

Adventure tourism & events organisers liability proposal

form LB066 01/12



Lumley General Insurance (N.Z.) Limited, Head Office, Lumley Centre, 88 Shortland Street, PO Box 2426, Auckland 1140, New Zealand, Tel 308 1100, Fax 09 308 1114, www.lumley.co.nz

Please answer all questions and complete a separate proposal for each situation/location.

Duty of Disclosure

You must tell us all information you know (or could reasonably be expected to know) which would influence the judgement of a prudent insurer whether or not to accept your proposal, and, if it is accepted, on what terms and at what cost. If you fail to meet your duty of disclosure, you may find that you never had any insurance at all.

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

A Insured details

Name of Insured:			
Website address: www.			
Postal address (for notices):			
Location where goods to be insured are stored:			
<hr/>			
Period of Insurance:	From:	/	/
			To:
			/
			/
			at 4pm (NZ time)
Limit of indemnity:	General Liability	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> Other \$
	Statutory Liability	<input type="checkbox"/> \$500,000	<input type="checkbox"/> Other \$
	Employers Liability	<input type="checkbox"/> \$500,000	<input type="checkbox"/> Other \$

B Business details

1	Full description of all activities for which you require insurance:
	<hr/> <hr/> <hr/>
2	What is your experience in running this or a similar business?
	<hr/> <hr/> <hr/>
3	Total number of employees/personnel (include volunteers):
4	Annual turnover: \$

C Details

1	Location where the activity is carried out:
	<hr/> <hr/> <hr/>
2	Total number of participants per event/year:
3	Total number of clients/tourists/spectators per event/year:
4	Total number of tours/trips/events undertaken per year:
5	Do you require your clients to sign a waiver or disclaimer notice? Yes <input type="checkbox"/> No <input type="checkbox"/>
	If 'Yes', please attach a copy.
6	Please advise whether any safety or other instructions are given prior to the activity? Yes <input type="checkbox"/> No <input type="checkbox"/>
	If 'Yes', please advise details. (If written please attach a copy.)
	<hr/> <hr/> <hr/>
7	Are you a registered Adventure Tourism Operator Yes <input type="checkbox"/> No <input type="checkbox"/>
8	Please attach copy of Safety Audit as per regulation (if applicable).

D Prior insurance

Is the Business currently insured for any of the liability covers being applied for?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes' please advise: Name of insurer: _____ Expiry date: _____		
After investigation has any proposed Insured ever had any insurance:		
(a) declined or cancelled or renewal refused?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(b) special terms or conditions imposed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(c) claims declined for this class of insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'Yes' to either (a), (b) or (c) above, please provide full details including the name of the Insurer.		

E Claims and/or loss experience

Have you had any claims, losses, proceedings, notices or complaints, or any fine imposed or any prosecution under any legislation, made against you, or any other person or entity to be insured, whether insured or not. Include any which were below a policy excess or deductible?				Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If 'Yes', please provide full details: (Complete on a separate sheet if necessary.)							
Date of Loss	Description of Loss	Total amount of Claim	Loss insured?				
			Yes <input type="checkbox"/> No <input type="checkbox"/>				
			Yes <input type="checkbox"/> No <input type="checkbox"/>				
			Yes <input type="checkbox"/> No <input type="checkbox"/>				
			Yes <input type="checkbox"/> No <input type="checkbox"/>				
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							

Privacy Act

Pursuant to the Privacy Act 1993 the following is brought to your attention:

- This proposal form collects personal information about You;
- The collection of this information is required pursuant to the terms of Your insurance policy;
- The information is collected to evaluate the insurance being sought and any claim You may make;
- The failure to provide this information may result in Your claim being declined;
- The intended recipient of the information is Lumley General Insurance (N.Z.) Limited ('Lumley') (P.O. Box 2426 Auckland);
- Lumley may pass Your personal information on to Insurance Claims Register Limited ('ICR') (C/- P.O. Box 2426 Auckland) for inclusion in the Insurance Claims Register, for general claims and underwriting purposes;
- You acknowledge that any ICR participant may access this personal information by way of enquiry to the ICR.
- You have the right of access to and correction of this information in accordance with the Privacy Act 1993.

Declaration and signature

I/We hereby declare that the information and answers given in this proposal are in every respect true and correct and that Lumley General Insurance (N.Z.) Limited is aware of all information that may be material in considering this proposal. I/We agree that this proposal and Declaration shall be the basis of and incorporated in the insurance contract. I/We undertake to inform Lumley General Insurance (N.Z.) Limited of any material alteration to the above facts whether occurring before or after the completion of this insurance contract.

I/We authorise Lumley General Insurance (N.Z.) Limited to give to or obtain from other insurers or any insurance broker or other party any information relating to this insurance or any other insurance held by me/us or any claim made by me/us.

I/We understand that:

Lumley General Insurance (N.Z.) Limited is collecting the information on this proposal to evaluate my/our insurance requirements.

I/We am/are obliged to advise Lumley General Insurance (N.Z.) Limited of any information which may be material to its consideration of this application.

Insured(s) signature: _____	Date: / /
Print name: _____	Title: _____