

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.

1. Name of the Trust
2. Address of the Trust
3. Date Trust was established
4. What is the purpose of the Trust
5. Who are the beneficiaries of the Trust
6. Names of Trustees for whom cover is required

Name	Occupation	Trustee/Management Experience (if any)	Qualifications

7. Names and addresses of professional advisers to the trustees :

(i) Accountants	
(ii) Investment Managers	
(iii) Solicitors	
(iv) Others	

8. Have the trustees given any Indemnities or agreed to hold harmless any other party?

YES NO

If YES, please advise details.

9. Please supply a copy of the audited Trust Account for each of the last three years together with a copy of the Auditors Report.
10. Please supply a copy of the Trust Deed and any amendments.
11. Is an Indemnity given to the trustees under the trust deed?

YES NO

12. After enquiry, are any of the Trustees aware of:

- | | | |
|---|------------------------------|-----------------------------|
| (i) Any circumstance that might result in a claim being made against them or any of them. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (ii) Any insurance of this nature being cancelled, or renewal refused. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (iii) Any claim ever being made against the Trustees in their capacity as such. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

If the answer to any of the above questions is YES, please provide details.

13. Limit of Indemnity required: (please tick)

- | | | |
|---------------------------------------|---|---------------------------------|
| <input type="checkbox"/> \$ 250,000 | <input type="checkbox"/> \$2,000,000 | |
| <input type="checkbox"/> \$ 500,000 | <input type="checkbox"/> Other – please state | <input type="text" value="\$"/> |
| <input type="checkbox"/> \$ 1,000,000 | | |

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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