

PROPOSAL FORM

Seedsmen's Errors & Omissions



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

Business Details

State fully the nature of your business activities/operations (please include current and past activities)	
When was the business established?	
Has the name of the business ever changed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please advise	
Has any other business amalgamated or merged with you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please advise	
Have you purchased another business?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please advise	
Are you a member of The New Zealand Grain & Seed Trade Association?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you grow development/stock seeds?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes:	
(a) Do you allow any retention of development/stock seeds by your growers for resale?	Yes <input type="checkbox"/> No <input type="checkbox"/>

(b) Please advise as below:

Category	Terms of Contract	Retention	Value
		%	\$
		%	\$
		%	\$
		%	\$

Do you earn receipts from seed conditioning or treatment? Yes No

If Yes, what is your turnover? \$

Do you undertake seed conditioning for others? Yes No

If Yes, please advise:

(a) Maximum value of other's seeds you have at any one time \$

(b) Details of the seed conditioning or treatment work carried out:

Are you a Contract Grower? Yes No

If Yes, please provide full details and include a copy of your standard terms and conditions

Do you use a standard disclaimer and/or remedy clause on all your seed tags, bags, labels and invoices, limiting your liability to replacement, or the cost of replacement seed? Yes No

If Yes, please attach a copy. If No, please explain why not:

Financial Details

Please advise total seed sales/turnover during the past 12 months:

Type of seed	New Zealand	USA/Canada	Rest of the world
Tomato	\$	\$	\$
Lettuce, Melons, Cucumber, Pepper	\$	\$	\$
Other vegetables	\$	\$	\$
Home Gardeners	\$	\$	\$
Corn, Sorghum, Cereal, Farm seed	\$	\$	\$
Other	\$	\$	\$

Please advise a split in turnover for:

Seed grown by you or by others %

Treating / conditioning of seed for others %

Distribution of seed grown by others and sold under their labels %

Genetic Modification

Do you grow, process, sell or stock any transgenic, genetically modified or genetically engineered seeds? Yes No

If Yes, please advise

Are you involved in the development or research of transgenic, genetically modified or genetically engineered seeds? Yes No

If Yes, please advise details including regulatory approval

Do you test and check seeds? Yes No

If Yes, do you use: Own private laboratory Qualified commercial laboratory

Do you deal in green bean seeds? Yes No

If Yes:

(a) From what source?

(b) Where the seeds exposed to Halo Bright? Yes No

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.

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