

DUTY OF DISCLOSURE

This proposal is to be completed by the Applicant or an Authorised Officer of the Applicant.

The information provided to the Company in this Proposal 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 contract is varied. This means that prior to renewal or any contract 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 complete the proposal, please attach additional sheets. **WHEN IN DOUBT DISCLOSE.**

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
		New Zealand Overseas
Number of Locations		
Number of Employees		
		Actual last 12 months Estimate next 12 months
Annual Turnover	\$	\$

Business Details

State fully the nature of your business activities/operations (please include current and past activities)		
Do you make any products?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you export products overseas?		Yes <input type="checkbox"/> No <input type="checkbox"/>
To what countries		
Maximum value of exports	\$	
Do you process other people's products?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please advise		
Do you provide professional, technical, consultancy services or advice to your customers?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please advise		
Do you have third party property in your care custody or control?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Description of property		
Maximum value of property	\$	
Do you service, repair, work on or supply parts for motor vehicles, watercraft or aircraft?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Description of property		
Maximum value of property	\$	

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 <input type="checkbox"/>	No <input type="checkbox"/>
Do the Insured's Directors/Officers/Partners/Proprietors regularly review Health & Safety risk assessment and compliance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If No, please advise		
Is the Business currently able to meet its debts as they fall due?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If No, please advise		
Have there been any employment disputes, past or present, that have resulted in a claim being made against the employer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please advise		
Have any form of restructuring or redundancy processes occurred in the last 12 months, or are any planned in the next 12 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please advise		

Past Claims

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 or have any circumstances ever occurred which would have resulted in a claim under the proposed insurance had the policy been in force?					
				Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please describe below all losses or circumstances paid or now reserved (whether or not resulting in claims) occurring during the past five years:					
Year of Loss	Description of Loss	Number of Claims	Amount Paid	Amount Outstanding	
			\$	\$	
			\$	\$	
			\$	\$	

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.

Signed:

Title: _____

Date: _____

If this proposal form is being completed electronically, please print the completed form to sign and date
Note: Completion of this proposal does not bind the Applicant or Vero Liability to enter into a contract of insurance.



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 Auckland 1142
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