

Lumley General Insurance (N.Z.) Limited, Head Office, Lumley Centre, 88 Shortland Street, PO Box 2426, Auckland, New Zealand, Tel 09 308 1100, Fax 09 308 1114

**Notice**

This is a proposal form for a claims made policy.

The policy will only respond to claims and/or circumstances which are first made against you and notified to Lumley General Insurance (N.Z) Limited during the policy period. The policy will not provide cover for:

- (a) Events that occurred prior to the retroactive date of the policy (if specified).
- (b) Claims made after the expiry of the policy period (or extended reporting period if available) even though the Wrongful Act giving rise to the claim may have occurred during the policy period.
- (c) Claims notified or arising out of facts or circumstances notified under any previous policy or noted on the current proposal form or any previous proposal form.
- (d) Claims made, threatened or intimated prior to the commencement of the policy period.
- (e) Facts or circumstances in your knowledge prior to the policy period which you knew had the potential to give rise to a claim under the policy.

This proposal forms the basis of any insurance contract entered into. Please complete it fully and carefully, remembering to sign the Declaration. If you do not have enough room, please attach additional sheets.

**Duty of Disclosure**

You have an ongoing duty to disclose all Material Facts and failure to do so could prejudice future claims. Material Facts are those which may influence a prudent insurer in deciding whether or not to insure you, on what terms, and at what premium.

**Organisation details**

<b>1</b>	<b>Name:</b>	<hr/> <hr/>	
<b>2</b>	<b>Address:</b>	<hr/> <hr/> <hr/> <hr/>	
<b>3</b>	Please indicate legal status of your organisation:	<input type="checkbox"/> Charitable Trust	<input type="checkbox"/> Incorporated Society
		<input type="checkbox"/> Unincorporated society	
	If <b>Other</b> , please specify:	<hr/> <hr/>	
<b>4</b>	How long has your organisation continually carried on business?	<hr/> <hr/>	
<b>5</b>	Please describe the nature of your activities, in particular those activities where you provide advice or opinions which may be relied upon by a third party:	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
<b>6</b>	Does your organisation provide any of the following services:		
	(a) Legal aid services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	(b) Financial services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	(c) Computer or information services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	(d) Research, development, experimentation or testing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	(e) Evaluation or setting of qualification standards?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>7</b>	Does your organisation issue any brochures or other promotional material describing its activities or services? (If <b>Yes</b> , please supply copies)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>8</b>	Does your organisation promote, sponsor, or provide any form of insurance to its members or staff or act as an insurance agent?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

9 During the past three years has:

- (a) The name of your organisation changed? Yes  No
- (b) Any acquisition or merger involving your organisation taken place? Yes  No
- (c) The capital structure of your organisation changed? Yes  No

If you have answered **Yes** to any of the above, please supply details:

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### Details of the board of managers

10 Please provide details of the board of managers and/or trustees of your organisation:

Name	Qualification	Date appointed	Occupation

11 Please provide details of any outside directorship held by an organisation member in an outside organisation for the purpose of representing your organisation for which cover is required:

Name	Outside organisation	Position held

### Insurance history

12 Does your organisation currently have Associations Liability Insurance in force? Yes  No

If **Yes**, please provide details:

Insurer: \_\_\_\_\_ Renewal date:     /     /

Limit of liability: \_\_\_\_\_ Excess: \_\_\_\_\_ Premium:     /     /

13 Has any insurer, in respect of the risks to which this proposal for insurance relates, ever:

- (a) Declined a proposal, refused renewal or terminated an insurance? Yes  No
- (b) Required an increased premium or imposed any special conditions? Yes  No

If you have indicated **Yes** to either of the above, please give details:

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## Claims information

- 14 After inquiry, has there been (or is there now pending) any claim against any proposed insured person, (in their capacity as officer, trustee, secretary, board or committee member or employee) of either your organisation or any other entity? Yes  No
- 15 After inquiry, do any circumstances exist that might give rise to a claim against any proposed insured person? Yes  No
- 16 After inquiry, has there been (or is there now pending) any investigation, examination, inquiry or other proceedings in relation to the affairs of your organisation? Yes  No
- 17 After inquiry, do any circumstances exist which could reasonably be expected to give rise to any event described above? Yes  No

If you have answered **Yes** to any of the above, please supply details:

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It is agreed that if such facts or circumstances exist, this proposed insurance would exclude any claim or action arising therefrom.

## Cover required

- 18 Limit of liability: \$
- 19 Excess: \$
- 20 Do you require an extension for Exemplary Damages coverage (available to those working in health and welfare industries only)? Yes  No

## Attachments

**Please enclose the following documents with this proposal.**

The last two annual reports and accounts of your organisation

The latest interim statement (if applicable).

## Declaration

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

- all information provided, in this proposal or attachments, is true and complete in every respect and that no Material Facts remain undisclosed;
- if this risk is accepted, such information will be incorporated into and form the basis of the contract of insurance;
- I/We understand that Lumley requires this information in order to evaluate this proposal and that the Privacy Act 1993 entitles me/us to have access to, and request the correction of, any information retained;
- Lumley is authorised to disclose information to its advisers, reinsurers, other insurers and parties with a financial interest in the subject matter of this proposal;
- Lumley is authorised to check details against the Insurance Claims Register and to place information on the Insurance Claims Register which other insurers can access;
- Lumley is authorised to obtain from other parties any information which may be relevant to the acceptance of this risk;
- the signing of this proposal does not bind either party to complete the contract and that no cover will be in force until confirmed by Lumley.

Insured(s) signature:

Title:

Date: / /