

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

Description of Business

Number of Employees

Qualified

Administration

Labourers/Drivers

Total

important reminder

The law requires you to tell us about anything which might influence our acceptance of this insurance proposal whether or not you think it is relevant. If there are any facts or circumstances, please declare them to us in full and attach to this proposal. In the absence of any attachment, we will assume that there are no such facts or circumstances, and we will consider this proposal on that basis (if in doubt, tell us anyway).

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

Position

Name

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