

# REQUEST FOR QUOTE - Please complete sections in full

## YOUR DETAILS

Company/Business: \_\_\_\_\_

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

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

Contact Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

How did you come to hear about us (eg. InHouse, Roadshow)? \_\_\_\_\_

If referred by a current client please give their name: \_\_\_\_\_

## TOOLS, PLANT & EQUIPMENT

*COVERING - accidental physical loss or damage to tools, plant and equipment*

*CLAIM EXAMPLES - a fire destroys the building and its contents, burglary of tools*

Current Insurer: \_\_\_\_\_

Due Date of Current Policy: \_\_\_\_\_

Have you had any claims in the last 5 years?  No  Yes *(if yes, please advise details)*

\_\_\_\_\_

Replacement Value of Equipment: \$ \_\_\_\_\_

## LIABILITY - PUBLIC / STATUTORY / EMPLOYERS / E&O (Professional Indemnity)

*COVERING - liability to other people for accidents or mistakes happening in connection with your occupation*

*CLAIM EXAMPLES - an employee puts his foot through the ceiling, accidentally burns down house next door*

Current Insurer: \_\_\_\_\_

Due Date of Current Policy: \_\_\_\_\_

Have you had any claims in the last 5 years?  No  Yes *(if yes, please advise details)*

\_\_\_\_\_

Public Liability Limit:  \$1,000,000  \$2,000,000  \$5,000,000  \$10,000,000

Statutory Liability Limit:  \$500,000  \$1,000,000

Estimated Turnover: \$ \_\_\_\_\_

Number of Employees (salary or wage earners only): \_\_\_\_\_

How long have you been building: \_\_\_\_\_ year/s

How long have you had this company: \_\_\_\_\_ year/s

## ANNUAL CONTRACT WORKS

COVERING - loss or damage to building projects in course of construction

CLAIM EXAMPLES - fire, storm, theft of materials

**CURRENTLY NOT AVAILABLE IN CANTERBURY**

Current Insurer: \_\_\_\_\_

Due Date of Current Policy: \_\_\_\_\_

Have you had any claims in the last 5 years?  No  Yes *(if yes, please advise details)*

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

Estimated Turnover: \$ \_\_\_\_\_ *(based on the last 12 months)*

Maximum value any one house: \_\_\_\_\_ *(based on the last 2 years)*

## MOTOR VEHICLES (include trailers and Mobile Plant)

COVERING - loss or damage to vehicles and Third Party liability

CLAIM EXAMPLES - vehicle involved in nose to tail accident at intersection, broken windscreen

Current Insurer: \_\_\_\_\_

Due Date of Current Policy: \_\_\_\_\_

Have you had any claims in the last 5 years?  No  Yes *(if yes, please advise details)*

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

Date of Birth of Main Drivers: Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

| Year | Make | Model | Registration Number | Market Value | Business Use / Private Use |
|------|------|-------|---------------------|--------------|----------------------------|
|      |      |       |                     |              | Business / Private         |
|      |      |       |                     |              | Business / Private         |
|      |      |       |                     |              | Business / Private         |
|      |      |       |                     |              | Business / Private         |
|      |      |       |                     |              | Business / Private         |
|      |      |       |                     |              | Business / Private         |

## OTHER POLICIES

Tick the boxes if you would like more information on other policies (other policies are available).

- Material Damage  
 Business Interruption  
 Directors & Officers Liability  
 Cargo (Goods In Transit)

Other: \_\_\_\_\_

# PERSONAL INSURANCES

## HOUSE

Current Insurer: \_\_\_\_\_

Due Date of Current Policy: \_\_\_\_\_

Have you had any claims in the last 5 years?  No  Yes *(if yes, please advise details)*

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

Situation of Property: \_\_\_\_\_

\_\_\_\_\_

Replacement Value of Building: \$ \_\_\_\_\_  Own  Rental

Area in square metres: \_\_\_\_\_ sqm

When was your house built: \_\_\_\_\_

Current Excess:  \$400  \$750  \$900  \$1,400 Other: \$ \_\_\_\_\_

## DOMESTIC CONTENTS

Current Insurer: \_\_\_\_\_

Due Date of Current Policy: \_\_\_\_\_

Have you had any claims in the last 5 years?  No  Yes *(if yes, please advise details)*

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

Situation of Property: \_\_\_\_\_

Sum Insured: \$ \_\_\_\_\_

Required Excess: \_\_\_\_\_

Do you have a burglar alarm?  No  Yes

If yes, is it monitored?  No  Yes

No  Yes  
 No  Yes

## BOAT / JET SKI

Current Insurer: \_\_\_\_\_

Due Date of Current Policy: \_\_\_\_\_

Have you had any claims in the last 5 years?  No  Yes *(if yes, please advise details)*

\_\_\_\_\_

Year/Make/Length : \_\_\_\_\_

Powered By: \_\_\_\_\_

Trailerred:  No  Yes

No  Yes

Total Sum Insured: \$ \_\_\_\_\_

# INCOME PROTECTION / ACC / LIFE / MEDICAL INSURANCE / KIWISAVER

*(Because of the personal nature and importance of these we will need to contact you to discuss them in more detail)*

Name of Main Life to be Insured: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Smoker:  No  Yes  
 Health:  Excellent  Good  Indifferent

Cover Required: *(Please tick box)*

|                   |  |                          |
|-------------------|--|--------------------------|
| INCOME PROTECTION | Weekly benefit if sick or hurt               | <input type="checkbox"/> |
| LIFE INSURANCE    | Life Insurance for fixed term - say 10 years | <input type="checkbox"/> |
| MEDICAL           | Hospital and medical costs                   | <input type="checkbox"/> |
| KIWISAVER         | Investment for retirement                    | <input type="checkbox"/> |
| ACC               | Optimise your contributions & cover          | <input type="checkbox"/> |

## CBA INSURANCES ARE **SPECIALISTS** IN INSURANCE FOR BUILDERS AND TRADESPEOPLE.

### WE PROVIDE TAILORED, **COST EFFECTIVE** COVER FOR ALL MEMBERS OF THE CERTIFIED BUILDERS ASSOCIATION.

We provide friendly, helpful advice about what risks you should be insured against. We will canvas the entire insurance market to obtain the best possible insurance protection to meet your individual needs and at the most competitive price. Then we'll arrange the insurance policy and documentation on your behalf.

If you need to make a claim, we help you through the process. We can even help or offer advice if you're making claims with other insurance companies.

Whether it's personal or business, having the correct insurance is vital. The wrong or inadequate protection can lead to disaster for individuals, families and businesses. The right advice makes all the difference and prevents costly mistakes.

All our clients are builders and tradespeople, so we know the risks you face and the cover you need.

**OUR OBJECTIVE:**

To provide members of the Certified Builders Association and all licensed building practitioners with the best cover at the best possible price.

- Wide wordings
- Excellent claims service
- Extensive experience and knowledge of the industry
- Speedy response times



## OTHER SERVICES

Tick the boxes if you would like other information on policies provided by Bultin New Zealand Limited:



- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Sub-Contractors Payment Guarantee                     |
| <input type="checkbox"/> | Homefirst Builders Guarantee                          |
| <input type="checkbox"/> | Leaky Home Remediation Warranty / WaterTight Warranty |
| <input type="checkbox"/> | Commercial Defects Guarantee                          |