

Legal Expenses 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 Confirmation

- 1 Has any insurer ever refused commercial legal expenses insurance, imposed special terms or declined to renew a commercial legal expenses insurance policy? Yes No
- 2 Has there been any dispute or legal proceedings to which this insurance would apply during the last five years? Yes No
- 3 Are you aware of any cause, event or circumstance which may give rise to a claim being made under this insurance? Yes No
- 4 Do you own or occupy more than 10 properties and/or leases to which this insurance would apply? Yes No
- 5 Are there more than five statutory licences to which this insurance would apply? Yes No
- 6 Is your business registered and domiciled outside of New Zealand? Yes No

If yes to any of the above, please provide full details (please continue on a separate sheet if necessary):

Applicant Details

- 7 Full name of proposer (including all names and subsidiaries to be covered):

- 8 Full address of proposer:

- 9 Website address:

- 10 Postal address:

- 11 Business description:

- 12 Employees: Last 12 months: _____ Next 12 months: _____
- 13 Turnover: Last 12 months: \$ _____ Next 12 months: \$ _____

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: / / _____



We are a member of the Insurance Council of New Zealand and adhere to the Fair Insurance Code which provides you with assurance that we have the highest standards of service for our customers.