

DUTY OF DISCLOSURE

This proposal form is to be completed by the Applicant or an Authorised Officer of the Applicant. The information provided to Vero Liability in this proposal form will be the basis of any contract of insurance entered into.

You must disclose to Vero Liability Insurance Limited all information which is material to it in deciding whether to issue insurance cover to you, and if so on what terms and/or premium. This includes but is not limited to any circumstances or conduct which might lead to a claim being made against you. This may also include information which is additional to the questions that we have asked. The duty to disclose material information occurs prior to the commencement of cover, prior to each renewal or whenever the policy is varied. This means that prior to renewal or any policy variations, as well as advising of new information you also need to advise us of any alterations to the facts previously notified. Failing to disclose material information may result in your policy being avoided. This means that your policy would be deemed to have never existed and no claims would be payable.

If there is insufficient space to provide full information in this proposal, please attach additional sheets. **WHEN IN DOUBT DISCLOSE.**

IMPORTANT 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 known to the Insured and notified to Vero Liability Insurance Limited during the policy period. The policy will not provide cover for:

- Events that occurred prior to the retroactive date of the policy (if specified).
- Claims made after the expiry of the policy period (or extended reporting period if available) even though the act giving rise to the claim may have occurred during the policy period.
- Claims notified or arising out of facts or circumstances notified under any previous policy or noted on the current proposal form or any previous proposal form.
- Claims made, threatened or intimated prior to the commencement of the policy period.
- Claims arising from circumstances known to the Insured at the commencement of the policy period as having the potential to give rise to a claim.

Applicant Details

Name of organisation for which Insured Person are applying for cover, including trading names and names of subsidiaries

Address

Website Address

Email Address Contact Person

Phone Number Broker / Agent

Company Details

1. Description of business

2. Gross Profit (actual for last 12 months) \$

3. Turnover (actual for last 12 months) \$

4. Indemnity Period 12 months Other

5. Number of Employees

6. Name and Address of your Auditors

7. Current Vero Liability Insurance Ltd policies:

Proposal Form Consequential Loss

8. Past Losses and Current Claims

If Describe below and liability claims during the past five years not already disclosed to Vero Liability Insurance Limited

Year of Loss	Description of Loss	Number of Claims	Amount Paid	Amount Outstanding
			\$	\$
			\$	\$
			\$	\$
			\$	\$

9. Prior Insurance

Has any insurer:

(i) declined to insure you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(ii) Cancelled or refused to renew your insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(iii) Imposed special terms to insure you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

▶ If Yes to any of the above please give details including name of Insurer:

10. Limit of Liability

- \$1,00,000
- \$2,000,000
- \$5,000,000
- Other

Declaration

On behalf of all proposed Insureds, I/We declare and agree that:

1. the information and answers given in this proposal are in every respect true and correct and that Vero Liability has been made aware of all information that may be material in considering this proposal.
2. this proposal and declaration shall be the basis of and incorporated in the insurance contract.
3. I/We warrant that we will notify Vero Liability of any material alteration to these facts whether occurring before or after the completion of this insurance contract.
4. Vero Liability is authorised to give to or obtain from any other insurers or any insurance broker or other party any information relating to this insurance or any other insurance held by me/us or any claim made by me/us.

I/We understand that:

- Vero Liability is collecting the information on this proposal for the purpose of conducting its business, evaluating our insurance requirements and deciding whether to issue insurance cover and if so on what terms.
- failure to provide any of this information may result in Vero Liability refusing to provide the insurance.
- this information will be held by Vero Liability at 23-29 Albert Street, Auckland.
- I/We have certain rights of access to and correction of this information.

Signed:

Title:

Date:

If this proposal form is being completed electronically, please print the completed form to sign.

Note: Completion of this proposal does not bind the Applicant or Vero Liability to enter into a contract of insurance.

Vero Liability Insurance Limited

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