

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.
Applicant Details

Name of applicant including trading names, names of subsidiaries and any other parties to be insured

Address

Website Address

Email Address

Contact Person

Phone Number

Broker / Agent

Cover Required

Which policies do you require?

<input type="checkbox"/> Public & Products Liability	Limit \$	Other Limit \$
<input type="checkbox"/> Employers Liability	Limit \$	Other Limit \$
<input type="checkbox"/> Statutory Liability	Limit \$	Other Limit \$

Financial Details

Please provide gross turnover for all activities as follows:

Country	Last Financial Year	Current financial Year estimated	Next financial year estimated
New Zealand	\$	\$	\$
Australia	\$	\$	\$
Asia & Pacific	\$	\$	\$
UK & Europe	\$	\$	\$
USA/Canada	\$	\$	\$
Total	\$	\$	\$

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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				
Other				
Total Payroll \$				

Business Details

State fully the nature of your business activities/operations (please include current and past activities)

[Please furnish copies of any brochures, or other documentation which may assist Vero Liability in gaining a complete appreciation of your business/profession.]

When was the business established?

Has the name of the business ever changed?

Yes ☐ No ☐

▶ If Yes, please advise

Has any other business amalgamated or merged with you?

Yes ☐ No ☐

▶ If Yes, please advise

Have you purchased another business?

Yes ☐ No ☐

▶ If Yes, please advise

Please advise all locations in New Zealand where your business is conducted

Location	Activities		
		Owned <input type="checkbox"/>	Leased <input type="checkbox"/>
		Owned <input type="checkbox"/>	Leased <input type="checkbox"/>
		Owned <input type="checkbox"/>	Leased <input type="checkbox"/>
		Owned <input type="checkbox"/>	Leased <input type="checkbox"/>

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 ☐

Compliance

Do you have a quality control manual?

Yes ☐ No ☐

Who is responsible for quality control?

Is there a written recall plan in existence?

Yes ☐ No ☐

Does the business involve the use or manufacture of Toxic Chemicals or Hazardous Substances?

Yes ☐ No ☐

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Are such Chemicals or Hazardous Substances used in accordance with applicable by-laws or legislation?

Yes ☐ No ☐ ►

► If No, please advise

Does the business have written procedures and/or systems to ensure compliance with any legislation that affects your business?

Yes ☐ No ☐ ►

► If No, please provide full details of how you comply with legislation.

Do the Applicant's Directors/Officers/Partners/Proprietors regularly review Health & Safety risk assessment and compliance?

Yes ☐ No ☐ ►

► If No, please explain why.

Have you ever had any penalty or premium loading imposed under any ACC Legislation, the Accident Insurance Act or Workers Compensation Insurance?

Yes ☐ ► No ☐

► If Yes, please provide full details.

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

Products

Please Note: "Products" means any thing (after it has ceased to be in the possession or under the control of the Insured) manufactured, constructed, erected, installed, repaired, serviced, treated, sold, supplied or distributed by the Insured (including any container, other than a vehicle).

Describe your Products:

Do you manufacture the products yourself?

Yes ☐ ► No ☐

Do you design parts of completed components for others?

Yes ☐ ► No ☐

Do you manufacture to the designs, formulae, plans or specifications of others?

Yes ☐ ► No ☐

Has any product been discontinued in the last five years?

Yes ☐ ► No ☐

► If Yes to any of these questions, please advise

Please provide details of your Products sold or exported as below:

Country	Last Financial Year	Current financial Year estimated	Next financial year estimated
New Zealand	\$	\$	\$
Australia	\$	\$	\$
Asia & Pacific	\$	\$	\$
UK & Europe	\$	\$	\$
USA/Canada	\$	\$	\$
Total	\$	\$	\$

Do you have any contracts or agreements where you have assumed liability or hold others harmless?

Yes ☐ ► No ☐

► If Yes, please enclose copies of the contract/agreement.

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Do you give any standard warranty or conditions of sale to your customers?

Yes ☐ No ☐

► If Yes, please supply copies of the same and detail the circumstances in which it is used.

Do you provide professional, technical, consultancy services or advice to your customers?

Yes ☐ No ☐

► Please advise

Do you charge a fee for these professional services?

Yes ☐ No ☐

Care Custody & Control

Do you have third party property in your care custody or control?

Yes ☐ No ☐

Description of property

Maximum value of property

\$

Where is the property kept?

Do you charge a fee for storing property owned by others?

Yes ☐ No ☐

Service & Repair

Do you service, repair, work on or supply parts for motor vehicles?

Yes ☐ No ☐

Type of motor vehicle

Work undertaken or parts supplied

Estimated turnover this year

\$

\$

\$

Do you service, repair, work on any watercraft or aircraft?

Yes ☐ No ☐

Do you supply parts for any watercraft or aircraft?

Yes ☐ No ☐

Work undertaken or parts supplied

Estimated turnover this year

Type of watercraft/aircraft

Maximum length of craft worked upon

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 ☐ No ☐

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 ☐ No ☐

▶ 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?

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

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