

# ARC- APPLICATION FORM 2023-24

## A. Applicant details

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_ Mobile phone number: \_\_\_\_\_

Depot: \_\_\_\_\_ Area of Operation: \_\_\_\_\_

When do you need the insurance to start? \_\_\_\_\_ How long do you need the insurance for? \_\_\_\_\_

## INSURANCE COVERAGE AVAILABLE UNDER THE ARC-COVER INSURANCE PACKAGE

General/Public Liability	Limit \$2m any one loss	Excess \$500	✓
Statutory Liability	Limit \$1m any one loss	Excess \$500	✓
Carriers Liability	\$2,000 any one unit, \$250,000 any one conveyance	Excess \$250	✓

Please note this cover does NOT extend for any other occupations or carrier duties outside of your NZ Post Contract as an Authorised Relief Courier (ARC). Please contact Aon if you have any other business activities / occupations that you require cover for.

## B. Information

- Do your business operations involve the use, transportation or processing of dangerous goods or hazardous materials subject to the Dangerous Goods Act 1974, the Hazardous Substances and New Organisms Act 1996, or to Codes of Practice or Regulations under the Health and Safety at Work Act 2015? If yes, please provide reasons on a separate sheet paper attached to this form. Yes  No
- Does your business store other people's property? If yes, please provide reasons on a separate sheet paper attached to this form. Yes  No
- Have any circumstances in the last 5 years ever occurred which could result in a claim under this cover you are applying for? If yes, please provide reasons on a separate sheet paper attached to this form. Yes  No
- Do you have any written procedures and/or systems to ensure compliance with any legislation that affects your business? If no, please give reasons on a separate sheet of paper attached to this form. Yes  No

## C. Claims History (relating to Carriers Liability, General/Public Liability and Statutory Liability claims only)

Please provide your full claims history for the last five years below, or on a separate sheet of paper attached to this form. Include only claims relating to Carriers Liability, General/Public Liability and Statutory Liability.

Date of Claim	Description	Claims Costs
		\$
		\$
		\$
		\$

## D. General Questions

- Have you ever been imprisoned for any criminal offence, or had any other conviction or fine for any other criminal offence within the last 7 years, or had any prosecution pending for any criminal offence? If yes, please provide reasons on a separate sheet paper attached to this form. Yes  No
- Is there any other Information which could affect the acceptance of this insurance? If yes, please provide reasons on a separate sheet paper attached to this form. Yes  No

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## E. Duty of disclosure and agreement

### Your Duty of Disclosure

Before you enter into an insurance contract, you have a duty to disclose to the insurer every matter that you know, or could reasonably be expected to know, which may affect the insurer's decision to insure you, and on what terms. This duty of disclosure extends from the time of the quote; before you renew insurance, extend it, vary or reinstate a contract of insurance.

If you do not tell your insurer anything you are required to disclose, the insurer may cancel your contract or reduce the amount that it is required to pay you if you make a claim. If your failure to disclose is proved to be fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

You are not obliged to tell the insurer anything that: reduces the risk; is common knowledge; your insurer knows or should know as an insurer; or the insurer has waived compliance with relating to your duty of disclosure.

If you are uncertain whether a matter should be disclosed to your insurer, please contact your Aon Client Relationship Manager.

### Agreement

I agree that:

#### 1. Material Facts

- a) All information given to NZI (whether oral or written) is true and correct;
- b) All material facts have been disclosed (see "Your Duty of Disclosure").

#### 2. Terms of Policy

Terms of NZI's policies are accepted.

#### 3. Use of Information

- a) My personal information collected by NZI may be:
  - i. used by NZI to advise me of its other services; and/or
  - ii. disclosed to other members of the insurance industry and Insurance Claims Register Ltd, and to parties who have a financial interest in the subject-matter of the policy;
- b) My personal information held by other members of the insurance industry and Insurance Claims Register Ltd may be disclosed to NZI.

Signature: ..... Date: [Click here to enter a date.](#)

Name: ..... Position: .....

## ADDITION INFORMATION