

Insured/Policy Details				
Insured Names				
Business Description				
Renewal Date				
Policies Due for Renewal	Product	Policy Number	Product	Policy Number
	1.		2.	
	3.		4.	
	5.		6.	
Business Details				
Turnover/Fees	Actual Last Year		Estimate This Year	
New Zealand	\$		\$	
Australia	\$		\$	
USA/Canada	\$		\$	
Rest of the World	\$		\$	
Total Turnover/Fees	\$		\$	
Number of Employees				
Have there been any material changes to:				
(a) The business activities of the Company?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
(b) The financial position and/or capital structure of the Company?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
▶ If the answer to (a) or (b) above is Yes, please advise details				
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 details and what steps you have taken to ensure you/your business is compliant with the legislation				
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 <input type="checkbox"/>	No <input type="checkbox"/>
Do the insured Directors/Officers/Partners/Proprietors regularly review Health & Safety risk assessment and compliance?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
▶ If No, please advise details				
Is the Company able to meet its debts as they fall due?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
▶ If No, please advise details				
Claim Details				
After enquiry of all Partners, Principals, Directors, Officers, Trustees and Senior Employees:				
(a) Have there been any claims made against you?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
(b) Have any circumstances occurred or become known to you which may give rise to a claim against you other than those details disclosed on your last proposal/declaration form?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
▶ If the answer to (a) or (b) above is Yes, please advise details				
DECLARATION FORM COMPLETED BY:				
Name	Title		Date	
<< Please sign, or if completing this form electronically, type your full name >>				
<b>Note: Completion of this declaration does not bind the Applicant or Vero Liability to enter into a contract of insurance. If there is insufficient space to provide full information in this declaration, please attach additional sheets. When in doubt, disclose.</b>				