

The Proposer

Address for Notices

Policy Period From to Retroactive Date

Annual Turnover \$ No. of Employees

Description of Business Activities

COVER REQUIRED

Employers Liability (Includes Health & Safety in Employment Act Extension)
 Limit of Indemnity: \$ any one claim and in all during the Period of Insurance
 Excess: \$ each and every claim including costs Other \$

Statutory Liabilities Defence Fines & Penalties
 Limit of Indemnity: \$ Excess \$500 Other \$

Acts Insured: All Acts, or
 Specified Acts (please tick) RMA BA FTA CGA PA Other

1. Have any claims for the type of insurance requested in this proposal ever been made against you or have any circumstances ever occurred which would have resulted in a claim under the proposed insurance had the policy been in force? If **YES**, please provide full details. Yes No
2. After enquiry is the Proposer aware of any circumstances which could give rise to a claim against the Insured? If **YES**, please provide full details. Yes No
3. Does the business of the Proposer involve the use or manufacture of Toxic Chemicals or Hazardous Substances? If **YES**, please provide full details overleaf or confirm that such Chemicals or Hazardous Substances are used in accordance with applicable by-laws or legislation. Yes No
4. Does the business of the Proposer include contract spraying, aerial topdressing or effluent disposal? If **YES**, please provide full 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		Position	
Name		Date	

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