




WASTE & RECYCLING
QUESTIONNAIRE

NEW ZEALAND

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CRITERION
UNDERWRITING

Please complete this form in block capitals and tick the appropriate boxes. If questions are not applicable, please write 'N/A'

Waste & Recycling Property Damage Proposal Form

Occupation:

Insured Name:

ABN/ACN's

Location:

Period:

Perils:

All risks

Year Built:

Floors:

Roof:

Walls:

TIV:

Building Sum insured:

Contents:

Stock:

Removal of Debris:

Gross Profit:

Prof. Fees/Claims Prep:

ICOW:

AICOW:

Total:

Indemnity Period:

Limit One Situation:

Any one loss or series
of losses arising out of
any one event at any
one situation

Deductible:

Any one loss

Claims (5 years):

Please provide a separate questionnaire in respect of any additional locations

Full name of proposer

Proposer Email Address

Proposer Phone Number

Registered address and post code

Existing Insurer(s)

Description of proposed business

1. Please provide a full description of your trade/business (including all processes undertaken)

Sorting: Yes No Granulating: Yes No Shredding: Yes No
Baling: Yes No Other: Yes No

Other processes please specify:

Please detail the approximate percentages of waste streams typically handled:

Construction & Demolition	%	Green / Garden	%
Commercial & Industrial Metals and Cans	%	Pure Wood Wastes	%
Domestic (Black Bag)	%	Pure Food Wastes	%
Paper & Cardboard	%	End of life Vehicles	%
Plastics	%	Rubber / Tyres	%
Textiles & Clothing	%	WEEE	%
Aggregate / Glass	%	Fridges / Freezers	%
Liquid (Non Hazardous)	%	Batteries	%
Liquid (Hazardous)	%	Used Engine Oil/Solvents	%
		Clinical / Sharps	%
		Total	%

Other (please detail):

Please detail the address of location to be insured:

NB: Please complete a separate proposal form for each location

Are you the owner of the Buildings at the Premises?	Yes	No
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Is an Interested Party to be noted?	Yes	No
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If yes, please provide their name and the nature of their interest.

Is the building managed by a Property Management Company?	Yes	No
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If yes, please provide their name and address.

Are the Premises in a good state of repair and is all Machinery in good order?	Yes	No
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Are the Premises detached and separated from any adjoining premises?	Yes	No
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If No, please describe occupancy of adjoining premises.

Are you the sole occupier or tenant of the Buildings at the Premises?	Yes	No
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If No, please provide full details of other occupants and their trades/business.

Other occupant 1	Trade
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Other occupant 2	Trade
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Other occupant 3	Trade
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Date you commenced trading:

(a) At these Premises

(b) Elsewhere

Has the Business changed name in the last 5 years?

Yes

No

If Yes, please give full details of all previous names.

Specify your annual turnover?

What is your current balance sheet value?

Average number of employees for preceding 12 months?

Have you, the company or any partner, director or financially associated person, or any associated company, or any company or firm in which your partner(s), director(s) or financially associated person are or were in the last 5 years, a partner, director or financially associated person:

(a) ever been convicted of or charged or given a police caution with any criminal offence other than a motoring offence?

Yes No

(b) had any County Court Judgments or similar registered against them within the last 5 years?

Yes No

(c) been declared bankrupt or insolvent or are subject to any current bankruptcy or insolvency proceedings?

Yes No

(d) ever had any Environment Agency (or the corresponding authority relating to the territory (in question) enforcement notices and/or works notices, prohibition notices, suspension or revocation of environmental permits and licenses, variation of permit conditions, injunctions, criminal or civil sanctions brought against the business or any of its directors?

This also includes matters pending.

Yes No

If you have answered Yes to any of the questions above, please give full details.

(e) been prosecuted or received notice of intended prosecution under the Health and Safety at Work Act or similar legislation?

Yes No

If Yes, please give Full details.

(f) ever had an insurance policy cancelled, refused or declined?

Yes No

If Yes, please give Full details.

6. Are you, the company or any partner, director or financially associated person involved in any current, ongoing or potential matters that may give rise to any legal or contractual disputes?

Yes No

If Yes, please give Full details.

Description of property and trading arrangements

1. Approximate age of the construction

2. Construction of:

(a) Walls (for example please state - brick, stone, concrete, metal, composite panels or sheets composed entirely of incombustible mineral ingredients, timber etc)

(b) Roof (for example please state does the external surface of the roof consist of slates, tiles, metal, concrete, sheets or slabs composed entirely of incombustible mineral ingredients, felt, asphalt, bitumen, timber, etc)

(c) Ceiling & linings (for example - plasterboard, timber, etc)

(d) Is any part of the Premises constructed using composite panels

Yes No

If Yes, please give details of the type of paneling used

3. Hours and days of operation: (this is the time when the Building / business is open for normal operation, not including the time when only maintenance, housekeeping or security staff may be in the Building and or at the Premises)
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4. Have you carried out a fire risk assessment within the last 12 months?

Yes No

5. Is any combustible Waste and/or Stock stored outside within 6 metres of any Building or outbuilding?

Yes No

If Yes, please give full details including measures taken to prevent spread of fire to Buildings:

6. (a) Have all electrical circuits on-site been tested by qualified electrical engineers within the past 3 years?

Yes No

(b) Have all known defects detected during the testing of the electrical circuits on-site been remedied by a qualified electrical engineer?

Yes No

(c) Are all electrical circuits on-site deemed by a qualified electrical engineer to be in a satisfactory condition?

Yes No

7. Are the Premises situated in an area which has any history of flooding?

Yes No

If Yes, please provide details

Description of fire extinguishing appliances, suppression and detection

1. (a) Is there a fire detection and alarm system installed which covers the processing and storage areas of the Premises?

Yes No

If Yes, please advise the name of the installer and of which trade association they are members

- (b) Please advise the type of signaling of the fire detection and alarm system, if any:

NZDible only Digital Communicator to Central Station Other

If Other please give details:

- (c) Is the fire alarm maintained under contract and will it continue to be so?

Yes No

3. Are hose reels fitted, if so are they near critical Machinery?

Yes No

4. Are all fire extinguishers and/or hose reels maintained under contract and will they continue to be so?

Yes No

5. Is smoking prohibited on the premises?

Yes No

If No, please describe smoking arrangements on site:members

6. Is there a fire hydrant on-site which would be accessible by the fire brigade if required?

Yes No

7. Are there sprinklers installed within the process and storage Buildings?

Yes No

8. Is the sprinkler system serviced annually by a qualified sprinkler engineer

Yes No

Description of Security Arrangements

1. Are the Premises completely enclosed by fencing and is the entrance by controlled gates?

Yes No

If No, please give details

2. Is there an intruder alarm installed at the Premises?

Yes No

If Yes, please advise name of Installer

Please advise the type of signaling on the Intruder Alarm

NZDible only Digital Communicator to Central Station Other

If Other please give details:

Is the intruder alarm maintained by the installer and will it continue to be so?

Yes No

3. (a) Are the premises fitted with a CCTV System?

Yes No

If Yes is the system:

- a) Monitored by a 3rd party security company outside normal hours of operation
- b) Monitored and recorded on-site at all times
- c) Monitored during normal hours of operation and recorded on-site at all times
- d) Recorded onsite at all times (no monitoring)
- e) Other, please specify

If recorded on-site, please advise the length of time that CCTV footage is kept for:

(b) Is the CCTV recording unit kept in a separate Building to the process/ storage buildings?

Yes No

(c) Is the CCTV recording unit kept at least 10 metres from any process / storage buildings?

Yes No

(d) Is the CCTV recording unit kept within a 1 hour (minimum) rated fire proof box?

Yes No

(e) Does the coverage provided by the CCTV system include all processing and storage areas onsite?

Yes No

4. Are the Premises guarded when unoccupied by an on-site security guard?

Yes No

Is the security guard:

a) third party registered security contractor

b) own member of staff

Please detail the arrangements in place to ensure regular foot patrols are undertaken, (for example, a tag point system or a log book)

Description of Plant and Machinery

1. Is all Machinery maintained in accordance with the manufacturer's guidelines?

Yes No

2. Are maintenance records documented for all fixed and mobile Machinery?

Yes No

3. Is all Machinery under an annual maintenance contract?

Yes No

4. Are formally documented maintenance records kept?

Yes No

5. Is all Machinery cleaned on a regular basis in order to avoid buildup of dust and/ or fly?

Yes No

Description of Shredding Activities Onsite

1. Do any shredding activities take place inside any Buildings?

Yes No

(a) If Yes, please provide full details and types of waste shredded

(b) If Yes, please detail make(s) and model(s) of all shredding equipment

(c) If Yes, is post shredded Waste segregated and monitored for sources of heat / ignition?

Yes No

2. Do any shredding activities take place on-site outside of the Buildings?

Yes No

(a) If Yes, please give full details and types of waste shredded

(b) If Yes, please detail make(s) and model(s) of all shredding equipment

(c) If Yes, is post shredded Waste segregated and monitored for sources of heat / ignition?

Yes No

3. Do you cease shredding activities at least 2 hours before the close of daily business?

Yes No

If No, what procedures do you have in place 3 to detect ignition / heat sources in post shredded material after hours

Description of Machinery on-site

1. Specify all insured Machinery valued at NZD 50,000 or over (including make, model, year of manufacture and value)

Description (make and model)	Value	Year of Manufacture	Lead time for replacement machinery
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2. Is any Machinery fitted with an Automatic Fire Suppression system?

Yes No

If Yes, please give details of the systems installed

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3. Is any Machinery fitted with a spark detection system?

Yes No

If Yes, please give details of systems installed

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4. Is any combustible Waste Material kept within 6 metres of Machinery at times outside normal hours of operation?

Yes No

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5. Can the fixed electrical Machinery on-site be isolated back to the mains when not in use?

Yes No

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6. Is Machinery cleared of combustible Waste Material before the end of daily operations?

Yes No

Description of waste permit information

1. Does your waste management license include any inside or outside storage restrictions?

Yes No

If Yes, please describe

About reception and storage of Waste Material inside & outside Buildings

1. Do you store combustible Waste Material and/or unprocessed Waste Material, including loose, uncompacted and/or shredded Waste Material inside Buildings, other than current arisings associated with *Same Day Processing?

Yes No

*** SAME-DAY PROCESSING**

Refers to the amount of material that could be processed during normal hours of operation. For example, if there is a material processing throughput of "X" tonnes per hour and the site is usually operational for "Y" hours per day, the Same Day Processing Amount would be XY tonnes (X tonnes multiplied by Y hours)

2. Do you process and/or store any type of Refuse Derived Fuel (RDF) or Solid Recovered Fuel (SRF)?

Yes No

3. Do you process and/or store any Municipal Solid Wastes (MSW)?

Yes No

4. Please detail your internal Waste and/ or Stock storage arrangements below

a) Location (reception hall, storage shed etc)

b) Type of Material stored (loose Wastes, baled paper, plastics etc, DMR, RDF, SRF, MSW etc)

c) Storage arrangement (loose, baled, wrapped bales etc)

d) Approx. dimension of each area Height x Width x Depth (metres)

Approx. % of Building floor area used, if externally stored please state 'externally stored'
Maximum Tonnage stored within Buildings

5. What is the maximum tonnage of loose Waste Material held on-site within Buildings

6. What is the maximum tonnage of loose Waste Material held on-site outside Buildings

7. What is the maximum length of time loose Waste Material is kept on-site:

a) within Buildings

b) externally

8. Are deliveries of unprocessed Waste restricted/prohibited at least 1 hour before the end of daily operations?

Yes No

If No, what procedures are in place to detect contaminants and/ or heat sources in the unprocessed Waste Material outside normal hours of operation?

9. Please advise of any methods &/or equipment used to monitor Waste Material for possible heat and/ or ignition sources:

(a) when it enters the Premises

(b) during the production process

(c) during storage

Sums to be Insured (please fully complete)

Section A – Material Damage

	Sum Insured (NZD)	Sum Insured (NZD)	Sum Insured (NZD)
Buildings (Standard Construction)			
Buildings (Non Standard Construction & Outbuildings)			
Loss of Rent Receivable/Payable			
	In Secure Buildings (NZD)	In the Open (NZD)	Largest Item (NZD)
Machinery & Plant			
General fixtures, fitting & other contents			
Stock in Trade			
Stock of Non Ferrous Metal			
Stock of Fuel/ Diesel/ Oil & Fuel Tanks			
Computer & Electrical Office			
Miscellaneous Items (Please Define)			

Note, with the exception of Buildings, all items are to be insured on an Indemnity basis. Please specifically advise if you wish us to consider insuring any of these items on a Reinstatement basis.

Additional Peril Available

Subsidence (tick if a quotation is required)

Please note: Subsidence cover is only available if a subsidence questionnaire has been fully completed, signed, dated and confirmed as being accepted by ourselves.

Section B – Business Interruption

2. For all claims in excess of NZD 25,000, please provide measures taken to avoid further occurrence:

Basis of Cover	Sum Insured (NZD)	Indemnity Period Required: 12, 18 or 24 months, or other?
Gross Profit		
Increase in Cost of Working		
Additional Increase in Cost of Working		

Claims & material facts declaration

1. Give details of all claims and or incidents that may have given rise to a claim in the past 10 years. Incidents that may have given rise to a claim include Fire / Thefts / Malicious Damage whether claimed or not:

Incident / claim details	Date	Measures Taken

2. For all claims in excess of NZD 25,000, please provide measures taken to avoid further occurrence:

Incident / claim details	Date	Measures Taken

Your Duty of Disclosure

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, that may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as a prudent insurer; or
- we waive your duty to tell us about.

If you do not tell us something

If you do not tell us anything you are required to, we may proceed in line with one or more of the following options:

- cancel your contract
- refuse to pay a claim
- reduce the amount we will pay you

If your failure to tell us is frNZDulent, we may refuse to pay a claim and treat the contract as if it never existed.

Average (Underinsurance)

Each of the sums insured within this Policy are declared to be separately subject to Average. Whenever a sum insured is declared to be subject to Average if such sum shall at the commencement of any Damage be less than the value of the insured item covered within such sum insured the amount payable by the Insurer in respect of such Damage shall be proportionately reduced.

Declaration:

I/We declare that:

- I/We am authorised by each of the applicant(s) to sign this Proposal
- The statements in this Proposal are true and complete and no material information has been withheld
- I/We have diligently made all necessary enquiries in order to comply with the duty of disclosure
- Where I/We have provided information about another individual, that individual has been made aware of that fact and of the Insurer's Privacy Statement
- I/We acknowledge that you rely on the information and representations in this Proposal and otherwise made by me or on my behalf in relation to this insurance
- Except where indicated to the contrary, I/We understand that any statement made in this Proposal will be treated as a statement made by all persons to be insured
- I/We undertake to notify you any material alteration to the information contained in this Proposal prior to inception of the proposed insurance
- I/We understand that no insurance is in place until such time as the Insurer has confirmed acceptance of the proposed insurance

THE UNDERSIGNED HAS READ THE FULL TERMS AND CONDITIONS OF THEIR POLICY, THIS INCLUDES (BUT IS NOT LIMITED TO) THE SCHEDULE, WORDING, CLAUSES AND ANY ADDITIONAL WARRANTIES AND SUBJECTIVITIES THAT HAVE BEEN APPLIED TO THE POLICY. THE UNDERSIGNED AGREES TO ADHERE TO THE FULL TERMS AND CONDITIONS OF THEIR POLICY FOR THE DURATION OF THE CONTRACT.

Name of
Director/Officer/Board member/senior manager:

Signature of
Director/Officer/Board member/senior manager:

Position Held:

For and on behalf of:

Date

Please note: unless dated this Proposal Form will not be valid.

Signing this Proposal Form does not bind the Proposer to enter into a contract of insurance. It is agreed that underwriters are authorised to make investigation and inquiry in connection with this Proposal Form or any Questionnaire that they deem necessary.

FULL CIRCLE SOLUTIONS

