



PROPOSAL FORM: COMBINED LIABILITY

IMPORTANT NOTICE

PLEASE READ THE FOLLOWING ADVICE BEFORE PROCEEDING TO COMPLETE THIS PROPOSAL FORM

This Combined Liability Proposal Form is used to apply for General, Statutory and Employers Liability. When completing your proposal you are obliged to report and provide full details of all circumstances which have become known to you and which would put a reasonable person in your position on notice that a Claim may be made against you. This is important to ensure that you make proper disclosure in order that your entitlement to full indemnity under your new policy is not placed in jeopardy.

Your Duty of Disclosure

Before you enter into a contract of general insurance with an Insurer, you have a duty to disclose to the Insurer every matter that you know, or could reasonably be expected to know about yourself and others to be insured, is relevant to the Insurer's decision whether to accept the risk of the insurance and, if so, upon what terms. You have the same duty to disclose those matters to the Insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of matter:

- That diminishes the risk to be undertaken by the Insurer;
- That is of common knowledge;
- That your Insurer knows or, in the ordinary course of his business, ought to know;
- As to which compliance with your duty is waived by their Insurer.

(It should be noted that this duty continues after the proposal form has been completed up until the time the policy is entered into.)

Non-Disclosure

If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce their liability under the contract in respect of a Claim or may cancel the contract. If your non-disclosure is fraudulent, the Insurer may also have the option of avoiding the contract in its entirety. It is therefore vital that you make sufficient enquiries BEFORE you complete your Proposal Form and BEFORE you sign any declaration that there has been no change in the information provided.

Surrender or Waiver of any Right of Contribution or Indemnity

Where another person or company would be liable to compensate you or hold you harmless for part or all of any loss or damage otherwise covered by the policy, but you have agreed with that person either before or after the inception of the policy that you would not seek to recover any loss or damage from that person, you are NOT covered under the policy for any such loss or damage.

Contract by the Insured Affecting Rights of Subrogation

If the proposed contract of insurance includes a provision which excludes or limits the Insurer's liability in respect of any loss because you are a party to an agreement which excludes or limits your rights to recover damages from a third party in respect of that loss, you are hereby notified that signing any such agreement may place your indemnity under the proposed contract of insurance at risk.

When Completing this Proposal Form

- Please answer all questions honestly, giving full and complete answers.
- It is the duty of the Applicant to provide all information that is requested in the proposal form as well as to add any additional relevant facts.
- A relevant fact is a fact and/or circumstance that may influence the evaluation of the risk by the insurer. If you have any doubts about what a relevant fact is, please do not hesitate to contact your broker.
- If the space provided on the Proposal Form is insufficient, please use a separate signed and dated sheet in order to provide a complete answer to the question.
- The Proposal Form must be completed, signed and dated by a person, who must be of legal capacity and authorised for the purpose of requesting management liability insurance for the firm who acts as a Applicant.

This proposal form DOES NOT BIND the Applicant or the Insurer to complete the insurance but will form part of any insurance.

Privacy Statement

DUAL New Zealand Ltd is bound by the obligations of the Privacy Act 1993 regarding the collection, use, disclosure and handling of personal information.

We will protect the privacy of your personal information. We will use the information you provide in this Proposal Form (including any supplementary documentation) to consider your application for insurance, to determine policy terms, to assess a claim, etc.

We may disclose your personal information to third parties who we believe are necessary to assist us. These third parties will only use your personal information for the purposes we provided it to them (or if required by law). We may also be required to disclose your personal information to others for the purposes of public safety and/or law enforcement.

SECTION 1: APPLICANT DETAILS

Insured Name: _____

Address of Head Office: _____

Postcode: _____ Telephone No: _____

Fax No: _____ Web Address: _____

Date established (dd/mm/yy): _____ Country/State of Registration: _____

Company Number: _____

Address of all other locations (if any) from which the insured operates: _____

SECTION 2: INSURANCE HISTORY

1. If this is a new business, provide details of your previous experience:

2. Provide details of any previous policies held during the past five years:

	Insurer(s)	Limit	Excess
General Liability		\$	\$
Statutory Liability		\$	\$
Employers Liability		\$	\$

3. Has any insurer ever:

a. Declined to insure you? Yes No

b. Cancelled or refused to renew your policy? Yes No

c. Imposed special terms or conditions in respect of ANY policy for the types of insurance being applied for? Yes No

If yes to any of the above, please provide full details including the name of the insurer.

SECTION 3: LIMIT OF INDEMNITY REQUIRED

1. Tick the cover you require and state the limit of Indemnity and Excess required:

General Liability Limit \$ _____ Excess \$ _____

Statutory Liability Limit \$ _____ Excess \$ _____

Employers Liability (Claims made) Limit \$ _____ Excess \$ _____

SECTION 4: INCOME DETAILS

1. Please provide a full description of your business activities and operations and a breakdown of the turnover for each activity or operation (If a landlord, advise of your tenants business):

Description of business or industrial activity	Actual turnover LAST financial year	Estimated turnover THIS financial year
	\$	\$
	\$	\$
	\$	\$
	\$	\$

2. Advise where your business is conducted, your activities at each location and whether premises are owned or leased:

Location(s) where the business is conducted within New Zealand	Activities	Owned/Leased

SECTION 5: GENERAL INFORMATION

1. Do you have contracts for work outside of New Zealand? Yes [] No []

2. Number of staff:

New Zealand	
Others	

3. Provide details of all work you carry out away from your premises and the percentage of turnover this generates:

Location	Nature of Work	% Annual Turnover
		%
		%
		%

4. Does any of your work involve cutting, welding, the use of naked flames or open heat sources?

Yes [] No []

If Yes, please provide full details and state the percentage of turnover this generates:

Nature of Work	% Annual Turnover
	%
	%
	%

5. Do you use, store, handle, manufacture or transport any acids, bulk liquids, chemicals, explosives, gases or any flammable, hazardous or toxic goods or substances?

Yes [] No []

Type of goods/substances	Quantity	How used/stored/transported

6. If YES to the above, how are toxic, chemical or hazardous goods or substances (including PCB) disposed of?

Types of goods/substances	Quantity	Details of disposal

7. If waste disposal contractors are used, please name and provide a copy of all contracts entered into for the engagement of these contractors?

8. Have any pollution or environmental issues (whether or not resulting in a claim) occurred during the past 5 years?

Yes [] No []

If YES, please provide details:

9. Do you carry out any work on offshore oil or gas rigs?

Yes [] No []

If YES, please provide full details and state the percentage of turnover this generates:

Nature of Work	% Annual turnover
	%
	%
	%

SECTION 6: PRODUCTS

Note: Products Liability includes any goods manufactured, constructed, erected, installed, repaired, serviced, treated, sold, supplied or distributed to you.

1. Provide details of all products sold in New Zealand:

Product Type	Actual Turnover LAST financial year	Estimated turnover THIS financial year
	\$	\$
	\$	\$
	\$	\$
	\$	\$

EXPORTS

2. Provide details of all products exported:

Product Type	Country Exported to	Actual Turnover LAST financial year	Estimated turnover THIS financial year
		\$	\$
		\$	\$
		\$	\$
		\$	\$

3. Do you sell/export products to the USA or Canada?

Yes []

No []

IMPORTS

4. Provide details of products you import and how you use them e.g. sold "as is", incorporated into your own products etc.

Product Type	Supplier name and country	Use of product by you

5. Do your suppliers indemnify you for any defects in the products they supply to you?

Yes []

No []

If YES, please attach copies of the relevant sections of the contract(s) or agreement(s).

6. Do you have product brochures or promotional material for your products?

Yes []

No []

If YES, please attach copies. If NO, attach your product list.

7. Do you manufacture the products you sell?

Yes []

No []

If YES, please state:

Product designed	Specifications by

If you do not manufacture the products you sell, attach a copy of the agreement(s) you have with the contract manufacturer(s).

8. Are any of the products used as components of, or incorporated or mixed into, any other products produced by other parties?

Yes []

No []

If YES, please provide full details:

9. Are you involved in any way with water supply/storage (including dams, lakes, reservoirs etc)? Yes [] No []

If YES, please provide full details (including locations, capacity and construction):

10. Are you involved in any way with gas supply/storage? Yes [] No []

If YES, please provide full details:

SECTION 7: RISK MANAGEMENT

1. Do you have a quality control manual? Yes [] No []

If YES, how long has the manual been in use?

2. Who is responsible for quality control? Name: _____ Title: _____

3. Has your quality control system been certified? Yes [] No []

If YES, please provide details of certification (e.g. ISO9000 etc.):

4. Do you have a Product Recall Plan in place? Yes [] No []

SECTION 8: CONTRACTUAL LIABILITY

1. Do you have any contracts or agreements where the other party limits their liability to you? Yes [] No []

If YES, attach a copy of the relevant sections of the contract(s) or agreement(s).

2. Do you have a standard warranty or conditions of sale with your customers? Yes [] No []

If YES, attach a copy.

Note: Unless specifically agreed, indemnity is excluded for any liability you have assumed under a contract or agreement (other than lease or tenancy agreements).

SECTION 9: PROFESSIONAL SERVICES

1. Do you provide professional, technical or consultancy services or advice to your customers? Yes [] No []

a. If YES, please provide full details:

b. Do you charge a fee for these services? Yes [] No []

2. Total fees LAST financial year: \$ _____

SECTION 10: PROPERTY IN YOUR CONTROL

1. Do you require cover for property owned by others that is in your care, custody or control? Yes [] No []

If YES, please advise the following:

a. Description of the property:

b. Maximum value of the property: \$ _____

c. Limit of Indemnity required: \$ _____

2. Do you charge a fee for storing property owned by others? Yes [] No []

SECTION 11: SERVICE & REPAIR

1. Do you service, repair, work on or supply parts for motor vehicles? Yes [] No []

If YES, please provide details and the turnover derived from this activity:

Types of vehicles or parts	Estimated turnover THIS year
	\$
	\$

2. Do you service, repair, work on or supply parts for watercrafts or aircrafts? Yes [] No []

If YES, please provide details:

Type of watercraft/aircraft	Max length of craft worked upon	Work undertaken or parts supplied	Estimated turnover THIS financial year
			\$
			\$

SECTION 12: STATUTORY & EMPLOYERS LIABILITY

1. Have you ever had a penalty or premium loading imposed under any ACC legislation, the Accident Insurance Act 1998 or Workers Compensation insurance? Yes [] No []

If YES, please provide full details:

2. Are there any Acts of Parliament that have particular application to your business? Yes [] No []

If YES, please list the Acts:

3. Do you have written procedures, manuals and/or systems in place to ensure compliance with legislation that affects your business or organisation? Yes [] No []

If NO, advise how you comply with such legislation:

SECTION 13: CLAIMS INFORMATION/CIRCUMSTANCES

1. During the past five years have you, or any other entity to be insured under this insurance, had any loss, proceedings, notice, complaint, claim or prosecution made against you, or any fine imposed under any legislation? (Includes all matters, irrespective of whether any insurance was in force and irrespective of any policy excess. Also includes any ACC or Workers Compensation claims). Yes [] No []

If YES, please provide details below or attach prior Insurers claims experience(s):

Date of loss	Description of loss	Amount of loss/claim
		\$
		\$
		\$

2. After enquiry, are there any claims currently pending against you or any other person or entity to be Insured under this insurance, or are you aware of any circumstances which could give a rise to claim under the proposed insurance? Yes [] No []

If YES, please provide full details:

SECTION 14: DECLARATION

SIGNING THIS PROPOSAL FORM DOES NOT BIND THE PROPOSER OR THE INSURER TO COMPLETE THIS INSURANCE

The undersigned declares that the statement and particulars in this Proposal Form are true and that no material facts have been misstated or suppressed after enquiry. The undersigned agree that should any of the information given by us alter between the date of this Proposal and the inception date of the insurance to which this Proposal relates, the undersigned will give immediate notice thereof. The undersigned agrees that the Underwriters may use and disclose our personal information in accordance with the "Privacy Statement" at the beginning of this Proposal. The undersigned agrees that this Proposal, together with any other information supplied by us shall form the basis of any contract of insurance effected thereon.

TO BE SIGNED BY THE INSURED FOR WHOM THIS INSURANCE IS INTENDED FOR

I, FULL NAME: _____

POSITION: _____

SIGNATURE: _____ DATE: / /

IT IS IMPORTANT THE UNDERSIGNED OF THE DECLARATION ABOVE IS FULLY AWARE OF THE SCOPE OF THIS INSURANCE SO THAT THESE QUESTIONS CAN BE ANSWERED CORRECTLY. IF IN DOUBT PLEASE CONTACT THE BROKER OR AGENT, SINCE NON-DISCLOSURE MAY AFFECT AN ASSURED'S RIGHT OF RECOVERY UNDER THE POLICY.

DUAL New Zealand recommends that you keep a record of all information supplied for the purpose of entering into an insurance contract (including copies of this Proposal Form and correspondence).

HOW TO CONTACT DUAL NEW ZEALAND PTY LTD:

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 Auckland 1010,

 New Zealand

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