

Delta Insurance New Zealand Ltd. Level 3, 57 Fort Street, Auckland 1010. PO Box 106 276, Auckland 1143. Tel 09 300 3079 [deltainsurance.co.nz](http://deltainsurance.co.nz)

## General, Statutory & Employers' Liability Insurance

### Notice

This proposal forms the basis of any insurance contract entered into. Please complete it fully and carefully, remembering to sign the Declaration. If you have insufficient space to complete any of your answers please continue on a separate attachment.

You have an ongoing duty to disclose all material facts and failure to do so could prejudice future claims.

### Applicant details

- 1 Name of applicant including trading names:
- 2 Names of subsidiaries:
- 3 Postal address of head office:
- 4 Website address:
- 5 Indicate the number of personnel in each applicable category:

Category	Number
Principals, partners and directors	
Qualified professionals	
Other technical staff	
Administrative and clerical	
Other (please describe)	

### Business details

- 1 Advise the number of years that the business has been operating:
- 2 Outline the nature of the business including a full description of your activities:

- 3 Please provide total gross income split as follows:

Country	Last financial year (actual)	Current financial year (projected)
New Zealand	\$	\$
Australia	\$	\$
Asia and Pacific Islands	\$	\$
UK & Europe	\$	\$
USA & Canada	\$	\$
<b>Total</b>	<b>\$</b>	<b>\$</b>

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

- 5 Do you use or employ sub-contractors?  Yes  No

If Yes, please advise what work they do for you and the total annual fees paid to them:

6 Do you provide any professional advice, design, specification or consultancy services to others?  Yes  No  
**If Yes**, please provide full details:

6a Do you charge a fee for this advice or service?  Yes  No

**Care, custody or control**

1 Do you have any property of others in your physical or legal control?  Yes  No  
**If Yes**, please advise:

Description of Property	Location	Max Value per Location
		\$
		\$
		\$

2 Do you charge a fee for holding this property for others?  Yes  No

**Hotwork**

1 Does any of your work involve the use of naked flames or open heat sources, including cutting or welding?  Yes  No  
**If Yes**, please provide full details:

Type of Hotwork	Where the work is carried out	% Annual Turnover
		%
		%
		%

**Hazardous substances**

1 Do you use, store, handle, manufacture or transport any acids, chemicals, gases, inflammables, explosives, toxic or hazardous substances or materials?  Yes  No  
**If Yes**, please provide full details:

2 Are they used, stored and transported in accordance with applicable laws and legislation?  Yes  No

**Contractual agreements**

1 Do you use a standard contractual agreement for the supply of your goods or services?  Yes  No

2 Do you use a standard contractual agreement when engaging independent consultants or contractors?  Yes  No

**Product Manufacturing, Distribution or Sale**

1 Please provide details of all Products you **manufacture, sell, supply, handle, treat or distribute:**  
*(Please attach any product brochures, catalogues or other applicable material)*

Product Details	Annual Turnover
	\$
	\$
	\$

2 Do you custom design (on customer request) any products that you manufacture or sell?  Yes  No

3 Do you operate and maintain any Quality Control procedures?  Yes  No  
**If Yes**, please advise details:

4 Have you ever withdrawn or recalled any products?  Yes  No  
**If Yes**, please advise details:

5 Is your business, now or in the past, involved in the manufacture, distribution or sale of the following goods?  
 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 or 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:

## Product Importing

1 Please provide details of all Products you **import**: *(Please attach product brochures, catalogues or other applicable material)*

Product Details - IMPORTS	Country of Origin	Annual Turnover
		\$
		\$
		\$
		\$

## Product Exporting

1 Please provide details of all Products you **export**: *(Please attach product brochures, catalogues or other applicable material)*

Product Details - EXPORTS	Export Destination	Annual Turnover
		\$
		\$
		\$

2 Do you export any products or goods to USA or Canada?  Yes  No

If Yes, please provide full details:

## Service & Repair

1 Do you service or repair motor vehicles?  Yes  No

If Yes, please describe the work carried out and the type of vehicles worked on:

Work carried out /type of vehicles worked on	Annual Turnover
	\$
	\$
	\$

2 Do you service or repair watercraft? (Note: The Policy excludes Watercraft over 8 metres in length)  Yes  No

If Yes, please describe the work carried out and the type of watercraft worked on:

Work carried out/type of watercraft worked on	Annual Turnover
	\$
	\$
	\$

## Statutory and Employers liability

1 Does the business have written procedures and/or systems to ensure compliance with any legislation that affects your business?  Yes  No

2 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:

3 Does the business regularly review Health & Safety procedures to ensure compliance with legislation?  Yes  No

4 Are any of your products or services subject to any legislation governed by the Financial Markets Authority?  Yes  No

If Yes, please advise what steps you have taken to ensure compliance with the legislation:

### Insurance history

1 Have you ever had any insurance declined or cancelled, renewal refused, special conditions imposed or a claim rejected?  Yes  No

If Yes, please provide details in a separate attachment.

2 Please provide details of your current liability insurance coverage:

Expiry Date	Insurer	Limit	Excess	Premium

### Claims history

1 Have any claims for the type of insurance requested in this proposal ever been made against you or have any circumstances ever occurred which would have resulted in a claim under the proposed insurance had the policy been in force?  Yes  No

If Yes, please provide full details of for each matter in a separate attachment including the date notified, the name of the insurer, details of the allegations, details of the amounts claimed, details of any amounts paid and the current status of the claim.

2 Have you ever been investigated or prosecuted in relation to any actual or alleged breach of legislation?  Yes  No

If Yes, please provide full details in a separate attachment.

3 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 for each matter in a separate attachment including the name of the claimant or potential claimant, a description of the allegations and an estimate of the amount of potential liability.

### Cover required

Limit of indemnity required:

General Liability	<input type="radio"/> \$1m	<input type="radio"/> \$2m	Other \$
Statutory Liability	<input type="radio"/> \$500,000	<input type="radio"/> \$1m	Other \$
Employers Liability	<input type="radio"/> \$500,000	<input type="radio"/> \$1m	Other \$

### Declaration

On behalf of all proposed Applicants I/We declare and agree that all information provided in this proposal or attachments is true and correct in every respect and that all information that may be material in considering this proposal form has been fully and accurately disclosed to Delta Insurance New Zealand Ltd in writing in a manner which would not mislead a prudent insurer.

I/We agree that this declaration shall be the basis of and incorporated in the insurance contract and that the insurance contract may be avoided (amongst other things) if any statement in this proposal is "substantially incorrect" or "material" as both terms are defined in the Insurance Law Reform Act 1977.

I/We undertake to inform Delta Insurance New Zealand Ltd of any material alteration to the above information whether occurring before or after the completion of this insurance contract.

I/We understand that:

- (a) I/We am/are obliged to advise Delta Insurance New Zealand Ltd of any information which may be material to its consideration of this application. This information includes all information I/We know (or could reasonably be expected to know) which could influence the judgement of Delta Insurance New Zealand Ltd whether or not to accept this application and (if accepted) on what terms, including cost and otherwise.
- (b) Failure to provide this information may result in Delta Insurance New Zealand Ltd refusing to provide the insurance.
- (c) I/We have certain rights of access to and correction of this information.

Signature of Principal, Partner or Director:

Full name of individual:

Date: