



Proposal Form

Commercial General Liability Insurance

IMPORTANT NOTICE

Please read the following before proceeding to complete this proposal form

When completing your proposal, you are obliged to report and provide full details of all circumstances which have become known to you and which would put a reasonable person in your position on notice that a Claim may be made against you. This is important to ensure that you make proper disclosure in order that your entitlement to full indemnity under your new policy is not placed in jeopardy.

Your Duty of Disclosure

Before you enter into a contract of Commercial General Liability insurance with an Insurer, you have a duty to disclose to the Insurer every matter that you know, or could reasonably be expected to know about yourself and others to be insured, is relevant to the Insurer's decision whether to accept the risk of the insurance and, if so, upon what terms. You have the same duty to disclose those matters to the Insurer before you renew, extend, vary or reinstate a contract of Commercial General Liability insurance.

Your duty however, does not require disclosure of matter:

- that diminishes the risk to be undertaken by the Insurer;
- that is of common knowledge;
- that your Insurer knows or, in the ordinary course of his business, ought to know;
- as to which compliance with your duty is waived by their Insurer.

(It should be noted that this duty continues after the Proposal Form has been completed up until the time the Policy is entered into.)

Non-Disclosure

If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce their liability under the contract in respect of a Claim or may cancel the contract. If your non-disclosure is fraudulent, the Insurer may also have the option of avoiding the contract in its entirety. It is therefore vital that you make sufficient enquiries BEFORE you complete your Proposal Form and BEFORE you sign any declaration that there has been no change in the information provided.

Surrender or Waiver of any Right of Contribution or Indemnity

Where another person or company would be liable to compensate you or hold you harmless for part or all of any loss or damage otherwise covered by the Policy, but you have agreed with that person either before or after the inception of the Policy that you would not seek to recover any loss or damage from that person, you are NOT covered under the Policy for any such loss or damage.

Contract by the Insured Affecting Rights of Subrogation

If the proposed contract of insurance includes a provision which excludes or limits the Insurer's liability in respect of any loss because you are a party to an agreement which excludes or limits your rights to recover damages from a third party in respect of that loss, you are hereby notified that signing any such agreement may place your indemnity under the proposed contract of insurance at risk.

When Completing this Proposal Form

- Please answer all questions honestly, giving full and complete answers.
- It is the duty of the Applicant to provide all information that is requested in the Proposal Form as well as to add any additional relevant facts.

Note: A relevant fact is a fact and/or circumstance that may influence the evaluation of the risk by the insurer. If you have any doubts about what a relevant fact is, please do not hesitate to contact your broker.

- If the space provided on the Proposal Form is insufficient, please use a separate signed and dated sheet in order to provide a complete answer to the question.
- The Proposal Form must be completed, signed and dated by a person, who must be of legal capacity and authorised for the purpose of requesting Commercial General Liability insurance for the organisation who acts as the Applicant.

This proposal form DOES NOT BIND the Applicant or the Insurer to complete the insurance but will form part of any insurance.

Privacy Collection Statement

At International Underwriting Agencies Ltd (IUA), we are committed to protecting your privacy and complying with the Privacy Act 2020 (NZ) (Privacy Act).

We use your information to assess the risk of providing you with insurance, provide quotations, issue policies and assess claims, on behalf of the insurers we represent. We also use your information to administer any policies we have issued to you and may do so by mail or electronically, unless you tell us that you do not wish to receive electronic communications. If you do not provide us with full information, we may not be able to provide insurance or assess a claim. If you provide us with information about someone else, you must obtain their consent to do so.

We provide your personal information to the insurer we represent when we issue and administer your insurance. When providing a quotation or insurance terms, we will tell you if the insurer is overseas and if so, where they are. We may also provide your information to your broker and our contracted third-party service providers (e.g. claims management companies).

Our Privacy Policy contains more information about how to access and correct the information we hold about you and how to make a privacy related complaint, including how we will deal with it. By providing us with your personal information, you consent to its collection and use as outlined above and in our Privacy Policy. Ask us for a copy of our Privacy Policy via email at privacy@dualnewzealand.co.nz or access it via our website using the following [link](#).

Fair Insurance Code

Our policies are Insurance Council of New Zealand's Fair Insurance Code of Practice compliant, apart from any claims adjusted outside New Zealand. Underwriters at Lloyd's and IUA proudly support the Fair Insurance Code. The purpose of the Code is to raise standards of practice and service in the general insurance industry. A copy of this Code is available by contacting IUA on +64 09 914 6440 or from the Insurance Council of New Zealand's website at www.icnz.org.nz

Section 1 | Details of Applicant

Proposer Name: _____

Principal Address: _____

Postcode: _____ Telephone: _____

Number of Locations: In New Zealand: _____ Outside New Zealand: _____

Number of years in continuous business: _____

Period of Insurance: **From** / / **to** / / **at 4:00pm**

Amount of indemnity required: _____ Per occurrence and in the aggregate in respect of Products Hazard.

Amount of excess: _____ Per Occurrence.

Section 2 | Description of Business

1. Please provide a description of your business: _____

Section 3 | Products & Operations

1. Please describe fully the types of products manufactured, sold, handled, treated, hired out or distributed or the type of services that are performed for others.

Identify specifically any products manufactured for use in aircraft or watercraft: _____

2. Does the proposer design parts of completed components for others? Yes [] No []

3. Does the proposer manufacture to the designs, formulae, plans or specifications? Yes [] No []

4. Have Product Brochures been published? Yes [] No []

If YES, please provide the latest copies / Editions: _____

5. Please indicate Annual Turnover / Sales as follows:

a. Actual turnover for the immediate last financial year: _____

b. Estimated turnover for the forthcoming year: _____

c. In respect of products manufactured or exported, please complete the following charts:

NEW ZEALAND ONLY		
Product	Prior Year (\$)	Current Year (\$)

FOREIGN EXPORTS		
Country	Prior Year (\$)	Current Year (\$)

USA / CANADA		
Country	Prior Year (\$)	Current Year (\$)

Section 4 | Outside Operations

1. Please supply details of any operations away from the premises including but not limited to contracting, servicing/ maintenance, building or plant erection and machinery installation:

2. Do any of the above operations include a cutting or a welding process? Yes [] No []

3. Amount of turnover derived from the operations detailed in Section 3, Q1:

Last financial year: _____ Forthcoming financial year: _____

Section 5 Manufacturing and Quality Control Procedures

1. Does the proposer have a quality control manual? Yes [] No []

If YES, how long has the manual been in use? _____

2. When was the last manual reviewed? _____

3. Is any person responsible for quality control? Yes [] No []

If YES, please supply the following details:

Name: _____ Title: _____

Person to whom he/she is responsible: _____

4. Is there a written product recall plan in existence? Yes [] No []

If YES, please provide a copy.

Section 6 Property Owners Risk

1. Number of locations: _____

2. Description/occupancy of property: _____

Section 7 Professional or Other Services

1. Does the proposer carry on any professional, technical, consultancy, advisory or like services either for a fee or as an ancillary service to the business of the proposer? Yes [] No []

If YES, please give details of such services, personnel employed and to whom such services are offered: _____

Section 8 Description of Care, Custody or Control Exposure

1. List all non-owned premises e.g. Land or Buildings occupied under lease or rental agreements:

Location	Type of Property	Approximate Value

2. List all property of others in the care custody or control of the proposer. Include details of all goods, merchandise or equipment being leased, repaired, serviced, and treated or on consignment or bailment:

Location	Type of Property	Approximate Value

3. Have any hold harmless or indemnification agreements been signed which relate to destruction of or damage to the property listed above? Yes [] No []

If YES, please give details of such services, personnel employed and to whom such services are offered:

4. Has the proposer assumed any obligations under any contract or agreement, including Hold Harmless or Indemnification agreements other than specifically recorded under 7.c)? Yes [] No []

If YES, please give details and attach copies of such agreements: _____

Section 9 | Imports

1. Please supply details of all imported goods including the use of such goods and the country of origin:

a. Percentage of turnover derived from such goods: _____%

Section 10 | Foreign Operations/Companies

1. Does the proposer have any foreign operations / companies? Yes [] No []

If YES, please describe and provide locations: _____

Section 11 Subsidiaries

Attach a list of all subsidiaries to be covered by the proposed insurance, together with details of the business carried on by such subsidiaries.

Attached []

Section 12 Statutory Liability

STL Statutory Liability

1. Included [] Sum Insured: _____ Excess Amount: _____

2. Have any circumstances ever occurred which could result in a claim under this cover you are applying for? Yes [] No []

If YES, please provide details below or attach a separate sheet of paper detailing the circumstances: _____

3. Resource Management Act

a. Do you need, or have you ever applied for, a resource consent and/or certificate of compliance under the Resource Management Act? Yes [] No []

b. Please give full details of any pollution or environmental incident involving the Business during the last five years:

4. Resource Management Act

a. Does any building owned, leased or tenanted by you require a building consent or an annual building warrant of fitness? Yes [] No []

If YES, are the consents and/or warrants of fitness current? Yes [] No []

If NO, please give reasons: _____

Section 13 Employers Liability

EMP **Employers Liability** Yes [] No [] Sum Insured: _____ Excess Amount: _____

EXD **Exemplary Damages** Yes [] No [] Sum Insured: _____ Excess Amount: _____

LEG **Prosecution Defence Costs** Yes [] No [] Sum Insured: _____ Excess Amount: _____

Annual Premium: \$ _____

- a. Estimated annual ACC Levy: \$ _____
- b. Number of FTE staff employed? _____
- c. Are you an 'exempt' or 'accredited' employer under current ACC legislation? Exempt [] Accredited []
- d. Do any operations involve the use of machinery? Yes [] No []

If YES, please give details: _____

- e. Have any circumstances ever occurred which could result in a claim under this cover you are applying for? Yes [] No []

If YES, please give details: _____

Section 14 | Past Losses and Current Claims

1. Please indicate and describe below all losses or circumstances paid or now reserved (whether or not resulting in claims) occurring during the last five (5) years. Yes [] No []

Year of Loss	Description of Loss	Number of Claims	Amount Outstanding

2. Are there any claims currently pending against the proposer, or is the proposer aware of after enquiry of any circumstance which could give rise to a claim under the proposed insurance? Yes [] No []

If YES, please give details: _____

Section 15 | Previous Insurance Details

1. Please supply details of insurance held during the past three (3) years including the names(s) of the Insurer(s):

2. Has any Insurer:

- | | | |
|--|---------|--------|
| a. Declined to insure you? | Yes [] | No [] |
| b. Cancelled or refused to renew your insurance? | Yes [] | No [] |
| c. Imposed special terms to insure you? | Yes [] | No [] |

If YES, please give details including name of Insurer: _____

Section 8

Declaration

SIGNING THIS PROPOSAL FORM DOES NOT BIND THE PROPOSER OR THE INSURER TO COMPLETE THIS INSURANCE

The undersigned declares that the statement and particulars in this Proposal Form are true and that no material facts have been misstated or suppressed after enquiry. The undersigned agree that should any of the information given by us alter between the date of this Proposal and the inception date of the insurance to which this Proposal relates, the undersigned will give immediate notice thereof. The undersigned agrees that the Underwriters may use and disclose our personal information in accordance with the 'Privacy Collection Statement' at the beginning of this Proposal. The undersigned agrees that this Proposal, together with any other information supplied by us shall form the basis of any contract of insurance effected thereon.

The undersigned acknowledges that they have read the policy wording and associated endorsements and are satisfied with the coverage provided, including the limitations and restrictions on coverage.

TO BE SIGNED BY THE INSURED FOR WHOM THIS INSURANCE IS INTENDED FOR

Full Name: _____

Position: _____

Signature: _____ Date: / /

IT IS IMPORTANT THE UNDERSIGNED OF THE DECLARATION ABOVE IS FULLY AWARE OF THE SCOPE OF THIS INSURANCE SO THAT THESE QUESTIONS CAN BE ANSWERED CORRECTLY. IF IN DOUBT, PLEASE CONTACT THE BROKER OR AGENT, SINCE NON-DISCLOSURE MAY AFFECT AN INSURED'S RIGHT OF RECOVERY UNDER THE POLICY

We recommend that you keep a record of all information supplied for the purpose of entering into an insurance contract (including copies of this proposal form and correspondence).