

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.**

Claims Made Policy (if applicable)

This proposal form may apply to a Claims Made policy. That policy will only respond to claims and/or circumstances which are first made known to the Insured and notified to Vero Liability Insurance Limited during the policy period. The policy will not provide cover for:

- Events that occurred prior to the retroactive date of the policy (if specified).
- Claims made after the expiry of the policy period (or extended reporting period if available) even though the act giving rise to the claim may have occurred during the policy period.
- Claims notified or arising out of facts or circumstances notified under any previous policy or noted on the current proposal form or any previous proposal form.
- Claims made, threatened or intimated prior to the commencement of the policy period.
- Claims arising from circumstances known to the Insured at the commencement of the policy period as having the potential to give rise to a claim.

A. Applicant Details

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

Address

Website Address

Email Address Phone Number

Broker Contact Person

	New Zealand	Overseas
2. Number of Locations	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
3. Number of Employees	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

	Actual last 12 months	Estimate next 12 months
4. Annual Turnover	\$ <input style="width: 95%; height: 20px;" type="text"/>	\$ <input style="width: 95%; height: 20px;" type="text"/>

B. Business Details

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

Please supply details of any operations away from the premises including but not limited to contracting, servicing/maintenance, building or plant erection and machinery installation.

What amount of turnover is derived from such operations detailed above?

 %

Do any of the above operations include a cutting or welding process?

Yes No

Does your business include contract spraying, aerial topdressing or effluent disposal?

Yes ► No

► If Yes, please advise.

2. Do you make any products?

Yes ► No

► If Yes, please describe your products

Do you manufacture the products yourself?

Yes ► No

Do you design parts of the completed components for others?

Yes ► No

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

Yes ► No

Have any Product Brochures been published? (please attach)

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	\$	\$	\$
USA/Canada	\$	\$	\$
Elsewhere	\$	\$	\$
Total	\$	\$	\$

Do you have any contracts or agreements, with respect to these products, where you have assumed liability or hold others harmless?

Yes ► No

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

Are any sales subject to a standard warranty or conditions?

Yes ► No

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

Do you have any agreements with foreign companies for the distribution of your products?

Yes ► No

► If Yes, please give details and attach copies of such agreements.

3. Do you import products? Yes ▶ No

▶ If Yes, please provide details:

Product Type	Supplier/Country of Origin

▶ If Yes, how do you ensure that imported products are within specification and/or fit for purpose?

▶ If Yes, what percentage of turnover is derived from such goods? _____ %

4. Do you process other people's products? Yes ▶ No

▶ If Yes, please describe

5. Do you provide professional, technical, consultancy services or advice to your customers? Yes ▶ No

▶ If Yes, please describe _____

6. Do you have third party property in your care, custody or control? Yes ▶ No

▶ If Yes, please list all property of others in your care custody or control. Include details of all goods, merchandise or equipment being leased, repaired, serviced, treated or on consignment or bailment.

Location	Description of Property	Maximum value of property
		\$
		\$
		\$
		\$

Have any hold harmless or indemnification agreements been signed which relate to destruction of or damage to the property listed above? Yes ▶ No

▶ If Yes, please enclose copies of the contract/agreement

Is cover for these items provided under your own Material Damage policy? Yes No

Do you charge a fee for storing property owned by others? Yes No

7. Do you service, repair, work on or supply parts for motor vehicles, watercraft or aircraft? Yes ▶ No

▶ If Yes, please describe

8. Do you own or operate any unmanned aerial vehicle (UAV), remotely piloted aerial systems (RPAS) or drone (howsoever called), for use in connection with your business? Yes ▶ No

NB: Cover is only available if the gross take-off weight does not exceed 15 kilograms.

▶ If Yes, please describe _____

9. Do the Insured's Directors/Officers/Partners/Proprietors regularly review Health & Safety risk assessment and compliance? Yes No ▶
 ▶ If No, please describe
10. Do you have a quality control manual? Yes ▶ No
 ▶ If Yes, who is responsible for quality control?
- Is there a written recall plan in existence? Yes ▶ No
 ▶ If Yes, please provide a copy
- Do you have an ISO 9000 series (or any similar or equivalent standards) approval? Yes ▶ No
 ▶ If Yes, please advise certification and date issued
11. Is the Business currently able to meet its debts as they fall due? Yes No ▶
 ▶ If No, please describe
12. Have there been any employment disputes, past or present, that have resulted in a claim being made against the employer? Yes ▶ No
 ▶ If Yes, please describe
13. Have any form of restructuring or redundancy processes occurred in the last 12 months, or are any planned in the next 12 months? Yes ▶ No
 ▶ If Yes, please describe

C. Claims and/or Circumstances

1. Have any claims for any type of insurance requested in this proposal ever been made against the Applicant or any Partner or Director of the Applicant? Yes ▶ No
 ▶ If Yes, please provide details

Year of Claim	Description	Cost of Claim	Estimate of Claim
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

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

2. Are you aware of any circumstances which have occurred that might result in a claim under the proposed insurance? Yes ▶ No
 ▶ If Yes, please provide details

* Please attach supporting documents and additional pages if necessary.

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

▶ If Yes to any of the above please give details

E. 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 the above 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, providing quality insurance products and services, 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.

Full Name	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Signed	<div style="border: 1px solid black; width: 100%; height: 50px;"></div>

Title	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Date	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>

<<If you are unable to sign this proposal form with an electronic signature, please print the completed form to sign and date >>

Completion of this proposal does not bind the Applicant or Vero Liability to enter into a contract of insurance