

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.

When in doubt, disclose. Please remember that all information will be treated confidentially.

Insured details

Name of Insured(s):			
Contact person:		Website address:	
Postal address:			
Telephone no: (w)		(h)	Facsimile no:
Situation(s) and/or location(s) where business is conducted:			
Period of insurance:		to: / / at 4 pm (NZ time)	
From: / /			

General liability

Limit of indemnity:	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> \$5,000,000	<input type="checkbox"/> Other:
Excess:	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> Other:

Statutory and Employers' liability

Please indicate the limit of indemnity and policy excess required.

Statutory liability	Limit :	<input type="checkbox"/> \$250,000	<input type="checkbox"/> \$500,000	<input type="checkbox"/> Other:
	Excess:	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000	<input type="checkbox"/> Other:
Employers' liability	Limit :	<input type="checkbox"/> \$250,000	<input type="checkbox"/> \$500,000	<input type="checkbox"/> Other:
	Excess:	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000	<input type="checkbox"/> Other:

Business and operations

1	Please give a description of your business activity or operation:
2	Actual turnover for this financial year: \$ _____ Estimated turnover for next financial year: \$ _____
3	Number of years in continuous business: _____
4	Number of employees: Full-time: _____ Part-time: _____
5	Please describe all operations carried out away from your premises including retailing, contracting, repairing, maintenance, building, servicing and installation:

Subcontractors

6 Do you use subcontractors?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please describe fully the work they are employed to do:	

Prior insurance history

7 Is the business currently insured for the liability covers being applied for?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, name of Insurer:	Expiry Date: / /
8 After investigation has any proposed Insured ever had any:	
(a) Insurance declined or cancelled or renewal refused?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please provide full details:	
(b) Special conditions imposed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please provide full details:	
(c) Claims declined for this class of insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please provide full details:	
9 Are there any claims currently pending against you, or are you aware after enquiry, of any circumstances that could give rise to a claim under the proposed insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please provide full details:	

Claims and/or loss experience

After enquiry, please give full details of any claims, losses, proceedings, notices or complaints made against you or any fine imposed under any legislation during the last 5 years, whether insured or not. Include any which were below a policy excess or deductible. (Complete on a separate sheet if necessary.)

Date of loss	Description of loss	Total amount of claim
/ /		\$
/ /		\$
/ /		\$

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: / /
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For office use only:

	First premium	Annual premium	Policy number:
Premium	\$	\$	Customer no:
	\$	\$	Branch:
	\$	\$	Agency:
	\$	\$	In lieu of policy no.
	\$	\$	Due: / /
Stats	\$	\$	
Empl	\$	\$	
GST	\$	\$	
Total	\$	\$	