

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

1. Name of applicant including trading names, names of subsidiaries and any other parties to be insured		<input type="text"/>	
Address	<input type="text"/>		
Website Address	<input type="text"/>		
Email Address	<input type="text"/>	Phone Number	<input type="text"/>
Broker/Agent	<input type="text"/>	Contact Person	<input type="text"/>
2. Number of Locations	New Zealand	Overseas	<input type="text"/>
	<input type="text"/>	<input type="text"/>	
3. Number of Employees	<input type="text"/>		
4. Annual Turnover	Actual last 12 months	Estimate next 12 months	
	\$ <input type="text"/>	\$ <input type="text"/>	

Business Details

1. State fully the nature of your business activities/operations (please include current and past activities)		<input type="text"/>	
2. Do you make any products?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you export overseas?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
▶ If Yes, to what countries?	<input type="text"/>		
Maximum value of exports	\$ <input type="text"/>		
3. Do you process other people's products?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
▶ If Yes, please describe	<input type="text"/>		
4. Do you provide professional, technical, consultancy services or advice to your customers?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
▶ If Yes, please describe	<input type="text"/>		
5. Do you have third party property in your care, custody or control?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
▶ If Yes, description of property	<input type="text"/>		
Maximum value of property	\$ <input type="text"/>		

6. Do you service, repair, work on or supply parts for motor vehicles, watercraft or aircraft? Yes No

▶ If Yes, please describe

7. Do you own or operate any unmanned aerial vehicle (UAV), remotely piloted aerial systems (RPAS) or drone (howsoever called), for use in connection with your business? *NB: Cover is only available if the gross take-off weight does not exceed 15 kilograms.* Yes No

▶ If Yes, please describe

8. Do the Insured's Directors/Officers/Partners/Proprietors regularly review Health & Safety risk assessment and compliance? Yes No

▶ If No, please describe

9. Is the Business currently able to meet its debts as they fall due? Yes No

▶ If No, please describe

10. Have there been any employment disputes, past or present, that have resulted in a claim being made against the employer? Yes No

▶ If Yes, please describe

11. Have any form of restructuring or redundancy processes occurred in the last 12 months, or are any planned in the next 12 months? Yes No

▶ If Yes, please describe

Claims and/or Circumstances

1. 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? Yes No

▶ If Yes, please provide details

Year of Claim	Description	No. of Claims	Cost of Claim	Estimate of Claim
			\$	\$
			\$	\$
			\$	\$
			\$	\$

2. Are you aware of any circumstances which have occurred that might result in a claim under the proposed insurance? Yes No

▶ If Yes, please provide details

Cyber Insurance

This is an optional additional cover. If not required, please leave blank and complete the declaration on Page 3.

1. Indicate the level of cover required: \$250,000 \$500,000 \$1,000,000

2. Is all personally identifiable and confidential information that is removed from your premises in any electronic format encrypted? (eg. USB, flash memory, hard disk drive, tape or other means). *NB: If "No", unencrypted portable media exclusion will be applied.* Yes No

3. Are the firewalls and virus protection software in your computer system regularly updated (at least monthly)? Yes No

4. Do you have a Business Continuity Plan (BCP) which includes back-ups stored off-site, in a place that is tested at least annually? *NB: If "No" we are unable to provide data recovery or business interruption cover.* Yes No

5. Does the Company outsource any of its primary business functions to a third party? Yes No

▶ If Yes, please advise which business functions:

Human Resources <input type="checkbox"/>	Customer Service <input type="checkbox"/>	Business Development <input type="checkbox"/>
Internal Audit <input type="checkbox"/>	Marketing <input type="checkbox"/>	Information Technology <input type="checkbox"/>

6. Please identify your service providers ▶ If Yes Provider's Name

Cloud/Backup/ Web Hosting	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Internet Service Provider (ISP)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Business Critical Software Providers	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Data Processors (e.g. payment processing)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
POS Hardware Provider	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Managed Security Services (e.g. firewall, intrusion detection, antivirus)	Yes <input type="checkbox"/> No <input type="checkbox"/>	

7. Does the Company allow online purchases, bill payments, banking or trading? Yes No

Declaration

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

- 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.
- this proposal and declaration 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 the above 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 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.

Name	<input type="text"/>	Title	<input type="text"/>
Signed	<input type="text"/>	Date	<input type="text"/>

<< If this proposal form is being completed electronically, please print the completed form to sign and date >>

Completion of this proposal does not bind the Applicant or Vero Liability to enter into a contract of insurance



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