## Proposal Form Legal Defence Insurance



## **DUTY OF DISCLOSURE**

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

The information provided to the Company in this Proposal 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 contract is varied, this means that prior to renewal or any contract variations, as well 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 complete the proposal, please attach additional sheets. WHEN IN DOUBT DISCLOSE.

Applicant Details				
What kind of comprehensive LawSa	fe cover would you lik	e? Individual/0	Couple \$200 plus GST	
		☐ Family \$25	0 plus GST	
Names of People to be Insured	First Name	Middle Name	Last Name	Date of Birth
Applicant:				
Spouse/Domestic Partner:				
Family Members:				
(Please note family members must normally reside at your home address, or temporarily reside elsewhere as a student)				
Past Claims				
If you answered Yes to either of t	he above two questio	ns then please supply brief d	etails overleaf	
Declaration				
aware of all information 2. this proposal and declar 3. I/We warrant that we wi completion of this insura 4. Vero Liability is authorise	wers given in this prop that may be material ation shall be the basi Il notify Vero Liability on the contract. In to give to or obtain	posal are in every respect true in considering this proposal. is of and incorporated in the of any material alteration to t	insurance contract. he above facts whether occ any insurance broker or oth	curring before or after the
products and services, ev • failure to provide any of • this information will be h	raluating insurance re this information may r eld by Vero Liability at	nis proposal for the purpose of quirements and deciding who result in Vero Liability refusing t 23–29 Albert Street, Auckland ection of this information.	ether to issue insurance cove g to provide the insurance.	
Proposal Form Completed By:			Date:	
	< <please completing="" electronically,="" form="" full="" if="" name="" or="" sign,="" this="" type="" your="">&gt;</please>			
		t bind the Applicant or Vero L		

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Payment Details					
How would you like to pay?					
☐ Via Agent/Broker	☐ Internet Banking				
Internet Banking	Vero Liability Insurance Ltd, ANZ Bank Queen Street, 06-0287-0734510-00				
	Please use your surname and "LS" as reference				
Please use this page to tell us further information or any facts and circumstances which may influence this proposal					

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