

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 proposers obligations at law to disclose all material facts which might affect the proposed insurance. A material fact is one that is likely to influence the company in the assessment and acceptance of the insurance. Please print clearly using capitals and tick appropriate boxes to indicate Yes or No. Where the space given for an answer is insufficient, please provide your answer on a separate sheet.

## 1. Proposer details

**1. Name of proposer:**

**2. Postal address:**

**3. Name of any subsidiary companies and any other parties to be insured:**

**4. Period of insurance from**    /    /    **to 4 pm**    /    /

**5. Retroactive date**    /    /

**6. Payment Options**    Fortnightly     Monthly     Quarterly     Six Monthly     Annually

**If by instalment give bank account**

Bank	Branch	Account Number	Suffix
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**7. Website:**

## 2. Cover Required

**1. Limit of Indemnity**

Please select the limits of indemnity you require by ticking the box or completing the details.

Employers Liability	\$100,000 <input type="checkbox"/>	\$250,000 <input type="checkbox"/>	\$500,000 <input type="checkbox"/>	Other <input type="checkbox"/>
Statutory Liability	\$100,000 <input type="checkbox"/>	\$250,000 <input type="checkbox"/>	\$500,000 <input type="checkbox"/>	Other <input type="checkbox"/>

**2. Voluntary Excess**

Our standard excess is \$500. By electing a higher excess your premiums will reduce accordingly.

Employers Liability	\$500 <input type="checkbox"/>	\$1,000 <input type="checkbox"/>	\$2,000 <input type="checkbox"/>	Other <input type="checkbox"/>
Statutory Liability	\$500 <input type="checkbox"/>	\$1,000 <input type="checkbox"/>	\$2,000 <input type="checkbox"/>	Other <input type="checkbox"/>

## 3. Business Operations

**1. Location(s) of business:**

**2. Full description of business activities:**

**OFFICE USE ONLY**

1. Branch	<input type="text"/>	4. Client no.	<input type="text"/>
2. Broker/Agency no.	<input type="text"/>	5. Policy no.	<input type="text"/>



## 5. Privacy Act, Declaration and Signature

### Privacy Act

Pursuant to the Privacy Act 1993 the following is brought to your attention.

This proposal collects personal information about you which is collected to evaluate the insurance you seek. The information collected is held by Vero Insurance New Zealand Limited, 48 Shortland Street, Auckland.

The collection of this information is required pursuant to the common duty to disclose all material facts relevant to the insurance sought and is mandatory. Failure to provide this information may result in your application for insurance being declined or your insurance being void from the beginning.

You have rights of access to and correction of this information, subject to the provisions of the Privacy Act 1993.

### Declaration

I/we agree that my/our personal information may be used by Vero Insurance New Zealand Limited to advise me/us of your other services.

I/we authorise the disclosure of personal information held by any other party regarding my/our previous insurances.

I/we agree to you releasing to other parties information regarding this insurance.

I/we do hereby declare and warrant that the answers given in this proposal are in every respect correct and complete and I/we agree that this proposal and declaration shall be the basis of the contract between us; and I/we further agree to accept the terms, exceptions and conditions contained in the Employers and Statutory Liability policy as modified or extended by any endorsements thereon or the policy schedule or on any certificate of insurance issued to me/us by you in lieu of a policy.

Please note you are required to:

- a) tell us about any other circumstances which may be relevant to us in considering this proposal, and
- b) notify us of any material events or changes in circumstances which may have occurred since this policy commenced or was last renewed.

Title			
Signature		Date	/ /

**Note:** To be signed by a duly authorised Company Representative.

