

Management Liability Package

Notice

This is a proposal form for a claims made policy. The policy will only respond to claims and/or circumstances which are first made against you and notified to Delta Insurance New Zealand Limited during the policy period.

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 Subsidiaries:
- 2 Postal address:
- 3 Please advise the number of locations: New Zealand Overseas
- 4 Please advise the number of staff (including Directors and Principals): New Zealand Overseas
- 5 Website address:
- 6 Advise the number of years that the business has been operating:
- 7 Outline the nature of the business including a full description of your activities:

Financial information

- 1 Please provide total gross income split as follows:

Country	Last Financial Year (actual)	Current Financial Year (projected)
New Zealand	\$	\$
Australia	\$	\$
Other (please specify)	\$	\$
Total	\$	\$

Note: If your Gross income is greater than \$20m in a year you may be asked to complete a full proposal form.

- 2 Is the Applicant currently able to meet its debts as they fall due? Yes No

Human Resource Management

- 1 Do you have procedures in place to counter the threat of employee theft such as controlled access to computer systems, segregation of duties, dual signing of cheques and dual authorisation of funds transfers? Yes No
- 2 Are all employees covered by a written employment contract? Yes No
- 3 Do you screen potential employees by use of credit checks, police checks and obtaining references from former employees? Yes No

Crime Risk

- 1 Do External Auditors audit all operations at least annually? Yes No
- 2 Are all premises containing stock, money, securities or valuables connected to an intruder alarm? Yes No
- 3 Is an independent physical count of stock, raw materials, work in progress and finished goods undertaken and is this count reconciled against stock levels? Yes No

General Liability

- 1 Do you have any property of others in your physical or legal control? Yes No
- 2 Do you service or repair motor vehicles or watercraft? Yes No
- 3 Do you provide any professional advice, design, specification or consultancy services to others? Yes No
- 4 Do you use, store, handle, manufacture or transport any acids, chemicals, gases, inflammables, explosives, toxic or hazardous substances or materials? Yes No

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

- 5 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:

- 6 Do you Export any products? Yes No

If Yes, please provide full details of the products, where they are exported to and their \$ value:

Product Details	Export Destination	Annual Value
		\$
		\$
		\$

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 Does the business regularly review Health & Safety procedures to ensure compliance with legislation? Yes No
- 3 Are any of your products or services subject to any legislation governed by the Financial Markets Authority? Yes No

Cyber Liability

- 1 Do you have software controls such as anti-virus protection on all computer systems? Yes No
- 2 Do you have access controls in place for employees and other users with privileged access to sensitive data? Yes No
- 3 Do you have security controls in place to prohibit and detect unauthorised access to computer systems and data centres? Yes No
- 4 Do you have backup and recovery procedures in place for all mission critical systems, data and information assets, in conjunction with a disaster recovery plan? Yes No
- 5 Is your businesses' network linked to, or dependent on, another business who provides a shared system or collection of your data? eg. a franchise which has a system or network linked to the franchisor or master franchisee Yes No
- 6 Do you fall into any of the following business categories: Do you fall into any of the following business categories: Financial Institution (including Credit Bureau or Payment Processor), Medical Institution, Call Centre, Data Processing firm, Telecommunications provider, Social Networking Firm, Gaming Company, Cloud Computing provider, SaaS Provider, Mortgage Broker, Financial Advisor, Pawn Shop or Sports Team Yes No
- 7 Have you sustained any single loss or losses, including any Administrative Fines, of a type covered by a data protection, cyber or network security insurance policy for which this proposal form has been completed? Yes No

If Yes to Questions 5, 6 or 7, please provide details below. Dependent upon your answers you may also be required to complete a full Cyber Liability proposal form.

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 you ever had any insurance declined or cancelled, renewal refused, special conditions imposed or a claim rejected? Yes No
- 2 Have any claims for the types 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
- 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** to any of the above questions please advise full details:

Cover required

Please select:	<input type="radio"/> Package A	<input type="radio"/> Package B	<input type="radio"/> Other
General Liability	\$2m	\$5m	Other \$
Statutory Liability	\$1m	\$1m	Other \$
Employers Liability	\$1m	\$1m	Other \$
Directors & Officers Liability	\$500,000	\$500,000	Other \$
Corporate Liability	\$500,000	\$500,000	Other \$
Employment Practices Liability	\$100,000	\$250,000	Other \$
Crime Insurance	\$50,000	\$100,000	Other \$
Cyber Liability			
Third Party Liability	\$250,000	\$250,000	Other \$
Hacker Theft Cover	\$50,000	\$50,000	Other \$
Business Interruption	\$50,000	\$50,000	Other \$
Costs to Restore	\$50,000	\$50,000	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: