

# PROPOSAL FORM

## Associations Combined Liability



### DUTY OF DISCLOSURE

This proposal form is to be completed by the Applicant or an Authorised Officer of the Applicant.

The information provided to Vero Liability in this proposal form will be the basis of any contract of insurance entered into.

You must disclose to Vero Liability Insurance Limited all information which is material to it in deciding whether to issue insurance cover to you, and if so on what terms and/or premium. This includes but is not limited to any circumstances or conduct which might lead to a claim being made against you. This may also include information which is additional to the questions that we have asked. The duty to disclose material information occurs prior to the commencement of cover, prior to each renewal or whenever the policy is varied. This means that prior to renewal or any policy variations, as well as advising of new information you also need to advise us of any alterations to the facts previously notified. Failing to disclose material information may result in your policy being avoided. This means that your policy would be deemed to have never existed and no claims would be payable.

If there is insufficient space to provide full information in this proposal, please attach additional sheets.

### WHEN IN DOUBT DISCLOSE.

### IMPORTANT NOTICE

This is a proposal form for a Claims Made policy.

The policy will only respond to claims and/or circumstances which are first made known to the Insured and notified to Vero Liability Insurance Limited during the policy period. The policy will not provide cover for:

- ◆ Events that occurred prior to the retroactive date of the policy (if specified).
- ◆ Claims made after the expiry of the policy period (or extended reporting period if available) even though the act giving rise to the claim may have occurred during the policy period.
- ◆ Claims notified or arising out of facts or circumstances notified under any previous policy or noted on the current proposal form or any previous proposal form.
- ◆ Claims made, threatened or intimated prior to the commencement of the policy period.
- ◆ Claims arising from circumstances known to the Insured at the commencement of the policy period as having the potential to give rise to a claim.

### Applicant Details

|                      |                |
|----------------------|----------------|
| Name of organisation |                |
| _____                |                |
| Address              |                |
| _____                |                |
| Website Address      |                |
| _____                |                |
| Email Address        | Contact Person |
| _____                | _____          |
| Phone Number         | Broker / Agent |
| _____                | _____          |

### Professional Advisers

|  |
|--|
| Name of professional advisers to the organisation: |
| Accountant   |
| Investment Manager                                 |
| Solicitor  |
| Other  |

### Financial Details

|   |    |
|---|----|
| From your most recent financial period: |    |
| (a) Total consolidated assets:          | \$ |
| (b) Total gross turnover or revenues    | \$ |

## Insured Persons Details

Please list the full details of all current Committee or board members and officers:

| Name | Occupation | Date appointed | Qualification |
|------|------------|----------------|---------------|
|      |            |                |               |
|      |            |                |               |
|      |            |                |               |
|      |            |                |               |
|      |            |                |               |

Please advise details of any outside directorships, trusteeships or other appointments for which cover is required:

| Individual | Name of outside entity | Position held |
|------------|------------------------|---------------|
|            |                        |               |
|            |                        |               |
|            |                        |               |
|            |                        |               |
|            |                        |               |

## Details of Principals and Staff

| Numbers of Staff        | Employees |           | Contractors |           |
|-------------------------|-----------|-----------|-------------|-----------|
|                         | Full time | Part time | Full time   | Part time |
| Principals/Directors    |           |           |             |           |
| Qualified Staff         |           |           |             |           |
| Other Technical Staff   |           |           |             |           |
| Administrative/Clerical |           |           |             |           |
| Temporary Volunteers    |           |           |             |           |

Please advise details of work undertaken by volunteers

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Are duties segregated so that no individual can control any of the following activities which from commencement to completion without referral to others?

|  |                              |                             |
|--|------------------------------|-----------------------------|
| (a) Singing cheques or authorising payment above \$5,000 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (b) Issuing funds transfer instructions                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (c) Opening new bank accounts                            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (d) Reconciling bank accounts                            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (e) Awarding contracts following a tender                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (f) Paying of wages /salary                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

## Organisation Details

State fully the nature of your business/profession including details of any advice given and/or services provided (please include current and past activities):

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When was the business established?

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Has the name of the business ever changed? Yes  No

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If Yes, please advise

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|  |                              |                             |
|--|------------------------------|-----------------------------|
| Has any other business amalgamated or merged with you?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If Yes, please advise  |                              |                             |
| <hr/>  |                              |                             |
| Have you purchased another business?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If Yes, please advise  |                              |                             |
| <hr/>  |                              |                             |
| Is the organisation a Charitable Trust?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If Yes, is the organisation registered with the Charities Commission – Komihana Kaupapa Atawhai?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If No, please provide details  |                              |                             |
| <hr/>  |                              |                             |
| Are any of your products and/or services subject to any legislation governed by the Financial Markets Authority? (refer <a href="http://www.fma.govt.nz">www.fma.govt.nz</a> ) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If Yes, please advise  |                              |                             |
| <hr/>  |                              |                             |
| Do the committee or board members or officers regularly review Health and Safety risk assessment and compliance?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If No, please explain  |                              |                             |
| <hr/>  |                              |                             |
| Are you aware of any facts or circumstances which could affect the ability of the organisation to meet its debts as and when they fall due?                                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If Yes please provide details:   |                              |                             |
| <hr/>  |                              |                             |
| Do you have a standard form of contract or agreement which applies to the provision of professional or specialist services/advice?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If Yes, please enclose copies of the contract/agreement.   |                              |                             |
| <hr/>  |                              |                             |
| Is it your practice to use your standard form on all occasions?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If No, please enclose copies of those contracts or agreements where your standard form has not been used or has been altered.  |                              |                             |
| <hr/>  |                              |                             |
| Do you use any standard form of disclaimer or exclusion of liability, other than as disclosed under your standard form of contract/agreement?                                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If Yes, please supply copies of the same and detail the circumstances in which it is used.   |                              |                             |
| <hr/>  |                              |                             |
| Does the Organisation use, handle, transport or manufacture any chemicals, hazardous or toxic substances or goods?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If Yes please provide details:   |                              |                             |
| <hr/>  |                              |                             |

## Prior Insurance

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Has any insurer in respect of the risks to which this proposal relates ever:   |                              |                             |
| 1. declined a proposal, refused renewal or terminated any insurance?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. required an increased premium or imposed special conditions?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. declined an insurance claim by the Applicant or reduced its liability to pay an insurance claim in full (other than by application of an Excess)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If Yes to any of the above please give details   |                              |                             |
| <hr/>  |                              |                             |
| <hr/>  |                              |                             |

## Past Claims

|  |                                |   |                            |
|--|--------------------------------|---|----------------------------|
| Has any claim been made against the Applicant or any principal or director (including principal or director of any previous business) consultant or employee in respect of the risks to which this proposal relates? | Yes <input type="checkbox"/>   | No <input type="checkbox"/>                 |                            |
| Has the Applicant or any principal, partner, director, consultant or employee incurred any other loss or expense which might be within the terms of this insurance   | Yes <input type="checkbox"/>   | No <input type="checkbox"/>                 |                            |
| If Yes in either case please give details  |                                |   |                            |
| Date of Claim or Loss  | Brief details of claim or loss | Cost (if any of claim paid or loss insured) | Estimated outstanding loss |
|  |                                | \$  | \$                         |
|  |                                | \$  | \$                         |
|  |                                | \$  | \$                         |
|  |                                | \$  | \$                         |
| What action has been taken to prevent a recurrence of the situation which gave rise to each claim or loss?   |                                |   |                            |
|  |                                |   |                            |

## Potential Claims

|   |  |
|---|--|
| Is any principal, director, partner consultant or employee, after enquiry, aware of any circumstances which might:  |  |
| 1. give rise to a claim against the Applicant or his/her predecessors in business or any present or former principals, partners, directors, consultants or employees?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. result in the Applicant or his/her predecessors in business or any present or former principals, partners, directors, consultants or employees incurring any losses or expenses which might be within the terms of this insurance cover (this includes but not limited to disciplinary hearings) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If Yes, please give details including maximum potential cost  |  |
|   |  |

## Required Documents

|   |  |
|---|--|
| Please enclose the following documents: (tick to indicate enclosures) |  |
| <input type="checkbox"/>  | The last two Annual Reports and financial statements of the Organisation |
| <input type="checkbox"/>  | Copy of the Organisation's rules   |

## Cover Required

|  |                                    |                                      |                                      |                                      |
|--|------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| Please indicate which covers and limits the organisation requires: |                                    |                                      |                                      |                                      |
| <input type="checkbox"/> Association Liability                     | <input type="checkbox"/> \$250,000 | <input type="checkbox"/> \$500,000   | <input type="checkbox"/> \$1,000,000 | <input type="checkbox"/> \$2,000,000 |
| <input type="checkbox"/> Employment Practices Liability            | <input type="checkbox"/> \$250,000 |                                      |                                      |                                      |
| <input type="checkbox"/> Fidelity Guarantee                        | <input type="checkbox"/> \$100,000 |                                      |                                      |                                      |
| <input type="checkbox"/> Statutory Liability                       | <input type="checkbox"/> \$250,000 | <input type="checkbox"/> \$500,000   | <input type="checkbox"/> \$1,000,000 |                                      |
| <input type="checkbox"/> Employer's Liability                      | <input type="checkbox"/> \$250,000 | <input type="checkbox"/> \$500,000   | <input type="checkbox"/> \$1,000,000 |                                      |
| <input type="checkbox"/> Public Liability                          | <input type="checkbox"/> \$500,000 | <input type="checkbox"/> \$1,000,000 | <input type="checkbox"/> \$2,000,000 | <input type="checkbox"/> \$5,000,000 |

## Declaration

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On behalf of all proposed Insureds, I/We declare and agree that:

1. the information and answers given in this proposal are in every respect true and correct and that Vero Liability has been made aware of all information that may be material in considering this proposal.
2. this proposal and declaration shall be the basis of and incorporated in the insurance contract.
3. I/We warrant that we will notify Vero Liability of any material alteration to these facts whether occurring before or after the completion of this insurance contract.
4. Vero Liability is authorised to give to or obtain from any 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 is collecting the information on this proposal for the purpose of conducting its business, evaluating our insurance requirements and deciding whether to issue insurance cover and if so on what terms.
- failure to provide any of this information may result in Vero Liability refusing to provide the insurance.
- this information will be held by Vero Liability at 23-29 Albert Street, Auckland.
- I/We have certain rights of access to and correction of this information.

**Signed:**

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**Title:**

**Date:**

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**If this proposal form is being completed electronically, please print the completed form to sign.**

**Note: Completion of this proposal does not bind the Applicant or Vero Liability to enter into a contract of insurance.**

**Vero Liability Insurance Limited**  
Level 32, ANZ Centre, 23-29 Albert Street  
Private Bag 92055 Auckland New Zealand  
Telephone 09 306 0350

[www.veroliability.co.nz](http://www.veroliability.co.nz)