Renewal Declaration All Lines



Insured/Policy Details								
Insured Names								
Business Description								
Renewal Date								
Policies Due for Renewal	Product	Product Policy Number Prod			ıct	Policy N	umber	
	1. 2.							
3.		4.						
	5.				6.			
Business Details								
Turnover/Fees		Actual Last Year			Estimate This Year			
New Zealand		\$			\$			
Australia		\$\$\$			\$			
USA/Canada		\$			\$			
Rest of the World		\$			\$			
Total Turnover/Fees		\$			\$			
Number of Employees								
Have there been any materic	al changes to:							
(a) The business activities of the Company?							Yes 🗆 🕨	No 🗌
(b) The financial position and/or capital structure of the Company?						Yes 🗆 🕨	No 🗌	
If the answer to (a) or (b)	above is Yes, plea	ise advise de	etails					
Are any of your products and/or services subject to any legislation governed by the Financial Markets Authority? (refer www.fma.govt.nz)							Yes 🗆 🕨	No 🗌
 If Yes, please advise detain with the legislation 	ils and what steps	you have ta	iken to ensure	you/your busir	ness is c	compliant		
Do you own or operate any unmanned aerial vehicle (UAV), remotely piloted aerial systems (RPAS) or drone (howsoever called), for commercial use or aerial photography, which has a gross take-off weight not exceeding 15 kilograms?						Yes 🗆 🕨	No 🗌	
Do the insured Directors/Officers/Partners/Proprietors regularly review Health & Safety risk assessment and compliance?						Yes 🗌	No 🗆 🕨	
If No, please advise details								
Is the Company able to meet its debts as they fall due?							Yes 🗌	No 🗆 🕨
▶ If No, please advise details								
Claim Details								
After enquiry of all Partners, F	Principals, Director	rs, Officers, 7	Trustees and S	Senior Employe	es:			
(a) Have there been any claims made against you?						Yes 🗆 🕨	No 🗌	
(b) Have any circumstances occurred or become known to you which may give rise to a claim against you other than those details disclosed on your last proposal/declaration form?						m against	Yes 🗆 🕨	No 🗌
If the answer to (a) or (b)	above is Yes, plea	ise advise de	etails					
DECLARATION FORM COMP	LETED BY:							
Name			Title			C	Date	

<< Please sign, or if completing this form electronically, type your full name >> $\,$

Note: Completion of this declaration does not bind the Applicant or Vero Liability to enter into a contract of insurance. If there is insufficient space to provide full information in this declaration, please attach additional sheets. When in doubt, disclose.