

**DUTY OF DISCLOSURE**

This proposal form is to be completed by the Applicant or an Authorised Officer of the Applicant.

The information provided to Vero Liability in this proposal form will be the basis of any contract of insurance entered into.

You must disclose to Vero Liability Insurance Limited all information which is material to it in deciding whether to issue insurance cover to you, and if so on what terms and/or premium. This includes but is not limited to any circumstances or conduct which might lead to a claim being made against you. This may also include information which is additional to the questions that we have asked. The duty to disclose material information occurs prior to the commencement of cover, prior to each renewal or whenever the policy is varied. This means that prior to renewal or any policy variations, as well as advising of new information you also need to advise us of any alterations to the facts previously notified. Failing to disclose material information may result in your policy being avoided. This means that your policy would be deemed to have never existed and no claims would be payable.

If there is insufficient space to provide full information in this proposal, please attach additional sheets.

**WHEN IN DOUBT DISCLOSE.**

**Applicant Details**

Name of applicant including trading names, names of subsidiaries and any other parties to be insured

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Address

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Website Address

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Email Address Contact Person

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Phone Number Broker / Agent

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**Charter Details**

State the Make/Type and Registration Number of Aircraft you propose to charter/hire (please be as specific as possible):

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What is the maximum number of passenger seats in the aircraft you propose to charter/hire

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How many hours flying time in the Aircraft is anticipated during the period of this insurance?

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**Note: You should always confirm the adequacy of the owner's insurance in respect of this Aircraft.**

Please state the purposes for which the Aircraft will be used, indicating expected hourly utilisation against each use

Usage	Hours

# Proposal Form Aviation Charterer's Liability

List Pilots employed by you who will fly the Aircraft:			Hours in command	
Name	Age	Type of Licence	This type	All types

## Limits

Limit required for bodily injury to other persons (including passengers)	\$
Limit required for damage to property of other persons (including passengers)	\$
Is cover required for liability for loss of or damage to the Aircraft chartered/hired?	Yes <input type="checkbox"/> ► No <input type="checkbox"/>
► If Yes, what is the limit required in respect to the Aircraft chartered/hired?	\$

## Prior Insurance

Has any insurer in respect of the risks to which this proposal relates ever:

1. declined a proposal, refused renewal or terminated any insurance?	Yes <input type="checkbox"/> ►	No <input type="checkbox"/>
2. required an increased premium or imposed special conditions?	Yes <input type="checkbox"/> ►	No <input type="checkbox"/>
3. declined an insurance claim by the Applicant or reduced its liability to pay an insurance claim in full (other than by application of an Excess)?	Yes <input type="checkbox"/> ►	No <input type="checkbox"/>

► If Yes to any of the above please give details

## Past Claims

Has any claim been made against the Applicant or any principal or director (including principal or director of any previous business) consultant or employee in respect of the risks to which this proposal relates?	Yes <input type="checkbox"/> ►	No <input type="checkbox"/>
Has the Applicant or any principal, partner, director, consultant or employee incurred any other loss or expense which might be within the terms of this insurance	Yes <input type="checkbox"/> ►	No <input type="checkbox"/>

► If Yes in either case please give details

Date of Claim or Loss	Brief details of claim or loss	Cost (if any of claim paid or loss insured)	Estimated outstanding loss
		\$	\$
		\$	\$
		\$	\$
		\$	\$

What action has been taken to prevent a recurrence of the situation which gave rise to each claim or loss?

**Declaration**

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

1. the information and answers given in this proposal are in every respect true and correct and that Vero Liability has been made aware of all information that may be material in considering this proposal.
2. this proposal and declaration shall be the basis of and incorporated in the insurance contract.
3. I/We warrant that we will notify Vero Liability of any material alteration to these facts whether occurring before or after the completion of this insurance contract.
4. Vero Liability is authorised to give to or obtain from any other insurers or any insurance broker or other party any information relating to this insurance or any other insurance held by me/us or any claim made by me/us.

I/We understand that:

- Vero Liability is collecting the information on this proposal for the purpose of conducting its business, evaluating our insurance requirements and deciding whether to issue insurance cover and if so on what terms.
- failure to provide any of this information may result in Vero Liability refusing to provide the insurance.
- this information will be held by Vero Liability at 23-29 Albert Street, Auckland.
- I/We have certain rights of access to and correction of this information.

Signed:

Title:

Date:

If this proposal form is being completed electronically, please print the completed form to sign.

Note: Completion of this proposal does not bind the Applicant or Vero Liability to enter into a contract of insurance.

**Vero Liability Insurance Limited**

Level 32 ANZ Centre, 23-29 Albert Street  
Private Bag 92055, Auckland 1142, New Zealand  
Telephone 09 306 0350