

commercial general liability  
employers and statutory liability  
proposal

Vero Liability Insurance Limited  
Private Bag 92055  
Auckland  
New Zealand



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

Proposer  
(include the names of all subsidiary companies to be Insured)

Principal Address

Telephone No  Website Address

Number of other locations    In New Zealand       Outside New Zealand

Number of years in continuous business       Number of Employees

Period of insurance      From 4pm       To 4pm

LIMIT OF INDEMNITY REQUIRED

Commercial General Liability	\$
Statutory Liability	\$
Employers Liability	\$

1. DESCRIPTION OF BUSINESS

Please give a complete description of your business activities and a breakdown of the turnover of each activity, by subsidiary.

Description	Actual Turnover (Prior Year)	Estimated Turnover (Current Year)
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

2. PRODUCTS AND COMPLETED OPERATIONS

a) Please describe fully the types of products manufactured, sold, handled, treated, hired out or distributed or the type of services that are performed for others. Identify specifically any products manufactured for use in aircraft or watercraft.

- b) Does the Proposer design parts of completed components for others?      YES       NO
- c) Does the Proposer manufacture to the designs, formulae, plans or specifications of others?      YES       NO
- d) Have Product Brochures been published? (Please attach.)      YES       NO

e) In respect of products manufactured or exported, please complete the following charts:

New Zealand Only			
Product		Prior Year (\$000)	Current Year (\$000)
Foreign Exports			
Country	Product	Prior Year (\$000)	Current Year (\$000)
USA/Canada			
Product		Prior Year (\$000)	Current Year (\$000)

f) Has any product been discontinued in the last five years?

YES  NO

If YES, please provide details.

3. OUTSIDE OPERATIONS

a) Please supply details of any operations away from the premises including but not limited to contracting, servicing/maintenance, building or plant erection and machinery installation.

b) Amount of turnover derived from the operations detailed in Question 3. a).

c) Does the business of the Proposer include contract spraying, aerial topdressing or effluent disposal ?

YES  NO

If YES, please provide details.

d) Do any of the above operations include a cutting or welding process?

YES  NO

4. MANUFACTURING AND QUALITY CONTROL PROCEDURES

a) Does the Proposer have a quality control manual?

YES  NO

b) Is any person responsible for quality control?

YES  NO

If **yes**, supply the following details

i) Name

ii) Title

iii) Person to whom he/she is responsible


c) Is there a written product recall plan in existence? YES  NO

If **yes**, please provide a copy.

d) Does the business of the Proposer involve the use or manufacture of Toxic Chemicals or Hazardous Substances? YES  NO

If **yes**, please provide full details or confirm that such Chemicals or Substances are used in accordance with applicable by-laws or legislation.

e) Does the Proposer have written procedures or systems to ensure compliance with:

i) the Health & Safety in Employment Act? YES  NO

ii) any other legislation that affects your business? YES  NO

f) Does the Proposer have an ISO 9000 series approval? YES  NO

5. PROPERTY OWNERS RISK

a) Number of locations

b) Description/occupancy of property

6. PROFESSIONAL OR OTHER SERVICES

Does the Proposer carry on any professional, technical, consultancy, advisory or like services either for a fee or as an ancillary service to the business of the Proposer? YES  NO

If **yes**, give details of such services, personnel employed and to whom such services are offered.

7. DESCRIPTION OF CARE, CUSTODY OR CONTROL EXPOSURE

a) List all non-owned premises e.g. Land or buildings occupied under lease or rental agreements.

Location	Type of Property	Approximate Value
		\$
		\$
		\$

b) List all property of others in the care custody or control of the Proposer. Include details of all goods, merchandise or equipment being leased, repaired, serviced, treated or on consignment or bailment.

Location	Type of Property	Approximate Value
		\$
		\$
		\$

c) Have any hold harmless or indemnification agreements been signed which relate to destruction of or damage to the property listed above? YES  NO

If **yes**, please attach copies of such agreements.

d) Is cover for these items provided under your own Material Damage Insurance policy? YES  NO

8. DESCRIPTION OF CONTRACTUAL LIABILITY EXPOSURE

a) Has the Proposer assumed any obligations under any contract or agreements, including hold harmless or indemnification agreements other than specifically recorded under 7 c). YES  NO

If **yes**, give details and attach copies of such agreements.

b) Does the Proposer have any agreements with foreign companies for the distribution of its products? YES  NO

If **yes**, please attach copies of such agreements.

9. IMPORTS

a) Supply details of all imported goods including the use of such goods and the country of origin.

b) Percentage of turnover derived from such goods?  %

10. FOREIGN OPERATIONS/COMPANIES

Does the Proposer have any foreign operations/companies? YES  NO

If **yes**, please describe fully (i.e. owned subsidiary, joint venture etc).

11. SUBSIDIARIES

Please attach a list of all subsidiaries to be covered by the proposed insurance, together with details of the business carried on by such subsidiaries.

12. PAST LOSSES AND CURRENT CLAIMS

a) Indicate and describe below all losses or circumstances paid or now reserved (whether or not resulting in claims) occurring during the past five years:

Year of Loss	Description of Loss	Number of Claims	Amount Paid	Amount Outstanding
			\$	\$
			\$	\$
			\$	\$

b) Are there any claims currently pending against the Proposer, or is the Proposer aware after enquiry of any circumstances which could give rise to a claim under the proposed insurance?

YES  NO

If **yes**, please supply details

13. PRIOR INSURANCE

a) Supply details of insurance held during the past five years including the name(s) of the Insurer(s).

b) Has any Insurer:

- i) Declined to insure you? YES  NO
- ii) Cancelled or refused to renew your insurance ? YES  NO
- iii) Imposed special terms to insure you? YES  NO

If **yes**, give details including name of Insurer.

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](http://www.veroliability.co.nz)