

Liability Renewal Declaration



Business Insurance for
a growing New Zealand

Please complete the following questions to assist us in providing terms for the next period of insurance:

1. Insureds details

Name of Insured: _____

Policy number: _____ Review date: _____

Full description of your business activities: _____

Website: _____

2. Risk Information

Activity	Turnover last 12 Months	Estimated Turnover next 12 months
Total	\$	\$

2.1 Employee numbers Full Time _____ Part Time _____ Subcontractors _____

2.2 Does the business make or sell any products? Yes ☐ No ☐

2.3 Does the business have any overseas activities other than exports? Yes ☐ No ☐

2.4 Have there been any changes in your business activities or occupation? Yes ☐ No ☐

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

2.6 Does your business store other people's property? Yes ☐ No ☐

2.7 Does the business ever involve the use of naked or open heat sources including welding? Yes ☐ No ☐

2.8 Do you have any 'hold harmless' agreements or provide any waiver of subrogation or indemnities to another party? Yes ☐ No ☐

2.9 If subcontractors are used, do they have current Public Liability Insurance cover in force?
 Yes ☐ No ☐

Where yes to any part of the questions above please provide details below or on a separate page.
 Attached ☐

2.10 Is any work carried out away from your business premises?
 Yes ☐ No ☐

2.11 If yes to 10 above, does this include any of the following:
 Yes ☐ No ☐

- ▶ Bridges, tunnels, dams, wharves, jetties, underwater work, sea walls, harbours,
- ▶ Demolition, removal of structural support or the use of explosives
- ▶ Oil wells, power stations, railways, airport work, airside
- ▶ Buildings with EPS construction (i.e. Coolstores, meat processing plants, dairy plants)
- ▶ Work on motor vehicles
- ▶ Factories or manufacturing sites
- ▶ Any excavation of land
- ▶ Work outside of New Zealand

Please provide details:

2.12 Please provide full details of all your products:

2.13 Give details of products supplied and estimates of gross turnover for all territories:

Country	Products or Services	Turnover last 12 Months	Estimated Turnover next 12 months
New Zealand			
Australia			
North America*			
Europe / UK			
Asia			

*Please complete the North American Products Supplementary Questionnaire.
 Attached ☐

2.14 What products (or any components incorporated therein)are manufactured outside New Zealand?

2.15 What process do you have in place for Quality Control and Risk Management? _____

2.16 Total Business Assets (Actual Financial Assets from balance sheet) \$ _____

2.17 Profit (Loss) Last Financial Year \$ _____ Profit ☐ Loss ☐

2.18 Is the business currently able to meet its debts as they fall due? Yes ☐ No ☐

2.19 Are all employees covered by a written employment contract? Yes ☐ No ☐

2.20 Do you have procedures in place to counter the threat of employee theft such as controlled access to computer terminals and systems, segregation of duties such as funds transfer, signing cheques and investing funds? Yes ☐ No ☐

3. Declaration and Signature

After enquiry of all directors/officer and managers, in the last 5 years:

3.1 Have there been any claims made against you. Yes ☐ No ☐

3.2 Have any circumstances or events happened which could result in a claim under a Broadform Liability, Fidelity, Statutory, Employers Liability or Directors & Officers Policy? Yes ☐ No ☐

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

- (a) all information provided, in this proposal or attachments, is true and complete in every respect and that no Material Facts remain undisclosed;
- (b) if this risk is accepted, such information will be incorporated into and form the basis of the contract of insurance;
- (c) I/We understand that NZI requires this information in order to evaluate this proposal and that the Privacy Act 1993 entitles me/us to have access to, and request the correction of, any information retained;
- (d) NZI is authorised to disclose information to its advisers, reinsurers, other insurers and interested parties in the subject matter of this proposal;
- (e) NZI is authorised to check details against the Insurance Claims Register and to place information on the Insurance Claims Register which other insurers can access;
- (f) NZI is authorised to obtain from other parties any information which may be relevant to the acceptance of this risk;
- (g) the signing of this proposal does not bind either party to complete the contract and that no cover will be in force until confirmed by NZI.

Signature: _____ Date: _____

Position: _____