

This proposal is to be completed by the Proposer or an Authorised Officer of the Proposer. As the answers to the following questions will form the basis of any insurance issued, they should be full and accurate. Attention is drawn to the Proposer's obligations at law to disclose all material facts which would affect the issuance of the proposed insurance.

If there is insufficient space to complete the proposal, please attach additional sheets.

Proposer

Principal Address

Telephone No Website Address

Period of insurance From 4pm To 4pm

1. DESCRIPTION OF BUSINESS

2. GROSS PROFIT (actual for last 12 months) \$

3. TURNOVER (actual for last 12 months) \$

4. INDEMNITY PERIOD 12 months Other:

5. NUMBER OF EMPLOYEES

6. NAME AND ADDRESS OF YOUR AUDITORS

7. CURRENT VERO LIABILITY INSURANCE LIMITED POLICIES
(policies that will trigger this insurance)

8. PAST LOSSES AND CURRENT CLAIMS

Describe below any liability claims during the past five years not already disclosed to Vero Liability Insurance Limited.

Year of Loss	Description of Loss	Number of Claims	Amount Paid	Amount Outstanding

9. PRIOR INSURANCE

Has any Insurer:

- i) Declined to insure you? YES NO
- ii) Cancelled or refused to renew your insurance ? YES NO
- iii) Imposed special terms to insure you? YES NO

If Yes, please give details including name of Insurer:

10. LIMIT OF LIABILITY

- (a) \$1,000,000
- (b) \$2,000,000
- (c) \$5,000,000
- (d) \$_____

DECLARATION

I/We hereby declare that the information and answers given in this proposal are in every respect true and correct and that Vero Liability Insurance Limited is aware of all information that may be material in considering this proposal. I/We agree that this proposal and declaration shall be the basis of and incorporated in the insurance contract. I/We undertake to inform Vero Liability Insurance Limited of any material alteration to the above facts whether occurring before or after the completion of this insurance contract.

I/We authorise Vero Liability Insurance Limited to obtain from 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 Insurance Limited is collecting the information on this proposal to evaluate my/our insurance requirements.
- I/we am/are obliged to inform Vero Liability Insurance Limited of any information which may be material to its consideration of this application.
- Failure to provide any of this information may result in Vero Liability Insurance Limited refusing to provide the insurance.
- I/we have certain rights of access to and correction of this information.

Signed

Name

Position

Date

Completion of this proposal does not bind the Proposer or Vero Liability Insurance Limited to complete this insurance.

Vero Liability Insurance Limited
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www.veroliability.co.nz