

Combined Liability

Renewal declaration

All lines

Lumley, a business division of IAG New Zealand Limited, Lumley Centre, 88 Shortland Street, PO Box 2426, Auckland 1140, New Zealand
Tel 09 308 1100 www.lumley.co.nz

Notice This renewal declaration will form a key part of your ongoing contract(s) of insurance with Lumley and it is important that all material facts continue to be fully, frankly and accurately disclosed. Please remember to sign and date this form.

Jurisdiction Except to the extent otherwise provided in any subsequently issued policy, the content and use of this form and any agreement entered into pursuant to this form or any dealing in relation to or arising from this form are governed by the laws of New Zealand and in relation to those matters, the parties submit to the jurisdiction of the courts of New Zealand.

1 Name of Insured:		
2 Policy/policies held:	<input type="checkbox"/> General liability	<input type="checkbox"/> Directors and officers liability
	<input type="checkbox"/> Professional indemnity	<input type="checkbox"/> Trustees liability
	<input type="checkbox"/> Employment disputes	<input type="checkbox"/> Associations liability
		<input type="checkbox"/> Employers liability
		<input type="checkbox"/> Statutory liability
		<input type="checkbox"/> Other (specify):
3 Total turnover/fees	Last year: \$	This year (estimate) : \$
4 Number of staff including principals	Last year:	This year (estimate) :
5 Turnover of products sold by region:		
New Zealand	Last year: \$	This year (estimate) : \$
Australia	Last year: \$	This year (estimate) : \$
USA/Canada	Last year: \$	This year (estimate) : \$
Elsewhere (specify)	Last year: \$	This year (estimate) : \$
6 Have there been any material changes to:		
(a) The business activities of the Company	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(b) The financial position of the Company	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(c) The capital structure of the Company	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If the answer to 6 (a), (b), or (c) is Yes, or if you are planning any changes, please attach full details.		
7 After enquiry of all Partners, Principals, Directors, Officers, Trustees and Senior Employees:		
(a) Have there been any claims made against you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(b) Are you aware of any circumstances which could give, rise to a claim under your liability policy with Lumley, other than those disclosed on Your last proposal/declaration form?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If the answer to 7 (a) or (b) is Yes, please attach full details.		

You are reminded that:

- (a) Any material changes to the business during the Period of Insurance must be advised immediately to Lumley.
- (b) This form must be completed by a person authorised to do so on behalf of the insured.
- (c) If this application is for Directors and Officers, Trustees or Associations Liability then you must attach a copy of your latest annual report.

Declaration

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

- (a) all information provided, in this proposal or attachments, is true and complete in every respect and that no Material Facts remain undisclosed;
- (b) if this risk is accepted, such information will be incorporated into and form the basis of the contract of insurance;
- (c) 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;
- (d) 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;
- (e) 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;
- (f) Lumley is authorised to obtain from other parties any information which may be relevant to the acceptance of this risk;
- (g) 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: _____

Date: / /