

Policy no:	Expiry date: / /
Name:	

Business details

Please provide a full description of your business activities:

	Current financial year	Next financial year (estimate)
Number of staff including principals		
Annual wages/salaries		

Please provide details of turnover:

Country	Turnover: current financial year	Turnover: next financial year (estimate)
New Zealand	\$	\$
Australia	\$	\$
Asia and the Pacific Islands	\$	\$
United Kingdom & Europe	\$	\$
USA / Canada	\$	\$
Other (specify)	\$	\$
Total	\$	\$

Claims details

After enquiry, have any claims been lodged within the last twelve months, or are there any claims currently pending against you, or are you aware of any circumstances which could give, rise to a claim under your liability policies with Lumley? Yes No

If **Yes**, please attach full details.

Please confirm cover required:

<input type="checkbox"/> General liability	Limit of liability: \$
<input type="checkbox"/> Statutory liability	Limit of liability: \$
<input type="checkbox"/> Employers liability	Limit of liability: \$

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: / /