

PROPOSAL FORM

Employment Disputes



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.

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 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, please attach additional sheets.

WHEN IN DOUBT DISCLOSE.

IMPORTANT NOTICE

This is a proposal form for a Claims Made policy.

The 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.

It is a condition precedent to indemnity under this Policy that before the Insured commences any dismissal, disciplining, or manner of dealing with any Employee, the Insured shall obtain and act in accordance with Vero liability's advice or the advice of an employment law practitioner whose engagement to act in that matter has been approved by Vero Liability.

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

Business Details

State fully the nature of your business/profession including details of any advice given and/or services provided (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 <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please advise	

Has any other business amalgamated or merged with you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please advise		
Have you purchased another business?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please advise		

Staff Details

Please provide number of employees as follows:

	Last Financial Year	Current financial Year estimated	Next financial year estimated
Full time			
Part time			
Temporary			
Fixed term contract			
Casual			
Total			

	Number	% of total
Employees earning less than \$30,000		
Employees earning between \$30,000 - \$100,000		
Employees earning greater than \$100,000		
Employees covered by written collective employment contracts:		
Employees covered by written individual employment contracts:		
Employees not covered by a written employment contract:		

Personnel Management Details

Name of person responsible for all personnel matters:		
Title of that person:		
Is that person trained in employment practice procedures?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does that person review all employment terminations prior to termination?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a set procedure for hiring interviews?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does that person conduct exit interviews?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a written policy on discrimination, duress and sexual harassment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is a copy of that policy given to each employee?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a complaints handling procedure in place to address workplace grievances?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you post all notices required by law in places conspicuous to all employees, including potential employees?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you informed all supervisory personnel in writing of their responsibility to report workplace grievances?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have such personnel been trained to receive those grievances?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has all offensive, explicit or pornographic calendars, literature, posters or other such material been removed from the workplace?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a policy prohibiting inappropriate use of computer technology such as e-mail, screen savers etc?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a redundancy policy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please attach details of employees' entitlements.		

Have there been any workplace incidents of the following type in the past five years that has resulted in a claim being made against the employer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(a) Unlawful discrimination, wrongful demotion, unlawful duress or failure or refusal to promote or offer an employment benefit to an employee who is eligible to receive same?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(b) Actual or constructive termination of an employment relationship in breach of the law?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(c) Misrepresentation or defamation of an employee?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(d) Infliction of emotional distress upon an employee?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(e) Failure or refusal to hire a potential employee?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(f) Invasion or breach of an employee's right of privacy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(g) Victimization of an employee?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(h) Harassment (sexual or otherwise)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(i) Disadvantage personal grievance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you answered Yes to any of the above questions, please attach details and advise whether such claims were made under the Employment Contracts Act, the Human Rights Act, the Wages Protection Act, or otherwise.		
Are there any workplace incidents of the type described in the above question that may result in a claim being made against the Employer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, please attach details. It is agreed that such claims will not be covered by the proposed insurance		
Have any form of restructuring or redundancy processes occurred in the last 12 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are there any form of restructuring or redundancy processes planned in the next 12 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, please advise details.		

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		

Past Claims

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 <input type="checkbox"/>	No <input type="checkbox"/>	
Has the Applicant or any principal, partner, director, consultant or employee incurred any other loss or expense which might be within the terms of this insurance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If Yes in either case 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?

Potential Claims

Is any principal, director, partner, consultant or employee, after enquiry, aware of any circumstances which might:

- | | | |
|---|------------------------------|-----------------------------|
| 1. 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 <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. result in the Applicant or his/her predecessors in business or any present or former principals, partners, directors, consultants or employees incurring any losses or expenses which might be within the terms of this insurance cover (this includes but not limited to disciplinary hearings) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If Yes, please give details including maximum potential cost

Declaration

On behalf of all proposed Insureds, I/We declare and agree that:

- 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.
- this proposal and declaration shall be the basis of and incorporated in the insurance contract.
- 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.
- 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
Level 32, ANZ Centre, 23-29 Albert Street
Private Bag 92055 Auckland New Zealand
Telephone 09 306 0350

www.veroliability.co.nz