

**employment disputes liability insurance proposal**

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.

**Insured details**

|          |  |                   |
|----------|--|-------------------|
| <b>1</b> | <b>Name of Insured including subsidiaries to be covered:</b>   |                   |
|          | <hr/> <hr/>  |                   |
| <b>2</b> | <b>Postal address for notices:</b>                             |                   |
|          | <hr/> <hr/>  |                   |
| <b>3</b> | <b>Please describe the nature of your activities:</b>          |                   |
|          | <hr/> <hr/> <hr/>  |                   |
| <b>4</b> | <b>How many staff do you have in the following categories?</b> |                   |
|          | <b>Employees: Full time:</b>                                   | <b>Part time:</b> |
|          | <b>Management:</b>   |                   |

**Risk management**

|          |  |                              |                             |
|----------|--|------------------------------|-----------------------------|
| <b>5</b> | Do you have a human resource department?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|          | If <b>Yes</b> , how many employees are in this department?   |                              |                             |
|          | If <b>No</b> , how are human resource procedures handled? (please provide full and precise details)  |                              |                             |
|          | <hr/> <hr/> <hr/> <hr/>  |                              |                             |
| <b>6</b> | Are all employees covered by a written employment contract?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|          | If <b>Yes</b> , were these contracts drawn up by a legal advisor or suitably qualified employment specialist?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|          | If <b>No</b> , please provide full and precise details as to how employment terms and conditions are communicated to existing and potential employees: |                              |                             |
|          | <hr/> <hr/> <hr/> <hr/>  |                              |                             |



## 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: \_\_\_\_\_

Title: \_\_\_\_\_

Date:        /        /