

# PROPOSAL FORM

## Defamation



### 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 applicant including trading names, names of subsidiaries and any other parties to be insured	
<hr/>	
Address	
<hr/>	
Website Address	
<hr/>	
Email Address	Contact Person
<hr/>	<hr/>
Phone Number	Broker / Agent
<hr/>	<hr/>

## Operational Details

Do you publish or print news/current affairs or other similar material prepared by others?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, do you obtain an indemnity against claims for defamation or infringement of copyright from the organisation or individual providing the source material for your publications?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please state the terms of such undertakings and from whom they are obtained and in respect of which material		
<hr/>		
Have you given any undertaking to indemnify any other party against claims of defamation or infringement for materials appearing in your publications or broadcast?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please state the terms of such undertakings and from whom they are obtained and in respect of which material		
<hr/>		

## Newspaper, Magazines and Trade Journals

Please supply details of all your current publications:

Name	Publisher	Printer	Frequency	Circulation

Are any of the above publications subject to any indemnity against Defamation or Infringement of Copyright from any party? Yes  No

If Yes, please advise:

---

Do you publish or print news/current affairs or other similar material prepared by others? Yes  No

If Yes, do you obtain an indemnity against claims for defamation or infringement of copyright from the organisation or individual providing the source material for your publications? Yes  No

If Yes, please state the terms of such undertakings and from whom they are obtained and in respect of which material

---

## Television or Radio Stations

Call letters, name and location of station(s)

---

Average hours of transmission daily hours

---

Average hours of transmission weekly hours

What percentage of weekly transmission time is used for:	Last year	This Year
Advertising	%	%
Music	%	%
News services	%	%
News commentaries/Current affairs	%	%
Sporting broadcasts and commentaries	%	%
Talk-back programmes	%	%
Other (please specify)	%	%

Do other stations pick up and re-transmit any of your programmes? Yes  No

If Yes, do those arrangements involve you in any assumed liability to indemnify such other stations for Defamation or Infringement of Copyright claims arising from such programmes? Yes  No

If Yes, please give full particulars of the form and extent of such indemnities

---

What precautions are taken to prevent transmission of any matter which may be defamatory or which might infringe copyright of others?

Do you obtain advance copies of political and other speeches on controversial subjects? Yes  No

Are political and other speeches checked while transmitting in order to detect any departure from scripts? Yes  No

Do you use a recording apparatus or other method of obtaining a permanent record of political and other speeches of a controversial nature? Yes  No

Do you broadcast news/current affairs or other similar material prepared by others? Yes  No

If Yes, do you obtain an indemnity against claims for defamation or infringement of copyright from the organisation or individual providing the source material for your programmes? Yes  No

If Yes, please state the terms of such undertakings and from whom they are obtained and in respect of which material

## Book Publishers

Please provide details and categorize all your anticipated releases for the next 12 months

Title	Author	Fiction	Auto-biography	Biography	Education	General Non-Fiction
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many releases were made in the last 12 months:

Fiction

Autobiography

Biography

Education

General Non Fiction

## 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  No

2. required an increased premium or imposed special conditions? Yes  No

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  No

If Yes to any of the above please give details

## 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?					
<hr/>					

## 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					
<hr/>					

## Declaration

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

- 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.
- this proposal and declaration shall be the basis of and incorporated in the insurance contract.
- 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.
- 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:**

**Title:**

**Date:**

**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)