past three years has any staff member stolen cash and/or goods from you?

☐ Yes\*

☐ No

*\*If yes, please detail the date, circumstances of the incident, details of any police involvement and the outcome for each instance.*


## Section 4 (please complete)

### Previous insurance and criminal convictions

Have you or anyone else to be covered by this insurance, ever engaged in criminal activity, had any criminal convictions or have any criminal prosecutions pending?

☐ Yes\*

☐ No

*The information sought by this question is subject to the rights set out in the Criminal Reports (clean Slate) Act 2004.  
\*If yes, please provide details.*


Have you previously held house or contents insurance in your name?

☐ Yes\*

☐ No

Is any property referred to in this application insured elsewhere?

☐ Yes\*

☐ No

*\*If yes, please provide details.*


In the last five years have you, or anyone else to be covered by this insurance, suffered any loss or damage to your home or contents, including theft, malicious damage or burglary?  
(Regardless of whether an insurance claim was made).

☐ Yes\*

☐ No

*\*If yes, please provide details (description, year, cost of claim).*


Have you ever had any insurer decline cover, impose special terms or refuse renewal of any policy?

☐ Yes\*

☐ No

*\*If yes, please provide details (description, year, cost of claim).*


Is this application to replace a policy or policies currently held with MAS?

☐ Yes\*

☐ No

*\*If yes, please quote policy number(s).*


Is there any further information likely to affect this insurance?

☐ Yes\*

☐ No

*\*If yes, please provide details.*


## Section 5 (please complete this section in all cases)

### Declaration

#### Disclosure of relevant information

I understand that I have a duty to disclose all information that Medical Insurance Society Limited (MAS) may want to take into account in deciding whether or not to accept my application and if so, what terms. I confirm that:

- all the answers in this application are true and correct and complete
- I have disclosed everything I know that may be relevant to this insurance.

I understand that if I have not disclosed all relevant information that I know, MAS may decline a claim I make under this policy, cancel the policy or treat the insurance as being invalid from the beginning.

#### Privacy Act 1993

I understand that:

- the personal information MAS collects from me will be used by it to underwrite and administer my insurance.
- I am entitled to access and correct the personal information MAS holds about me, in accordance with the provisions of the Privacy Act 1993.

I authorise MAS to give or obtain personal information about me (relevant to my insurance) to or from others including but not limited to the Insurance Claims Register Limited.

Signature

Date

dd-mm-yyyy

### Premium payment

How do you wish to pay your premium?

☐ By direct debit

Frequency

☐ Annually

☐ Monthly\*

☐ Quarterly\*

☐ Six-monthly\*

\*A payment administration fee of up to 6% plus gst will apply.

Direct debit form completed?

☐ Yes

☐ No - please complete a direct debit form.

☐ Annually by cheque or internet banking on receipt of renewal letter

☐ Deduction of the first annual premium by Visa/Mastercard/Amex/Diners. A 1.75% surcharge applies to credit card payments.

Credit/debit card number

Exp

I authorise the deduction of the first annual premium by credit/debit card. Please call **0800 800 627** to renew this each year.

Signature

Date

dd-mm-yyyy

## Section 6 (MAS use only)

### Site survey (MAS staff member to complete after visiting the risk location)

Occupancy *(please detail the nature of the business activity carried out at the location, e.g. medical practice, dental surgery, pharmacy).*


Age of building		years	
Construction materials	Frame	Cladding	Floor

Does construction of the building include any unreinforced masonry? ☐ Yes\* ☐ No  
*\*If yes, please provide details.*


Has any authority advised that the building requires strengthening work? ☐ Yes\* ☐ No  
*\*If yes, please provide details.*


Has the building been assessed as earthquake prone? ☐ Yes\* ☐ No  
*\*If yes, please answer the following questions and provide a copy of the advisory notice.*

What is the percentage of new building strength?  %

Please provide details about how the building is earthquake prone and any planned works to remedy.


Do you have any engineering reports or structural surveys for the building? ☐ Yes\* ☐ No  
*\*If yes, please provide copies.*

Is the building's warrant of fitness current? ☐ NA ☐ Yes ☐ No

#### Security details

Are all exterior doors fitted with deadlocks? ☐ Yes ☐ No

Are the premises protected by a monitored alarm system? ☐ Yes\* ☐ No  
*\*If yes, please provide the name of the monitoring company.*

--

Are there smoke detectors? ☐ Yes\* ☐ No  
*\*If yes, are the smoke detectors connected to the alarm monitoring service?*

How many fire extinguishers are fitted within the building?

#### Tenancy details

Is the building(s) occupied as a tenant? ☐ Yes\* ☐ No  
*\*If yes, who owns the building?*

--

*\*If yes, is the Member responsible for breakage of interior fixtures and glass under the terms of the lease?* ☐ Yes ☐ No

Is the building(s) leased or rented out? ☐ Yes\* ☐ No  
*\*If yes, who is the tenant?*

--

Is the tenant responsible for breakages and damage to the interior fixtures and glass under the terms of the lease? ☐ Yes ☐ No

Is the tenant responsible for payment of the insurance on the building? ☐ Yes ☐ No

Please detail any previous MAS claims that have been recorded for this risk but are not described in Section 4.

Date	Nature of loss	Amount paid
dd-mm-yyyy		\$
dd-mm-yyyy		\$
dd-mm-yyyy		\$
dd-mm-yyyy		\$
dd-mm-yyyy		\$

Do you have any other knowledge or concerns that are relevant to the acceptance of this risk, e.g. susceptibility to flooding, close to waterways such as rivers, sea, culverts, open drains, etc?

☐

Yes\*

☐

No

*\*If yes, please provide details.*


Susceptibility to subsidence and/or landslip, e.g. close to or built on cliff faces, on refilled site with use of retaining walls, etc?

☐

Yes\*

☐

No

*\*If yes, please provide details.*


Based on your knowledge and with due regard for any past claims history and any other information you are aware of, what is your recommendation?

1. Accept on standard terms and rates (*n.b. buildings assessed as earthquake prone for which notice has been served that strengthening works must be carried out may be covered for indemnity value unless approved by Head Office*).

☐

Yes

☐

No

2. The following cover variations are recommended


Name of staff member

Signed

Date

dd-mm-yyyy

I confirm my support for the risks as recommended.

Signed

Date

dd-mm-yyyy

Accepted by

Name	Position
<input type="text"/>	<input type="text"/>

Date

dd-mm-yyyy



## Direct debit authority

Member number

### Bank instructions

Account name

Customer to complete bank, branch, account number and suffix of account to be debited.

Bank account number

Bank

Branch

Account

Suffix

Bank

Branch

**Authority to accept direct debits (not to operate as an assignment or an agreement).**

Authorisation code (user number)

Date

dd-mm-yyyy

To: the bank manager

I/we authorise you until further notice in writing to debit my/our account with you all amounts which Medical Assurance Society New Zealand Limited (hereinafter referred to as the Initiator), Head Office, PO Box 13042, Johnsonville, Wellington 6440, 19-21 Broderick Road, Johnsonville, Wellington 6037, Telephone 0800 800 627, Facsimile (04) 477-0109, the registered initiator of the above authorisation code, may initiate by direct debit.

I/we acknowledge and accept that the bank accepts this authority only upon the conditions listed overleaf.

**Information to appear in my/our bank statement (to be completed by the Customer)**

Payee Particulars

Authorised signature

Date

dd-mm-yyyy

Authorised signature

Date

dd-mm-yyyy

**For bank use only**

Approved

Date received

Recorded by

Check by

Bank stamp

00993  
01/91

Original - retain at branch. Copy - forward to initiator if requested.

### Conditions of this authority to accept direct debits

1. The initiator:

- Undertakes to give written notice to the acceptor of the commencement date, frequency and amount at least 10 calendar days before the first direct debit is drawn (but not more than two calendar months). This notice will be provided either:
  - in writing; or
  - by electronic mail where the customer has provided prior written consent to the initiator. Where the direct debit system is used for the collection of payments which are regular as to frequency, but variable as to amounts, the initiator undertakes to provide the acceptor with a schedule detailing each payment amount and each payment date. In the event of any subsequent change to the frequency or amount of the direct debits, the initiator has agreed to give advance notice at least 30 days before changes come into effect. This notice must be provided either:
    - in writing; or
    - by electronic mail where the customer has provided prior written consent to the initiator.
- May, upon the relationship which gave rise to this authority being terminated, give notice to the bank that no further direct debits are to be initiated under the authority. Upon receipt of such notice the bank may terminate this authority as to future payments by notice in writing to me/us.
- May, upon receiving an 'authority transfer form' (dated after the day of this authority) signed by me/us and addressed to a bank to which I/we have transferred my/our bank account, initiate direct debits in reliance of that transfer form and this authority for the account identified in the 'authority transfer form'.

2. The customer may:

- At any time, terminate this authority as to future payments by giving written notice of termination to the bank and to the initiator.
- Stop payment of any direct debit to be initiated under this authority by the initiator by giving written notice to the bank prior to the direct debit being paid by the bank.
- Where a variation to the amount agreed between the initiator and the customer from time to time to be direct debited has been made without notice being given in terms of clause 1 a) above, request the bank to reverse or alter any such direct debit initiated by the initiator by debiting the amount of the reversal or alteration of the direct debit back to the initiator through the initiator's bank, PROVIDED such request is not made more than 120 days from the date when the direct debit was debited to my/our account.

3. The customer acknowledges that:

- This authority will remain in full force and effect in respect of all direct debits passed to my/our account in good faith notwithstanding my/our death, bankruptcy or other revocation of this authority until actual notice of such event is received by the bank.
  - In any event this authority is subject to any arrangement now or hereafter existing between me/us and the bank in relation to my/our account.
  - Any dispute as to the correctness or validity of an amount debited to my/our account shall not be the concern of the bank except in so far as the direct debit has not been paid in accordance with this authority. Any other dispute lies between me/us and the initiator.
  - Where the bank has used reasonable care and skill in acting in accordance with this authority, the bank accepts no responsibility or liability in respect of:
    - accuracy of information about direct debits on bank statements.
    - any variations between notices given by the initiator and the amounts of direct debits.
  - The bank is not responsible for, or under any liability in respect of the initiator's failure to give written advance notice correctly nor for the non-receipt or late receipt of notice by me/us for any reason whatsoever. In any such situation the dispute lies between me/us and the initiator.
  - Notice given by the initiator in terms of clause 1 a) to the debtor responsible for the payment shall be effective. Any communication necessary because the debtor responsible for payment is a person other than me/us is a matter between me/us and the debtor concerned.
4. The bank may:
- In its absolute discretion conclusively determine the order of priority payment by it of any monies pursuant to this or any other authority, cheque or draft properly executed by me/us and given to or drawn on the bank.
  - At any time terminate this authority as to future payments by notice in writing to me/us.
  - Charge its current fees for this service in force from time-to-time.
  - Upon receipt of an 'authority to transfer form' signed by me/us from a bank to which my/our account has been transferred, transfer to that bank this authority to accept direct debits.

**Call us today:**  
**0800 800 627**  
Visit us online at [mas.co.nz](http://mas.co.nz)

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sustainably managed forests.