

sports legal defence – annual proposal

Vero Liability Insurance Limited
Private Bag 92055
Auckland
New Zealand



In accordance with the conditions of the policy under no circumstances should liability be admitted or any offer of settlement be made without the prior written consent of Vero Liability Insurance Limited.

This form must be completed by a person authorised to do so on behalf of the Policyholder / Insured.

All questions must be answered as fully as possible (use additional pages if necessary).

the proposer

Name of Organisation

Address

Number of Employees

Administration

Volunteers

Officials / Course Marshalls

details of activities

What is the nature of the activities?

Where are the activities held?

Estimated number of participants per annum?

What experience does the proposer have in activities of this nature?

What fee is charged to participants?

Yes

No

Please attach a copy of the disclaimer form and promotional material

risk management

Has a hazard analysis report been undertaken? If so, by whom?

Yes

No

Is a pre-activity briefing given to participants? If so, is this in written form or verbally?

Yes

No

Written

Verbal

Are participants required to sign a waiver of liability in favour of the organisation? If so, please provide a copy.

Yes

No

Please provide a copy of the rules applicable to the event.

past claims / incidents

Has the proposer been party to any legal proceedings in relation to these or any similar activities during the past 5 years? If so, please provide details.

Yes

No

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

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www.veroliability.co.nz