

# LIABILITY ESSENTIALS APPLICATION FORM



LIABILITY

## YOUR DUTY OF DISCLOSURE

You must tell us all information you know (or could reasonably be expected to know) which would influence the judgement of a prudent underwriter whether or not to accept your application, and if it is accepted, on what terms and at what cost.

### Examples of information you may need to disclose include:

- anything that increases the risk of an insurance claim;
- any criminal record;
- if another insurer has cancelled or refused to renew insurance, or has imposed special terms;
- any insurance claim you have made in the past.

### Examples of information you do not need to disclose include:

- anything that reduces the risk of an insurance claim;
- anything we say you do not need to tell us about;
- anything that is common knowledge;
- anything you have already told us, or that we should be expected to know in the ordinary course of our business.

These examples are a guide only. If you are not sure whether you need to disclose a particular piece of information, please ask.

### WHEN IN DOUBT – DISCLOSE. ALL INFORMATION WILL BE TREATED CONFIDENTIALLY.

Answer all questions. Blanks and/or dashes, or answers 'known to underwriters or brokers' are not acceptable and will delay consideration of this proposal.

If there is insufficient room to complete a question, please answer the question on a separate page and attach to this application form.

Any documents attached to the proposal form are part of this proposal.

Where appropriate, please tick the yes or no box which best indicates your reply.

## YOUR DETAILS

1. Full legal name of business (including trading names, subsidiary companies or other parties to be insured) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Contact Details  
Postal Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Mobile \_\_\_\_\_ Email Address \_\_\_\_\_  
Website Address \_\_\_\_\_

## COVER OPTIONS

### 1. Broadform Liability

Limit of indemnity \$ \_\_\_\_\_

The extensions listed below have standard sub limits applicable. If you wish to select a higher amount to the standard, please specify amount in the table below:

	Standard Limit	Alternative Limit
Bailee's Liability	\$250,000	
Forest and Rural Fires Act	\$250,000	
Motor Repair and Storage Liability	\$250,000	
Vibration, Removal, Weakening of Support Liability	\$250,000	
Watercraft Repair and Storage Liability	\$250,000	

## 2. Statutory & Employers Liability

The policies listed below have standard limits applicable. If you wish to select a higher limit, please specify amount in the table below:

	Standard Limit	Alternative Limit
Statutory Liability	\$250,000	
Employers Liability	\$250,000	

### YOUR BUSINESS

1. Please provide the following details for the business:

- Annual Turnover  
Last 12 months \$ \_\_\_\_\_  
Estimated for next 12 months \$ \_\_\_\_\_
- Number of employees (FTE) \_\_\_\_\_

2. How long has the business been established? \_\_\_\_\_

*If this is a new business, please provide details of your previous experience:*

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3. Please complete the table below about your business activities:

Description of business activity	Turnover last 12 months	Estimated turnover for next 12 months

4. Is any work carried out away from your business premises?

No ☐ Yes ☐ If yes, please provide a detailed description of all activities:

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5. Are any of your operations carried out outside of New Zealand?

No ☐ Yes ☐ If yes, please provide full details of work outside New Zealand including turnover, description of work, location and estimated time spent overseas:

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6. Do you engage subcontractors? No ☐ Yes ☐

If yes, do you require them to hold their own General Liability policy?

No ☐ Yes ☐ If yes, at what limit of indemnity? \$ \_\_\_\_\_

7. Does any of your work involve welding, cutting, hot works, or use of naked flames?

No ☐ Yes ☐ If yes, please provide details:

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8. Do any operations involve the use, transportation, storage or processing of dangerous goods or hazardous materials (subject to the Dangerous Goods Act 1974, the Hazardous Substances and New Organisms Act 1996, or to codes of practice or regulations under the Health and Safety in Employment Act 1992)?

No ☐ Yes ☐ If yes, please provide details:

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9. Do you provide professional services or design products?

No ☐ Yes ☐ If yes, please provide details:

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10. Do you use mobile plant in your business activities?

No ☐ Yes ☐ If yes, please provide details:

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11. Do you service and/or repair any third party property?

No ☐ Yes ☐ If yes, please provide details including turnover from any repair or servicing activities:

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## PRODUCTS LIABILITY

1. Please give a description of any goods your business manufactures or sells.

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2. Does your business export any products?

No ☐ Yes ☐ If yes, please complete the table below:

Country	Product description	Turnover last 12 months	Estimated turnover next 12 months
New Zealand			
Australia			
North America*			
Europe			
Other			

\* Please complete the North American Products Supplementary Questionnaire.

3. Do you require cover for products you have previously exported outside NZ?

No ☐ Yes ☐ If yes, please provide full details of previous exports if so including product description, location of exports & turnover:

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4. Are you aware of any of your products being exported by your customers?

No ☐ Yes ☐ If yes, please provide details:

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5. Is your product a component in another product?

No ☐ Yes ☐ If yes, please provide details:

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6. Please provide details of your Quality control procedures (if you have a Q/C manual please supply copy).

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7. Do you have a product recall plan in place? No ☐ Yes ☐

8. Are any of your products or components of your products imported by you?

No ☐ Yes ☐ If yes, please provide details:

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## BAILEES

1. Do you have third party property in your care, custody or control?

No ☐ Yes ☐ If yes, please provide details:  
(If exposure is more than incidental please complete the Care Custody & Control checklist)

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## CONTRACTUAL LIABILITY

1. Do you have any contracts or agreements where the other party limits their liability to you?

No ☐ Yes ☐ If yes, please provide a copy of the contracts or agreements.

2. Do you have any warranties or conditions of sale that reduce your liabilities with your customers?

No ☐ Yes ☐ If yes, please provide a copy of the warranties or conditions of sale.

## STATUTORY LIABILITY

1. Have any circumstances in the last 5 years occurred which could result in a claim under this cover you are applying for?

No ☐ Yes ☐ If yes, please provide details:

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2. Are there any Acts that are particularly relevant to your business?

No ☐ Yes ☐ If yes, please list the Acts:

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3. Do you need or have you ever applied for, a resource consent and/or certificate of compliance under the Resource Management Act?

No ☐ Yes ☐ If yes, please provide details:

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## PREVIOUS INSURANCE

1. Have you previously held liability insurance?

No ☐ Yes ☐ If yes, please list all insurers for the last 5 years:

Insurance Company	Branch	Period From	Period To	Policy (if known)

2. Have you had any accidents, claims or losses, whether or not the subject of an insurance claim, in the past 5 years?

No ☐ Yes ☐ If yes, please give full details below, and/or on a separate page:

Date of Event	Description of Event	Insurance Company	Total Cost

3. Have you ever had a claim declined by an insurer?

No ☐ Yes ☐ If yes, please state insurer and give full details of event:

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4. Have you ever been refused insurance, refused to have insurance continued, or had special terms imposed on you by any insurer?

No ☐ Yes ☐ If yes, please state insurer and give full details:

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## GENERAL QUESTIONS

1. Have you ever:
- (a) been imprisoned for any criminal offence, or
  - (b) had any other conviction for any other criminal offence within the last 7 years, or
  - (c) had any prosecution pending for any criminal offence?

No ☐ Yes ☐ *If yes, please provide full details:*

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2. Is there any other information which could affect the acceptance of this insurance?

No ☐ Yes ☐ *If yes, please provide full details:*

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## DECLARATION

I/We hereby declare that:

The above statements are true, and I/we have disclosed all material facts and should any information given by me/us alter between the date of this Proposal form and the inception date of the insurance to which this Proposal relates I/we shall give immediate notice thereof.

I/We authorise NZI, a business division of IAG New Zealand Limited, to collect or disclose any personal information relating to this insurance to/from any other insurers or the Insurance Claims Register.

I/We also confirm that the undersigned is authorised to act for and on behalf of all persons who may be entitled to indemnity under any policy which may be issued pursuant to this Proposal form and I/we complete this Proposal form on their behalf.

To be signed by the Chairman/President/Managing Partner/Managing Director/Principal of the association/partnership/company/practice/business.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

It is important the signatory/signatories to the Declaration is/are fully aware of the scope of this insurance so that all questions can be answered. If in doubt, please contact your insurance broker since non-disclosure may affect an Insured's right of recover under the policy or lead it to being voided.