

# Public Liability, Employers Liability and Statutory Liability Proposal



This proposal is to be completed by the proposer or an authorised officer of the proposer. Attention is drawn to the proposers obligations at law to disclose all material facts.  
 A material fact is one likely to influence the company in the assessment and acceptance of the insurance. If you have any doubt as to whether a fact is material, then it should be discussed.  
 All questions must be fully answered before this proposal will be considered. Please print clearly using capitals and tick or circle appropriate boxes to indicate Yes or No. Where the space given for an answer is insufficient, please provide your answer on a separate sheet.

## Section 1. Proposer details

1. Name of proposer - include trading names, names of subsidiary companies and any other parties required to be insured.

2. Postal Address

3. Period of Insurance from / / to 4pm / /

4. Please indicate the limit of indemnity required. Please tick box or complete details.

(i) Public liability	\$1,000,000	<input type="checkbox"/>	\$2,000,000	<input type="checkbox"/>	Other	\$
(ii) Employers liability	\$250,000	<input type="checkbox"/>	\$500,000	<input type="checkbox"/>	Other	\$
(iii) Statutory liability	\$250,000	<input type="checkbox"/>	\$500,000	<input type="checkbox"/>	Other	\$
Excess	\$500					

5. Website

## Section 2. Business Operations

### Business operations

1. Please provide a complete breakdown of turnover for each activity.

Operation	Turnover last year	Est. turnover next year
Residential work		
Commercial work		
Other work (list):		
Total Turnover	\$	\$

2. (i) How long has your business been established? years

(ii) If new, detail your previous experience in this occupation

3. Number of employees

### Business premises

Address of premises	Occupied as	Owned/leased/rented

### Contractual liability

Have you agreements other than lease liability under which:

- a) You have accepted liability which would not normally be your responsibility?  
b) You have given away your legal rights of recovery from other parties?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If Yes, to either of the above, please provide full details below and attach copies of the agreements:


### Bailees liability

1. Do you require liability cover for property held by you for reward?  
If Yes, please provide full details below including the limit required:

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Type of property	Maximum value	Limit required

2. Do you cover this property under any policy of fire insurance?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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### Professional services

1. Do you provide professional, technical, consultancy, advisory or like services, either for a fee, or as a part of your business?  
If Yes, please provide details below:

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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2. Do you charge a fee for these services?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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3. Do you have professional indemnity cover?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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## Section 3. Summary

### Previous insurance details

1. Have you held liability insurance during the past five years?  
If Yes, please state name of insurance company, policy number and for what period.

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Insurance Company	Policy number	Period	
		from	to
		/ /	/ /
		/ /	/ /
		/ /	/ /

2. Have you ever had any:

- i) Insurance declined or cancelled?  
ii) Renewal refused?  
iii) Special conditions imposed?  
iv) Excess imposed?  
v) Claim rejected?

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"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If Yes, to any of the above, please give details below:


### Loss details and history

1. Have you been involved in any circumstances during the past five years which have caused personal injury to, or loss, or damage to the property of third parties?

Yes  No

2. Have you ever had any claim made against you?  
If Yes, please provide full details including dates and costs.

Yes  No

Claim	Date	Cost

3. Are you aware, after enquiry, of any other circumstances not mentioned above which might give rise to a claim?  
If Yes, please give details (for example, a known problem with a batch of your products which has not yet caused harm).

Yes  No

4. Have you or any director or partner ever committed any criminal offence? If Yes, please give details:

Yes  No

## Section 4 . Privacy Act, Declaration & Signature

### Privacy Act

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

1. This insurance application form collects personal information about you.
2. This information is collected to evaluate the insurance you seek.
3. The intended recipients of the information are Jardine Lloyd Thompson Limited and Vero Insurance New Zealand Ltd.
4. The information is being collected and held by Jardine Lloyd Thompson Limited, PO Box 6743, Auckland and Vero Insurance New Zealand Ltd, Private Bag 92120, Auckland.
5. The collection of this information is required pursuant to the common law duty to disclose all material facts relevant to the insurance sought and is mandatory.
6. The failure to provide this information may result in your application being declined, or your insurance being void from the beginning.
7. You have rights of access to, and correction of, this information subject to the provisions of the Privacy Act 1993.

### Declaration

**I/We hereby declare and warrant that subject to any rights I/we have under the Criminal Records (Clean Slate) Act 2004**

I/We have never been refused or had any policy cancelled, renewal refused or special terms imposed.

I/We authorise the disclosure of personal information held by any other member of the insurance industry regarding my/our previous insurances.

I/We hereby declare and warrant that the information and answers given in this application are in every respect correct and complete and I/We agree that this application and declaration shall be the basis of the contract between us; and I/We further agree to accept the terms, exceptions, and conditions contained in the policy issued by Jardine Lloyd Thompson Limited and underwritten by Vero Insurance New Zealand Ltd, as modified or extended by any endorsements thereon or the policy schedule or on any certificate of insurance issued to me/us in lieu of a policy.

### Important Notice

Please note that you are required to:

- a) Tell Jardine Lloyd Thompson Limited about any other circumstances that may be relevant to us in considering this application, and
- b) Notify Jardine Lloyd Thompson Limited of any material events or changes which may occur once this application is accepted and the insurance cover commences.

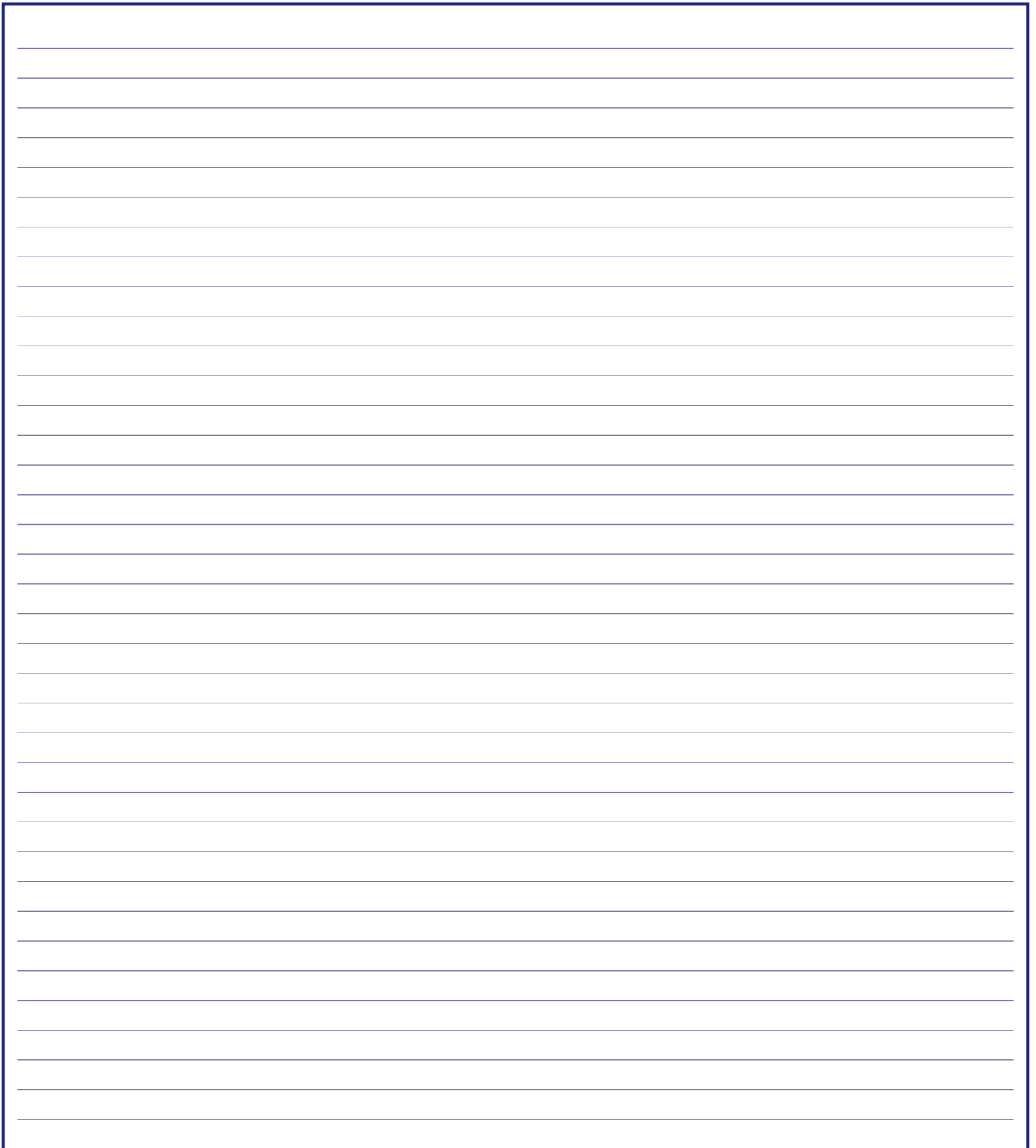
Signature

Date

/ /

Position

# Notes



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