

Reference

This proposal is to be completed by the proposer or an authorised officer of the proposer. Attention is drawn to the proposers obligations at law to disclose all material facts.

A material fact is one likely to influence the company in the assessment and acceptance of the insurance. If you have any doubt as to whether a fact is material, then it should be discussed.

All questions must be fully answered before this proposal will be considered. Please print clearly using capitals and tick or circle appropriate boxes to indicate Yes or No. Where the space given for an answer is insufficient, please provide your answer on a separate sheet.

Please select cover required: Broadform or Standard

Section 1. Proposer details

1. Name of proposer - include trading names, names of subsidiary companies and any other parties required to be insured.

2. Postal Address

--

3. Period of Insurance from / / to 4pm / /

4. Payment Options Fortnightly Monthly Quarterly Half Yearly Annually

If by instalments, give bank account

Bank Branch Account Number Suffix

5. Limit of indemnity required for any one occurrence and in any one period of insurance for products and pollutants \$

6. Excess \$

7. Website

Section 2. Business Operations

Business operations

1. Please provide a complete description of your business operations, including any subsidiaries. Outline all of the process/activities in which you engage, with a breakdown of turnover for each process/activity.

Operation	Turnover last year	Est. turnover next year

2. (i) How long has your business been established? years

(ii) If new, detail your previous experience in this occupation

3. Number of employees

4. Total Turnover Last Year \$ Estimated next year \$

5. Total wages \$

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"/>
		BSP	

6. Which of the following capacities are you operating in? Manufacturer Retailer Contractor Wholesaler Property Owner

Property owners		How many buildings do you own?	Please provide details below:
Situation	Occupation		

Business premises		
Address of premises	Occupied as	Owned/leased/rented

Contractual liability		
Do you have agreements, other than lease liability, under which:		
a) You have accepted liability which would not normally be your responsibility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b) You have given away your legal rights of recovery from other parties?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes to either of the above, please provide full details below and attach copies of the agreements:		

Bailees liability		
1. Do you require liability cover for property held by you for reward? If Yes, please provide full details below including the limit required:		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Type of property	Maximum value	Limit required
2. Do you cover this property under any policy of fire insurance?		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Professional services		
1. Do you provide professional, technical, consultancy, advisory or like services, either for a fee, or as a part of your business? If Yes, please provide details below:		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Do you charge a fee for these services?		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Do you have Professional Indemnity cover?		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Work on customer's property		
Do you undertake work on customer's property? If Yes, please complete details below. Specifically note if watercraft, aircraft, or any of their components are worked on.		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Type of property worked on	Full details of work carried out	Estimated Annual turnover \$ next year

Motor trades If you work on customer's motor vehicles please complete below:	
Details of work carried out	Estimated workshop turnover \$ next year

Details of substances used

1. Does your business involve the use or storage of:

- i) Asbestos or synthetic mineral fibres
 ii) Acids, chemicals, explosives, radioactive substances or other goods subject to current Dangerous Goods regulations?
 If Yes, to either of the above, please provide full details below:

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

2. Do you discharge or dispose of trade wastes, smoke, soot, fuels, liquids, gases, or other substances into the atmosphere, sewers, water or elsewhere?

If Yes, please provide full details, including measures taken to prevent pollution of the environment:

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

Use of heat

Does your business involve the use of blow torches, cutting or welding equipment, naked flames or other open heat source:

- i) At your own premises?
 ii) Away from your own premises?

If Yes to either, please advise precautions taken to prevent fire damage and for ii) only advise the location(s):

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Off-site business activities

1. Do you perform, or have work performed on your behalf away from your premises?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

2. Do you sub-contract work?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If Yes to either of the above, please provide **full** details below:

Work performed	Estimated turnover \$ next year

3. Do you, your employees or directors travel overseas for business?

If Yes, give details of countries visited and the reasons:

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

Country visited	Reason

Product Details

Notes: Products means all goods supplied, sold, distributed, handled, manufactured, constructed, erected, installed, serviced, repaired, altered, renovated or treated by you.
 Please provide brochures or leaflets describing the products, and specimen labels if they bear formulae, directions, warnings or disclaimers.

1. Please give details of:

i) Your individual products or groups of products and their purpose of use (if not apparent). Specifically note if any products are used in vehicles, watercraft or aircraft;

ii) Length of time they have been manufactured or supplied by you:

Product and purpose of use	Length of time manufactured/supplied	Turnover last year	Estimated turnover \$ next year

2. Will you supply any products you do not manufacture?

Yes No

If Yes, please provide the following information:

i) Do you retain rights of recovery against the manufacturers?

Yes No

ii) Do you alter, adapt, or change the form of any product which you do not manufacture?

Yes No

If Yes to ii), please provide details below, including the product, purpose of use, source of supply and type of alteration, adaption or change made.

iii) Do you supply or sell products from overseas manufacturers or suppliers direct to overseas customers without the products entering New Zealand?

Yes No

If Yes, please provide details below including the product, purpose of use, source of supply and customer's country:

Imported products

Do you import products?

Yes No

If Yes, please provide details of these products including purpose of use, source and estimated turnover for the next 12 months.

Product and purpose of use	Country of origin	Estimated turnover \$ next year

Discontinued products

1. Has any product been discontinued (during the past 5 years), withdrawn, recalled from use or found defective for safety reasons?

Yes No

If Yes, please provide details below including reason why discontinued or recalled:

2. Are all products traceable if a recall becomes necessary?

Yes No

Quality control

1. Do you have a system of quality control relating to your products?

Yes No

If Yes, please describe below its basic features (e.g. at what stages control checks are carried out, nature of checks):

2. Do you have a quality control manual? If Yes:

Yes No

i) How many years has it been in use?

--

ii) When was it last revised?

	/	/
--	---	---

3. Do you have a person responsible for quality control?

Yes No

If Yes, please provide name and position of person.

4. Do you have an ISO 9000 series approval?

Yes No

Product design by staff

1. Are any of your products designed or formulated by your own staff?

Yes No

If Yes, please give details of staff involved, including their qualifications and experience.

2. Please attach any product brochures

ATTACHED NIL

Section 4. Extensions and Alterations required

If you have selected **Broadform** cover complete boxes **1** and **3**; or if you have selected **Standard** cover complete boxes **2** and **3**:

1. Broadform If you require alteration to the standard limit shown please indicate below:

No	Extension	Standard limit	Alternative limit
Auto	Forest and Rural Fires Act	\$250,000	\$
Auto	Innkeepers Act	\$250,000	\$
Auto	Motor and watercraft repair	\$250,000	\$
Auto	Product recall	\$100,000	\$
Auto	Property in care custody and control	\$250,000	\$
Auto	Vibration and weakening of support	\$250,000	\$

2. Standard Please indicate extensions required and any alteration to the standard limit shown below:

No	Extension	Standard limit	Limit required
PLB501	Property in care custody and control	0	\$
PLB511	Forest and Rural Fires Act	0	\$
PLB512	Innkeepers Act	0	\$
PLB514	Motor and watercraft repair	0	\$
PLB536	Vibration and weakening of support	0	\$

3. Exemplary damages (PLB532) Limit up to \$1,000,000

Yes No

Section 5. Summary

Previous insurance details

1. Have you held Liability insurance during the past five years?
If Yes, please state name of insurance company, policy number and for what period.

Yes No

Insurance Company	Policy number	Period			
		from		to	
		/	/	/	/
		/	/	/	/
		/	/	/	/

2. Have you ever had any:
i) Insurance declined or cancelled?
ii) Renewal refused?
iii) Special conditions imposed?
iv) Excess imposed?
v) Claim rejected?

Yes No

Yes No

Yes No

Yes No

Yes No

If Yes, to any of the above, please give details below:

Loss details and History

1. Have you been involved in any circumstances during the past five years which have caused personal injury to, or loss, or damage to the property of third parties?

Yes No

2. Have you ever had any claim made against you?
If Yes, please provide full details including dates and costs.

Yes No

Claim	Date	Cost

3. Are you aware, after enquiry, of any other circumstances not mentioned above which might give rise to a claim?
If Yes, please give details (for example, a known problem with a batch of your products which has not yet caused harm):

Yes No

4. Have you or any director or partner ever committed any criminal offence? If Yes, please give details:

Yes No

Section 6. Privacy Act, Declaration & Signature

Privacy Act

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

- a) This proposal collects personal information about you.
- b) The information is collected to evaluate the insurance that you seek.
- c) The intended recipient of the information is Vero Insurance New Zealand Limited.
- d) The information is collected and held by Vero Insurance New Zealand Limited, 48 Shortland Street, Auckland.
- e) 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.
- f) The failure to provide this information may result in your application for insurance being declined or your insurance being void from the beginning.
- g) 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 (Vero) 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 policy issued by the Company 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.

If I/we choose to pay my/our premium by instalment I/we acknowledge that my/our policy/policies will be cancelled automatically if any three consecutive fortnightly instalments remain unpaid or any two consecutive monthly instalments remain unpaid, or if any quarterly or half yearly payments remain unpaid 14 days after the due date of the instalment. Where any instalment is overdue but the relevant policy/ies have not been cancelled, any claim proceeds payable to me/us under the relevant policy/ies may be withheld by Vero until I/we have brought all instalments up to date.

Important Notice

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.

Signature		Date	/	/
Name				
Position				

