

Group Personal Cyber Insurance

NOTICE

This proposal forms the basis of any insurance contract entered into. Please complete it fully and carefully, remembering to sign the Declaration. You have an ongoing duty to disclose all material facts and failure to do so could prejudice future claims.

This policy will only cover your employees based in New Zealand.

POLICYHOLDER INFORMATION

- 1 Name of Employer:
- 2 Principal address of Employer:
- 3 Number of employees currently working at Employer in New Zealand:
- 4 Number of employees expected to be working at Employer in 12 months in New Zealand:
- 5 Are you allowing your employees to Bring their Own Device? Yes No
- 6 Please provide an Excel list of current employee names and emails - [click here for template](#).

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.

Full name & title of individual:

Signature of Policyholder:

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.