

Please note when completing this form:

- Answer all questions.
- Where appropriate tick the box.
- If there is insufficient space to complete your answer, attach further particulars on your own stationery ensuring that it is signed and dated.
- If there is information relating to your employment practices or history which is not covered by these questions but which is relevant to the risk being undertaken by Vero Liability Insurance Limited, then you must disclose it.

1. Name of Employer (if a partnership, include name of service company):

2. Address (Head Office):

3. Telephone No: 4. Fax No:

5. Type of business:

6. Date business started:

7. Number of employees in last three financial years:

	200 ____	200 ____	200 ____	Estimate next financial year	200 ____
Full time				Full time	
Part time				Part time	
Temporary				Temporary	
Fixed term contract				Fixed term contract	
Casual				Casual	
TOTAL				TOTAL	

8. Annual salary groups:

	Number	% of Total
\$30,000 or less		
\$30,000 to \$100,000		
Over \$100,000		

9. Employees

(a) Number of employees covered by written collective employment contracts:

(b) Number of employees covered by written individual employment contracts:

(c) Number of employees not covered by a written employment contract:

10. Personnel management

(a) Name of person responsible for all personnel matters:

(b) Position of that person:

- (c) Is that person trained in employment practice procedures? Yes No
- (d) Does that person review all employment terminations prior to termination? Yes No
- (e) Do you have a set procedure for hiring interviews? Yes No
- (f) Does that person conduct exit interviews? Yes No
- (g) Do you have a written policy on discrimination, duress and sexual harassment? Yes No
- (h) Is a copy of that policy given to each employee? Yes No
- (i) Is there a complaints handling procedure in place to address workplace grievances? Yes No
- (j) Do you post all notices required by law in places conspicuous to all employees, including potential employees? Yes No
- (k) Have you informed all supervisory personnel in writing of their responsibility to report workplace grievances? Yes No
- (l) Have such personnel been trained to receive those grievances? Yes No
- (m) Has all offensive, explicit or pornographic calendars, literature, posters or other such material been removed from the workplace? Yes No
- (n) Is there a policy prohibiting inappropriate use of computer technology such as e-mail, screen savers etc? Yes No
- (o) Do you have a redundancy policy? Yes No

If YES, please attach details of employees' entitlements.

11. Have there been any workplace incidents of the following type in the past five years that has resulted in a claim being made against the employer?

- (a) Unlawful discrimination, wrongful demotion, unlawful duress or failure or refusal to promote or offer an employment benefit to an employee who is eligible to receive same? Yes No
- (b) Actual or constructive termination of an employment relationship in breach of the law? Yes No
- (c) Misrepresentation or defamation of an employee? Yes No
- (d) Infliction of emotional distress upon an employee? Yes No
- (e) Failure or refusal to hire a potential employee? Yes No
- (f) Invasion or breach of an employee's right of privacy? Yes No
- (g) Victimization of an employee? Yes No
- (h) Harassment (sexual or otherwise) Yes No
- (i) Disadvantage personal grievance? Yes No

If you answered YES to any of the above questions, please attach details and advise whether such claims were made under the Employment Contracts Act, the Human Rights Act, the Wages Protection Act, or otherwise.

12. Are there any workplace incidents of the type described in question 11 that may result in a claim being made against the Employer? Yes No

If YES, please attach details. It is agreed that such claims will not be covered by the proposed insurance.

13. Does the Employer have Directors and Officers/Company Reimbursement Insurance? Yes No

If YES, please advise:

▪ Name of insurer:		
▪ Sum insured:	\$	
▪ Expiry date:		

14. In respect to the type of insurance now being sought, has any insurer ever declined to provide cover, or imposed any restrictive conditions or refused to renew? Yes No
 If YES, please attach details.

15. Limit of Indemnity and Excess

(a) What level(s) of cover do you seek quotations for?

\$	and
\$	and
\$	

(b) What excess(es) do you seek quotations for? (note minimum is \$5,000)

\$	and
\$	and
\$	

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.

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