

**BAILEES LIABILITY
PROPOSAL FORM**

Please answer all questions and complete a separate proposal for each situation/location.

Duty of Disclosure

You must tell us all information you know (or could reasonably be expected to know) which would influence the judgement of a prudent insurer whether or not to accept your proposal, and, if it is accepted, on what terms and at what cost. If you fail to meet your duty of disclosure, you may find that you never had any insurance at all.

When in doubt, disclose. Please remember that all information will be treated confidentially.

Insured details

Name of insured:					
Company registration:			NRIC No.		
Postal address (for notices):			Contact No.		
Location where goods to be insured are stored:					
Period of insurance: From: / / To: / /					
Limit of indemnity: USD/MMK					
Excess:	<input type="checkbox"/>	<input type="checkbox"/>	Other	How long have you been in business?	
What was the actual turnover last year? USD/MMK			What is the estimated turnover this year? UDS/MMK		
Indicate the types of locations to be insured:		Warehouse	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
		Cold Storage	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
		Cold Storage	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
		Controlled atmosphere	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
		Bulk storage facility	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
		Seed/grain store	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
		Self storage units	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
		Other, please describe:	Yes	<input type="checkbox"/>	No <input type="checkbox"/>

A. Location details

1 Construction: For each please advise if any EPS is used and the type, eg external, internal, standard panels of PIR(non-flammable)												
	Location 1			Location 2			Location 3					
Roof:												
Suspended ceiling (if any):												
Walls:												
Floor:												
2 Year built:												
3 Has the location been upgraded, added to or extended?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If "Yes", please give full details including date.												
Location 1:												
Location 2:												
Location 3:												
4. What is the present condition and state of repair (excellent, good or fair)?												
5. What is the approximate floor area of the location (sq metres)												
	Location 1			Location 2			Location 3					
6. Is the site in a flood prone area?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
7. Are there any other occupants in the building(s):	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
If "Yes", please give full details including date.												



Location 1:

Location 2:

Location 3:.....

B. Fire protection

1. Is each location protected by a certified sprinkler system?	Location 1				Location 2				Location 3			
If "Yes", please give full details including date.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2. What type of system is in use(eg wet, dry or other- describe)?												
3. When was the system installed?												
4. Are any known defects with the sprinkler system?												
If "Yes", please give details.												
Location 1:												
Location 2:												
Location 3:												
5. Are any parts of the buildings/warehouses not protected by sprinklers?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If "Yes", please give full details of other fire protection system and procedures in place (eg heat or smoke detectors with off-site monitoring):												
Location 1:												
Location 2:												
Location 3:												
6. Have you had the KBZMS Fire Service visit any location and provide recommendations?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Location 1:												
Location 2:												
Location 3:												

C. Refrigeration equipment (to be completed by applicants with coostores, coldstores or other refrigerated storage)

1. What is the refrigerated storage area available (sq metres)?												
2. What type of refrigerant is used?												
Primary:												
Secondary:												
3. Do you have gas leakage detectors in compressor/engine rooms?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4. Are there backup refrigeration system on-site or off-site?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If "Yes", please give full details for each location.												
Location 1:												
Location 2:												
Location 3:												
5. Is there a refrigeration plant maintenance contract in place?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>



If "Yes", Please give full details for each location												
Location 1:												
Location 2:												
Location 3:												
6. Does the plant have a 24 hour off-site monitored alarm?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If "Yes", who responds? Please give full details for each location.												
Location 1:												
Location 2:												
Location 3:												

D. Security

	Location 1				Location 2				Location 3			
1. Is there a monitored intruder alarm?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If "Yes", who responds? If an external security company, please attach a copy of the current contract.												
Location 1:												
Location 2:												
Location 3:												
2. Please advise what other measures are in place to prevent access to the site and to the building (i.e secure fencing, lighting, camera surveillance, grilles, access card systems, guard patrols, 24 hour security presence etc.):												
Location 1:												
Location 2:												
Location 3:												

E. Property or goods stored

	Location 1	Location 2	Location 3
1. What is the total estimated value of all goods/property in storage (if it fluctuates substantially, please attach a schedule showing monthly values)			
Maximum			
Average			
Minimum			
2. What is the maximum storage capacity (sq metres):			
3. What are the approximate percentage of goods or commodities stored:			
(a) Alcohol	%	%	%
(b) Bulk storage (describe type of liquid)	%	%	%
(c) Bulk storage (describe type of goods)	%	%	%
(d) Chemical/explosives	%	%	%
(e) Cigarettes:	%	%	%
(f) Electrical equipment/whitewear:	%	%	%
(g) Electronics/computers:	%	%	%
(h) Fertiliser:	%	%	%
(i) Fish/shellfish	%	%	%
(j) Foodstuffs:	%	%	%
(k) Furniture/household effects:	%	%	%
(l) Green kiwifruit:	%	%	%
(m) Gold kiwifruit:	%	%	%
(o) Other fruit(specify):	%	%	%
(p) Meat:	%	%	%
(q) Motor vehicles/parts:	%	%	%
(r) All other goods (describe type of goods):	%	%	%
Total:	100%	100%	100%



F. Licences /consents

	Location 1				Location 2				Location 3			
1. Do you hold all current licences, resource or other consents as required by government and other regulations?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If "Yes", attach copies. If "No", explain and /or provide the status of any pending licences and/or consents												
Location 1:												
Location 2:												
Location 3:												

G. Conditions of storage (please attach a copy of your conditions of storage)

	Location 1				Location 2				Location 3			
1. Will all goods held be stored on these conditions?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If "No", please provide details of the storage terms you use.												
Location 1:												
Location 2:												
Location 3:												

H. Other Insurance

	Location 1				Location 2				Location 3			
1. Is there a Material Damage or other policy covering property in storage?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If "Yes", (a) advise the sum insured/limit on the policy:												
(b) provide the name of the insurer:												
(c) Have the insurers surveyed the location?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If "Yes" to (c) please attach a copy of the survey (if available).												

I. Prior Insurance history

1. Is the business currently insured for Bailees Liability? If "Yes", please advise name of insurer and expiry date:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2. Has any insurer: (a) declined to insurer you; or Yes No	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(b) cancelled or refused to renew your insurance; or	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(c) imposed special terms or conditions to any proposal, renewal or policy held by you?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If "Yes" to (a), (b), (c) above, please advise full details including the name of the insurer.				



J: Claims and /or loss experience

Have you had any bailees liability or public liability losses, claims and /or complaints made against you during the last five years, whether insured or not. Include any which were below a policy excess or deductible.		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If "Yes" , please provide full details:(Complete on a separate sheet if necessary).					
Date of loss	Description of loss	Total amount of claim			

K: Enclosures

If relevant, please provide the following and tick to indicate enclosure:					
<input type="checkbox"/>	Refrigeration maintenance contract(s)	<input type="checkbox"/>	Conditions of storage	<input type="checkbox"/>	Security company contract(s)
<input type="checkbox"/>	Sprinkler system compliance certification	<input type="checkbox"/>	Schedule(s) of monthly values in storage	<input type="checkbox"/>	Insurer survey report(s)
<input type="checkbox"/>	Licences/consents	<input type="checkbox"/>	Other (please specify):		

Declaration

I/We hereby declare that the information and answer given in this proposal are in every respect true and correct and that KBZMS is aware of all information that may be material in considering this proposal. I/We agree that this proposal and Declaration shall be the basis of and incorporated in the insurance contract. I/We undertake to inform KBZMS of any material alteration to the above facts whether occurring before or after the completion of this insurance contract.

I/We authorize KBZMS to give to or obtain from other insurers or any insurance broker or other party any information relating to this I/We understand that:

- (a) KBZMS is collecting the information on this proposal to evaluate my/our insurance requirements.
- (b) I/We am/are obliged to advise KBZMS of any information which may be material to its consideration of this application.

Insured(s) signature:	Date: / /
.....	
Title:	
.....	

