

PROPOSAL FORM

Public Liability



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	
Address	
Website Address	
Email Address	Contact Person
Phone Number	Broker / Agent

Business Details

State fully the nature of your business activities/operations (please include current and past activities):	
Are your premises: Leased <input type="checkbox"/> Owned <input type="checkbox"/> Home <input type="checkbox"/>	
What is your estimated turnover for this year \$	
Do you export products overseas Yes <input type="checkbox"/> No <input type="checkbox"/>	
To what countries	
Maximum value of exports	\$
Do you provide professional, technical, consultancy services or advice to your customers? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please advise:	
Do you store goods on behalf of others? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Description of property	
Maximum value of property	\$
Do you service, repair, work on or supply parts for any motor vehicles, watercraft or aircraft? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Description of work	
Maximum value of vehicles	\$

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 No

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 No

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:

- 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.
- this proposal and declaration shall be the basis of and incorporated in the insurance contract.
- 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.
- 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
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www.veroliability.co.nz