

This proposal is to be completed by the Chairman of the Board or an Authorised Officer of the Board. As the answers to the following questions will form the basis of any insurance issued, they should be full and accurate. Attention is drawn to the Proposer's obligations at law to disclose all material facts which would affect the issuance of the proposed insurance.

If there is insufficient space to complete the proposal, please attach additional sheets.

1. Name of the Organisation:

2. Address of the Organisation:

3. Date the Organisation was established:

4. Please provide details of how the Organisation is structured (owners etc.):

5. Nature of Business / activities:

Please furnish copies of any brochures or other documentation which may assist the Underwriter in giving a complete appreciation of your business / activity.

6. Address of Branch Offices:

7. Has your organisation ever carried out work/activity overseas? YES NO

If YES, please provide details

8. Total amount of gross income:

(a) Last 12 months:	\$
(b) Estimate next 12 months:	\$

If part of gross income relates to sales of physical products please state what proportion and describe the products:

9. Professional/Industry Association.

Are you a member in good standing of a recognised Association?

YES NO

If YES, please provide details.

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10. Name and addresses of professional advisers to the Organisation?

(i) Accountant

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(ii) Investment manager

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(iii) Solicitor

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(iv) Others

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11. Has the Organisation under consideration at present time any acquisitions or mergers?

YES NO

If YES, please provide details.

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12. Name of Board Members and Officers for whom cover is required:

Name	Occupation	Experience	Qualifications (if any)

13. Personnel Numbers

(a) Principals/Board Members

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(b) Qualified Staff

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(c) Staff other than Typists and Office Juniors

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(d) Typists and Office Juniors

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(e) Temporary Volunteers

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Please provide details of work undertaken by volunteers

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14. Contractual Liability Exposure

(a) Do you have a standard form of contract or agreement which applies to the provision of professional or specialist services/advice?

YES NO

If YES, please enclose copies of the contract/agreement.

(b) Is it your practice to use your standard form on all occasions?

YES NO

If NO, please enclose copies of those contracts or agreements where your standard form has not been used or has been altered.

(c) Do you use any standard form of disclaimer or exclusion of liability, other than as disclosed under your standard form of contract/agreement?

YES NO

If YES, please supply copies of the same and detail the circumstances in which it is used.

15. After enquiry, are any of the Officers aware of:

(i) Any circumstances that might result in a claim being made against them or any of them?

YES NO

(ii) Any insurance cover been cancelled, or renewal refused by Underwriters?

YES NO

(iii) Any claim ever being made against the Board Members/Officers in their capacity as such?

YES NO

If the answer to any of the above questions is YES, please provide details.

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16. (a) Details of any Outside Directorships/positions held at the request of the Organisation (e.g. joint ventures/national bodies).

Individual	External Organisation	Position

(b) Details of Trusteeships held in Associated Bodies (e.g. Superannuation Funds):

Individual	Body	Position

17. Have any of the Board Members/Officers or staff ever been subject to a disciplinary proceeding, or reprimand by any Court or professional association as a result of their professional activities?

YES NO

If YES, please provide details.

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18. Is there any other information in your possession that the Company would consider material to the estimate of the risk to be insured?

YES NO

If YES, please provide details.

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19. Documents required by Underwriters. Please **enclose** in addition to those documents already requested.

(a) The last two Annual Reports and Accounts of the Organisation.

(b) A copy of the Organisations rules.

20. Limit of Indemnity required: (please tick)

\$ 250,000

\$2,000,000

\$ 500,000

Other – please state

\$ 1,000,000

DECLARATION

I/We hereby declare that the information and answers given in this proposal are in every respect true and correct and that Vero Liability Insurance Limited is aware of all information that may be material in considering this proposal. I/We agree that this proposal and declaration shall be the basis of and incorporated in the insurance contract. I/We undertake to inform Vero Liability Insurance Limited of any material alteration to the above facts whether occurring before or after the completion of this insurance contract.

I/We authorise Vero Liability Insurance Limited to obtain from 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 Insurance Limited is collecting the information on this proposal to evaluate my/our insurance requirements.
- I/we am/are obliged to inform Vero Liability Insurance Limited of any information which may be material to its consideration of this application.
- Failure to provide any of this information may result in Vero Liability Insurance Limited refusing to provide the insurance.
- I/we have certain rights of access to and correction of this information.

Signed

Name

Position

Date

Completion of this proposal does not bind the Proposer or Vero Liability Insurance Limited to complete this insurance.

Vero Liability Insurance Limited

Private Bag 92055 Auckland New Zealand
Telephone 09 306 0350 Facsimile 09 306 0351

www.veroliability.co.nz