

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.

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

Financial Details

Please provide gross turnover for all activities as follows:

Country	Last Financial Year	Current financial Year estimated	Next financial year estimated
New Zealand	\$	\$	\$
Australia	\$	\$	\$
Asia & Pacific	\$	\$	\$
UK & Europe	\$	\$	\$
USA/Canada	\$	\$	\$
Total	\$	\$	\$

Cover Required

Which policies do you require?

Public & Products Liability

Limit \$

Other Limit \$

Employers Liability

Limit \$

Other Limit \$

Statutory Liability

Limit \$

Other Limit \$

Details of Principals and Staff

Numbers of Staff	Employees		Contractors	
	Full time	Part time	Full time	Part time
Principals/Directors				
Qualified Staff				
Other Technical Staff				
Administrative/Clerical				
Other				
Total Payroll \$				

Business Details

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

[Please furnish copies of any brochures, or other documentation which may assist Vero Liability in gaining a complete appreciation of your business/profession.]

When was the business established?

Has the name of the business ever changed? Yes No

▶ If Yes, please advise

Has any other business amalgamated or merged with you? Yes No

▶ If Yes, please advise

Have you purchased another business? Yes No

▶ If Yes, please advise

Do you have any subsidiaries: Yes No

▶ If Yes, please advise

Name of Subsidiary	Business Activities

Do you have any foreign operations or companies: Yes No

▶ If Yes, please advise

Name of operation	Country	Owned <input type="checkbox"/>	Joint Venture <input type="checkbox"/>	Other <input type="checkbox"/>

Operations

Please advise all locations in New Zealand where your business is conducted

Location	Activities	Owned <input type="checkbox"/>	Leased <input type="checkbox"/>
		Owned <input type="checkbox"/>	Leased <input type="checkbox"/>
		Owned <input type="checkbox"/>	Leased <input type="checkbox"/>
		Owned <input type="checkbox"/>	Leased <input type="checkbox"/>
		Owned <input type="checkbox"/>	Leased <input type="checkbox"/>

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 operation 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

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 No

Compliance

Do you have a quality control manual? Yes No

Who is responsible for quality control?

Is there a written recall plan in existence? Yes No

▶ If Yes, please provide a copy

Does the business involve the use or manufacture of Toxic Chemicals or Hazardous Substances? Yes No

▶ If Yes, are such Chemicals or Hazardous Substances used in accordance with applicable by-laws or legislation? Yes No

▶ If No, please advise

Does the business have written procedures and/or systems to ensure compliance with any legislation that affects your business? Yes No

▶ If No, please provide full details of how you comply with legislation.

Does your business have an ISO 9000 series (or any similar or equivalent standards) approval? Yes No

Do the Applicant's Directors/Officers/Partners/Proprietors regularly review Health & Safety risk assessment and compliance? Yes No

▶ If No, please explain why.

Have you ever had any penalty or premium loading imposed under any ACC Legislation, the Accident Insurance Act or Workers Compensation Insurance? Yes No

▶ If Yes, please provide full details.

Proposal Form **SME Liability Package**

Are any of your products and/or services subject to any legislation governed by the Financial Markets Authority? (refer www.fma.govt.nz) Yes No

▶ If Yes, please advise what steps you have taken to ensure you/your business is compliant with the legislation.

Products

Please Note: "Products" means any thing (after it has ceased to be in the possession or under the control of the Insured) manufactured, constructed, erected, installed, repaired, serviced, treated, sold, supplied or distributed by the Insured (including any container, other than a vehicle).

Describe your Products:

Do you manufacture the products yourself? Yes No

Do you design parts of 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	\$	\$	\$
Asia & Pacific	\$	\$	\$
UK & Europe	\$	\$	\$
USA/Canada	\$	\$	\$
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.

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

▶ Please advise

Do you charge a fee for these professional services? Yes No

Imports

Do you import products? Yes No

Please advise details of all imported goods including the use of such goods and the country of origin

Product Type	Supplier/Country of Origin

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

What is the percentage of turnover derived from such goods? _____ %

Care Custody & Control

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

Service & Repair

Do you service, repair, work on or supply parts for motor vehicles? Yes No

Type of motor vehicle	Work undertaken or parts supplied	Estimated turnover this year
		\$
		\$
		\$

Do you service, repair, work on any watercraft or aircraft? Yes No

Do you supply parts for any watercraft or aircraft? Yes No

Proposal Form **SME Liability Package**

Work undertaken or parts supplied	Estimated turnover this year	Type of watercraft/aircraft	Maximum length of craft worked upon

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?

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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