

Marine Cargo

Renewal declaration



How to complete this form

Print out the form and complete by hand. Please remember to sign and date this form.

Please note: This renewal declaration will form a key part of your ongoing contract of insurance with Ando Insurance Group Limited, and it is important that all material facts continue to be fully, frankly and accurately disclosed.

Except where the parties agree otherwise, the laws of New Zealand apply to this form and any dealings between the parties arising from this form. The New Zealand courts have exclusive jurisdiction in relation to any disputes that may arise.

Policyholder details

Name of insured	<input type="text"/>		
Position	<input type="text"/>	Phone	<input type="text"/>
Email address	<input type="text"/>		
Broker name	<input type="text"/>		

Policy

Number	<input type="text"/>	Expiry	<input type="text"/>
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Actual sendings for last financial year

From	<input type="text"/>	To	<input type="text"/>				
Declared sendings							
Total imports	NZD \$ <input type="text"/>	+	<input type="text"/> %	Total exports	NZD \$ <input type="text"/>	+	<input type="text"/> %
Internal	NZD \$ <input type="text"/>	+	<input type="text"/> %				
Declared sendings including plusage							
Total imports	NZD \$ <input type="text"/>			Total exports	NZD \$ <input type="text"/>		
Internal	NZD \$ <input type="text"/>						

Estimated sendings for next financial year

From Country of origin	To Country of destination	NZD value	Terms of sale* (e.g. EXW, FCA, CPT, CIP, CIF, DAP)
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
Total		\$	
Policy plusage			%
Internal within NZ		\$	

*INCOTERMS 2010 trade definitions

Important:

- Any material changes to the business during the Period of Insurance must be advised immediately to Ando Insurance Group Limited.
- This form must be completed by a person authorised to do so on behalf of the Policyholder.

Declaration:

On behalf of all proposed Policyholders I/We declare and agree that:

- all information provided, in this renewal declaration or attachments, is true and complete in every respect and that no Material Facts remain undisclosed;
- if this risk is accepted, such information will be incorporated into and form the basis of the contract of insurance;
- I/We understand that Ando Insurance Group Limited requires this information in order to evaluate this proposal and that the Privacy Act 2020 entitles me/us to have access to, and request the correction of, any information retained;
- Ando Insurance Group Limited is authorised to disclose information to its advisers, reinsurers, other insurers and parties with a financial interest in the subject matter of this proposal;
- Ando Insurance Group Limited is authorised to check details against the Insurance Claims Register and to place information on the Insurance Claims Register which other insurers can access;
- Ando Insurance Group Limited is authorised to obtain from other parties any information which may be relevant to the acceptance of this risk;
- the signing of this declaration does not bind either party to complete the contract and that no cover will be in force until confirmed by Ando Insurance Group Limited.

I have read and accept these conditions* (please tick)

Signature(s) of Insured* Date*

Need help?
Call us on 09 377 1432