

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: _____

Email address: _____ **Website address:** _____

Names of all subsidiary companies to be included:

Postal address for notices:

Situation(s) and/or location(s) where business is conducted (including overseas):

Period of insurance: From: / / **to:** / / **at 4 pm (NZ time)**

Limit of indemnity

Please indicate the limit of indemnity and policy excess required. (Tick box.)

General liability: Limit of indemnity \$1,000,000 Other required limit \$ _____

Statutory liability: Limit of indemnity \$250,000 Other required limit \$ _____

Employers' liability: Limit of indemnity \$250,000 Other required limit \$ _____

Business and operations

1 Please give a full description of each business activity or operation and turnover for each activity or operation.

Description of activity or operation	Name of Insured who performs this activity	Actual turnover this financial year	Estimated turnover next financial year
		\$	\$
		\$	\$
		\$	\$
		\$	\$

2 Is this a new business? Yes No
If Yes, please give details of your previous experience in similar businesses:

3 Number of years in continuous business: _____

4 Number of employees: Full-time: _____ Part-time: _____

5 Annual wages of the Business: \$ _____

6 Please describe all business activities you carry on away from your premises including retailing, contracting, repairing, maintenance, building, servicing and installation:

7 Do you use or employ sub-contractors? Yes No
If Yes, please advise:

The type of work they do for you	Annual payments
	\$
	\$
	\$
	\$

Other exports Product details	(M) Manufacture (D) Distribute	Destination where exported	Total turnover
			\$
			\$
			\$
			\$
			\$
			\$
		Total	\$

16 Do you design any products you manufacture or sell? Yes No

If Yes, please advise whether they are to your own or customers specifications, plans or formulae:

17 Do you operate and maintain a Quality Control or Recording system? Yes No

If Yes, please advise:

(a) details of the New Zealand or other relevant standard applicable:

(b) how long the quality control system has been in use:

18 Has any product been withdrawn or recalled in the last 5 years? Yes No

If Yes, please provide full details:

19 Does the business now or has it in the past been involved in the manufacture, distribution or sale of the following?

Aircraft or aircraft component parts Yes No

Chemicals Yes No

Dangerous goods including liquid or gas fuels Yes No

Ethical drugs Yes No

Fertilisers/Pesticides/Fungicides Yes No

Radioactive material or any product containing asbestos Yes No

Watercraft (exceeding 8 metres in length) Yes No

If Yes to any of the above, please provide full details:

Service and/or repair

20 Does the business service and/or repair motor vehicles and/or watercraft? (Please note that work on watercraft over 8 metres in length is excluded.) Yes No

If Yes, please provide full details:

Describe fully the work carried out and the type of vehicles and/or watercraft worked on.	Annual turnover from this work
	\$
	\$

Statutory and Employers liability

21 Does the business have written procedures and/or systems to ensure compliance with any legislation that affects your business? Yes No
If No, please advise how you comply with legislation:

22 Have you ever had any penalty or premium loading imposed under any ACC Legislation, the Accident Insurance Act or Workers Compensation Insurance? Yes No

If Yes, please provide full details:

23 Are your premises air conditioned? Yes No

Prior insurance

24 Is the business currently insured for any of the liability covers being applied for? Yes No

If **Yes**, please advise: Name of Insurer: _____ Expiry date: / /

25 After investigation has any proposed Insured ever had any insurance:

(a) declined or cancelled or renewal refused? Yes No

(b) special terms or conditions imposed? Yes No

(c) claims declined for this class of insurance? Yes No

If **Yes** to either (a), (b) or (c) above, please provide full details including the name of the Insurer:

Claims and/or loss experience

26 After enquiry, please advise full details of any claims, losses, proceedings, notices or complaints, or any fine imposed or any prosecution under any legislation, made against you during the last 5 years, or any other person or entity to be insured, 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	Loss insured
/ /		\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
/ /		\$	Yes <input type="checkbox"/> No <input type="checkbox"/>

27 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 No

If **Yes**, please provide full details:

28 Have you ever withdrawn a claim? Yes No

If **Yes**, please provide full details:

Declaration

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

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

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	\$	\$	