

# Horticultural Produce Proposal



## The Proposer

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Contact person \_\_\_\_\_

## Limits of Liability Required

Limit any one vessel NZ \$ \_\_\_\_\_

Limit any one aircraft NZ \$ \_\_\_\_\_

## Values

Annual volume of consignments by sea NZ \$ \_\_\_\_\_

Annual volume of consignments by air NZ \$ \_\_\_\_\_

Annual volume of FOB sendings NZ \$ \_\_\_\_\_

Are any shipments sent 'On Consignment'? **yes - no**

If yes, please provide details including Annual Volume \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Quality Assurance

Do you have any quality assurance / management schemes in place? **yes - no**

If yes, please provide details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Details of Previous Losses

Please advise all claims paid and claims outstanding for a minimum of previous three years

Year	Imports / Exports		If Paid or Outstanding is over \$10,000	
	Claims Paid	Claims Outstanding	Product	Cause of Loss
<b>Total</b>				

Provide details of any uninsured losses in the previous three years \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Product Information

When does the product become your responsibility? \_\_\_\_\_

**Please complete the attached questionnaire (s) for each type of product you require insurance for.**

## Additional Information

Do you presently have cover for deterioration by airfreight? **yes - no**

If yes, does the cover include deterioration as a result of delay in transit? \_\_\_\_\_

Please state the name of your existing transit insurer \_\_\_\_\_  
 \_\_\_\_\_

## Declaration

I declare the answers given above are to the best of my knowledge true and correct and I have not withheld any information or details of previous claims of any other material likely to affect acceptance of this proposal.

I agree that this proposal and declaration shall be the basis of the contract between Vero Marine Insurance and myself.

Signature \_\_\_\_\_ Date / /  
 Company \_\_\_\_\_

**This insurance will not be in force until this proposal has been accepted by Vero Marine Insurance**

# Horticultural Produce Questionnaire



## Attachment to Proposal

### The Proposer

Name \_\_\_\_\_

Product \_\_\_\_\_

### Description of Goods

Please give general description of the goods to be insured

Fresh or perishable       Chilled       Frozen

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Transport

**Indicate approximate percentage by each method**

Imports      Sea      \_\_\_\_\_ %      Air      \_\_\_\_\_ %  
Exports      Sea      \_\_\_\_\_ %      Air      \_\_\_\_\_ %

Carriage Requirements:

*IMPORTANT NOTE: Any Policy issued by the Company on the basis of this Proposal will contain a condition requiring carriage to be on the basis of carriage instructions notified to the carrier after having been notified to the Company. Unless separately notified the only permitted carriage instructions will be those notified in this proposal.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Packaging

Full details of how good are packed for shipment (including special written instructions to transport carriers)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Product Details

Source of Product (Contract Growers, Auction, etc) \_\_\_\_\_

What is the shelf life of the product? \_\_\_\_\_

Maximum time between harvest and export \_\_\_\_\_

Export season \_\_\_\_\_

Areas in which product is grown \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Transhipments

Sea / Air	Final Destination	Transhipment Port / Airport	Annual Volume	Details

*IMPORTANT NOTE: Any Policy issued by the Company based on this Proposal will contain a condition that all shipments, unless transhipments, have notified to the Company. Unless separately notified, the only permitted transhipments will be those notified in this proposal.*