

# PROPOSAL FORM

## Public & Products Liability Employers & Statutory Liability



### 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.**

### 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

### Cover Required

Which policies do you require?			
<input type="checkbox"/>	Public & Products Liability	Limit \$	Other Limit \$
<input type="checkbox"/>	Employers Liability	Limit \$	Other Limit \$
<input type="checkbox"/>	Statutory Liability	Limit \$	Other Limit \$

### 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	\$	\$	\$
<b>Total</b>	\$	\$	\$

## 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)

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[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

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

If Yes, please advise

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Have you purchased another business? Yes  No

If Yes, please advise

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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"/>

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

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

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 <input type="checkbox"/>	No <input type="checkbox"/>
If No, please provide full details of how you comply with legislation.		
Do the Applicant's Directors/Officers/Partners/Proprietors regularly review Health & Safety risk assessment and compliance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please provide full details.		
Are any of your products and/or services subject to any legislation governed by the Financial Markets Authority? (refer <a href="http://www.fma.govt.nz">www.fma.govt.nz</a> )	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please advise		

## Products

<p><b>Please Note:</b> "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).</p>			
Describe your Products:			
Do you manufacture the products yourself?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you design parts of completed components for others?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you manufacture to the designs, formulae, plans or specifications of others?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Has any product been discontinued in the last five years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
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	\$	\$	\$
<b>Total</b>	\$	\$	\$
Do you have any contracts or agreements where you have assumed liability or hold others harmless?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please enclose copies of the contract/agreement.			
Do you give any standard warranty or conditions of sale to your customers?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please supply copies of the same and detail the circumstances in which it is used.			
Do you provide professional, technical, consultancy services or advice to your customers?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Please advise			
Do you charge a fee for these professional services?			Yes <input type="checkbox"/> No <input type="checkbox"/>

## Care Custody & Control

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	\$	
Where is the property kept?		
Do you charge a fee for storing property owned by others?		Yes <input type="checkbox"/> No <input type="checkbox"/>

## Service & Repair

Do you service, repair, work on or supply parts for motor vehicles?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Type of motor vehicle	Work undertaken or parts supplied	Estimated turnover this year	
		\$	
		\$	
		\$	
Do you service, repair, work on any watercraft or aircraft?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you supply parts for any watercraft or aircraft?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
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		

## 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?

## 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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[www.veroliability.co.nz](http://www.veroliability.co.nz)