

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.

Insured/Policy Details

Insured Names				
Business Description				
Renewal Date				
Policies Due for Renewal	Product	Policy Number	Product	Policy Number
	1.		2.	
	3.		4.	
	5.		6.	

Business Details

Turnover/Fees	Actual Last Year	Estimate This Year
New Zealand	\$	\$
Australia	\$	\$
USA/Canada	\$	\$
Rest of the World	\$	\$
Total Turnover/Fees	\$	\$
Number of Employees		

Since the last proposal or renewal declaration was completed has there been any material changes to:

(a) The business activities of the Company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(b) The financial position and/or capital structure of the Company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
▶ If the answer to (a) or (b) above is Yes, please advise details		

Renewal Declaration All Lines

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

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

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

▶ If No, please advise details

Is the Company able to meet its debts as they fall due? Yes No

▶ If No, please advise details

Claim Details

After enquiry of all Partners, Principals, Directors, Officers, Trustees and Senior Employees:

(a) Have there been any claims made against you? Yes No

(b) Have any circumstances occurred or become known to you which may give rise to a claim against you other than those details disclosed on your last proposal/declaration form? Yes No

▶ If the answer to (a) or (b) above is Yes, please advise details

Insured's Declaration

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

- the information and answers given in this declaration form 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 risk.
- the proposal and declaration form 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 declaration form 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 declaration form is being completed electronically, please print the completed form to sign.

Note: Completion of this declaration form does not bind the Applicant or Vero Liability to enter into a contract of insurance.

Vero Liability Insurance Limited

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