

**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

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Address

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Website Address

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Email Address Contact Person

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Phone Number Broker / Agent

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**Business Details**

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

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	Last Financial Year	Current financial Year estimated
Total Turnover/Gross Fees	\$	\$
What percentage of Turnover is generated in online sales?	%	%
Number of employees having responsibility for money, stock and/or accounts including any financial dealing or trading (eg executives, managers, accounts personnel, stock controllers, computer staff, site managers, commercial travellers, van drivers etc)		
Number of employees with no responsibility for money, stock and/or accounts		
Number of locations/branches:	Within New Zealand?	Elsewhere?

**Recruitment Procedures**

When recruiting or promoting employees to positions of trust involving handling of stock, money, financial or treasury functions, do you:

- (a) Undertake independent checks into their employment history? Yes  No
- (b) Undergo a process to ensure their suitability for the position? Yes  No

**Internal Controls**

Are duties segregated so that no individual can control any of the following activities from commencement to completion without dual authorisation:

- (a) Authorising payments (including capital expenditure)? Yes  No  ▶
- (b) Issuing funds transfer instructions? Yes  No  ▶

(c) Amending funds transfer procedures?	Yes <input type="checkbox"/>	No <input type="checkbox"/> ▶
(d) Opening new accounts?	Yes <input type="checkbox"/>	No <input type="checkbox"/> ▶
(e) Investment in and custody of securities and valuables (including bills of exchange etc.)	Yes <input type="checkbox"/>	No <input type="checkbox"/> ▶
(f) Refund monies or return goods?	Yes <input type="checkbox"/>	No <input type="checkbox"/> ▶
(g) Disbursement of assets or funds of any Pension Plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/> ▶
(h) Awarding contracts following a tender?	Yes <input type="checkbox"/>	No <input type="checkbox"/> ▶
Are all supporting documents validated before authorising payments?	Yes <input type="checkbox"/>	No <input type="checkbox"/> ▶
Are statements of accounts sent to customers independently of employees receiving statements?	Yes <input type="checkbox"/>	No <input type="checkbox"/> ▶
Are bank statements independently reconciled with customer accounts by persons not authorised to deposit/withdraw funds, issue funds transfer instructions or dispatch accounts to customers?	Yes <input type="checkbox"/>	No <input type="checkbox"/> ▶
Are wages/salaries independently checked against personnel records for unusual or excessive payments?	Yes <input type="checkbox"/>	No <input type="checkbox"/> ▶

▶ If the answer is No to any of these questions please describe the process

**Audit/Governance**

Are your financial statements subject to:

(a) Annual Audit, or	Yes <input type="checkbox"/>	No <input type="checkbox"/> ▶
(b) Annual Review Engagement	Yes <input type="checkbox"/>	No <input type="checkbox"/> ▶
by an external auditor/reviewer?		

▶ If No, please describe the process for monitoring and oversight of financial performance

Are internal auditors able to input data transactions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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What is the name of the firm of Chartered Accountants or other audit professionals who undertook your last audit/review

Was the latest audit 'unqualified'?	Yes <input type="checkbox"/>	No <input type="checkbox"/> ▶
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▶ If No, please advise details

Do you have formalised internal audit protocols to monitor financial, operational and IT processes?	Yes <input type="checkbox"/> ▶	No <input type="checkbox"/>
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▶ If Yes, briefly describe their nature and frequency

Do you have an Audit Committee or such like which monitors internal controls and audit processes and reports directly to the Board of Directors?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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**IT/Computer Systems**

Have you had an independent cybersecurity assessment in the last 12 months?	Yes <input type="checkbox"/> ▶	No <input type="checkbox"/>
If yes, were all recommendations made in the report implemented?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you conducted a penetration test or external vulnerability scan in the last 12 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you use any software or hardware which has reached end-of-support status?	Yes <input type="checkbox"/> ▶	No <input type="checkbox"/>
If yes, is it segregated from the rest of the network and not internet connected?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Within one month of release are all security and critical patches (updates) or your systems and applications deployed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is Multi-Factor Authentication enabled for all internet-facing, administrative services, and other business critical systems?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you provide regular training to increase your staff's security awareness?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there continually up-to-date malware protection in place?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are all internet access points to your network secured by firewall(s)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you implemented network segregation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you restrict user access / privilege to a need-to-do-business basis only?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have your programmes or systems ever been the subject of any unauthorised access or any virus or malware?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are user passwords, including system privileges, removed immediately when staff leave?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Funds Transfer**

Do you transfer funds on behalf of clients over \$10,000 in value	Yes <input type="checkbox"/>	No <input type="checkbox"/> ▶
Do you have an independent and/or secondary verification process to:		
(a) authenticate any funds transfer instructions greater than \$10,000 prior to transfer?	Yes <input type="checkbox"/>	No <input type="checkbox"/> ▶
(b) authenticate any request to change supplier or customer bank account details (including account number, email address, contact information bank routing number)?	Yes <input type="checkbox"/>	No <input type="checkbox"/> ▶
Do you obtain verbal confirmation with clients prior to the transferring of funds greater than \$10,000?	Yes <input type="checkbox"/>	No <input type="checkbox"/> ▶
Is there a social engineering fraud risk management strategy in place?	Yes <input type="checkbox"/>	No <input type="checkbox"/> ▶
▶ If the answer to any of the above question is No, please give details of your process:		

**Internet Trading**

Do you utilise internet sites for:		
(a) online purchases?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(b) bill payments?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(c) other financial transactions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
For online credit card transactions do you comply with Payment Card Industry Data Security Standards?	Yes <input type="checkbox"/>	No <input type="checkbox"/> ▶
▶ If No, please detail your security arrangements for such transactions		

**Suppliers/Service Providers**

Do you maintain an approved suppliers list? Yes  No

Are purchases from non-listed suppliers approved by duly authorised personnel? Yes  No  ▶

▶ If No, please provide brief details

Do you outsource any activities to external providers or consultants? Yes  ▶ No

▶ If Yes, please provide brief details

Are outsourcing providers engaged under contract? Yes  No

Are outsourcing providers operating on your premises under your management control? Yes  No

**Stock in Trade/Premises Security**

Are all premises with stock in trade cash (other than petty cash) protected by an appropriate level of physical security? Yes  No

What is the maximum possible value of stock-in-trade at any single premises/location? \$

Are all intruder alarms maintained in full working order and monitored under contract to a reputable monitoring service? Yes  No  ▶

▶ If No, please provide brief details of security provisions

How frequently are physical stock-takes reconciled against stock records?

**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

**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
		\$	\$
		\$	\$
		\$	\$
		\$	\$

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What action has been taken to prevent a recurrence of the situation which gave rise to each claim or loss?

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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

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▶ If Yes please give details\*

\* Please attach supporting documents and additional pages if necessary.

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**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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