

IMPORTANT: 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.

There are serious consequences if you fail to tell us information which is material to our decision to issue, renew, or alter this policy, or the terms on which we did any of these things.

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 may 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 document, 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

Operational Details

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

Aerial Fleet Details

| Make and Model | Registration Number | Hopper Capacity | Hours used per year |
|----------------|---------------------|-----------------|---------------------|
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Are smoke generators fitted to these aircraft? Yes No

Do you spray at night? Yes No

Full name of Operator:

Is the Operator Spray Safe accredited? Yes No

Are the pilots Spray Safe accredited? Yes No

Products/Crops

Please provide details of principal chemicals used:

Please provide details of principal crops worked upon and expected location:

Limit required for accidental bodily injury (including death, illness or disease of other persons) \$

Limit required for loss of or damage to the property of other persons \$

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 <input type="checkbox"/> | ▶ | No <input type="checkbox"/> |
| 2. required an increased premium or imposed special conditions? | Yes <input type="checkbox"/> | ▶ | No <input type="checkbox"/> |
| 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 <input type="checkbox"/> | ▶ | No <input type="checkbox"/> |

▶ If Yes to any of the above please give details

Claims Experience

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

▶ If Yes 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?

Proposal Form Aerial Applicator's Liability

Is any principal, director, partner, consultant or employee, after enquiry, aware of any circumstances which might give rise to a claim against the Applicant or his/her predecessors in business or any present or former principals, partners, directors, consultants or employees?

Yes No

▶ If Yes please give details*

* Please attach supporting documents and additional pages if necessary.

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 these 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, 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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