

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.**

IMPORTANT NOTICE

This is a proposal form for a Claims Made policy. The policy will only respond to claims and/or circumstances which are first made known to the Insured and notified to Vero Liability Insurance Limited during the policy period. The policy will not provide cover for:

- Events that occurred prior to the retroactive date of the policy (if specified).
- Claims made after the expiry of the policy period (or extended reporting period if available) even though the act giving rise to the claim may have occurred during the policy period.
- Claims notified or arising out of facts or circumstances notified under any previous policy or noted on the current proposal form or any previous proposal form.
- Claims made, threatened or intimated prior to the commencement of the policy period.
- Claims arising from circumstances known to the Insured at the commencement of the policy period as having the potential to give rise to a claim.

A. Applicant Details

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

Address

Website Address

Email Address Phone Number

Broker Contact Person

	New Zealand	Overseas
2. Number of Locations	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
3. Number of Employees	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

	Actual last 12 months	Estimate next 12 months
4. Annual Turnover	\$ <input style="width: 95%; height: 20px;" type="text"/>	\$ <input style="width: 95%; height: 20px;" type="text"/>

B. Business Details

1. State fully the nature of your business activities/operations (please include current and past activities)

2. Do you make any products? Yes No

Do you export overseas? Yes No

▶ If Yes, to what countries?

Maximum value of exports

3. Do you import products? Yes No

▶ If Yes, please provide details:

Product Type	Supplier/Country of Origin

▶ If Yes, how do you ensure that imported products are within specification and/or fit for purpose?

4. Do you process other people's products? Yes No

▶ If Yes, please describe

5. Do you provide professional, technical, consultancy services or advice to your customers? Yes No

▶ If Yes, please describe

6. Do you have third party property in your care, custody or control? Yes No

▶ If Yes, description of property

Maximum value of property

7. Do you service, repair, work on or supply parts for motor vehicles, watercraft or aircraft? Yes No

▶ If Yes, please describe

8. Do you own or operate any unmanned aerial vehicle (UAV), remotely piloted aerial systems (RPAS) or drone (howsoever called), for use in connection with your business? *NB: Cover is only available if the gross take-off weight does not exceed 15 kilograms.* Yes No

▶ If Yes, please describe

9. Do the Insured's Directors/Officers/Partners/Proprietors regularly review Health & Safety risk assessment and compliance? Yes No

▶ If No, please describe

10. Is the Business currently able to meet its debts as they fall due? Yes No

▶ If No, please describe

11. Have there been any employment disputes, past or present, that have resulted in a claim being made against the employer? Yes ▶ No
 ▶ If Yes, please describe

12. Have any form of restructuring or redundancy processes occurred in the last 12 months, or are any planned in the next 12 months? Yes ▶ No
 ▶ If Yes, please describe

C. Claims and/or Circumstances

1. Have any claims for any type of insurance requested in this proposal ever been made against the Applicant or any Partner or Director of the Applicant? Yes ▶ No
 ▶ If Yes, please provide details

Year of Claim	Description	No. of Claims	Cost of Claim	Estimate of Claim
			\$	\$
			\$	\$
			\$	\$
			\$	\$

2. Are you aware of any circumstances which have occurred that might result in a claim under the proposed insurance? Yes ▶ No
 ▶ If Yes, please provide details

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