



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 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 complete the proposal, please attach additional sheets. **WHEN IN DOUBT DISCLOSE.**

Applicant Details

What kind of comprehensive LawSafe cover would you like? Individual/Couple \$200 plus GST
 Family \$250 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

1. Have you or any members of your family listed above faced any criminal or serious traffic charges, and/or have been convicted of any criminal or serious traffic offences? Yes No
2. Have you or any members of your family listed above been involved in civil proceedings of any kind? Yes No

If you answered **Yes** to either of the above two questions then please supply brief details overleaf

Declaration

- 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 the above 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, providing quality insurance products and services, evaluating 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.

Proposal Form Completed By: _____ **Date:** _____
<<Please sign, or if completing this form electronically, type your full name>>

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



Payment Details

How would you like to pay?

- Via Agent/Broker
- Internet Banking
- Cheque
- Credit Card (Please click [here](#) for additional form to complete)

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



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