

LIABILITY INSURANCE RENEWAL DECLARATION



LIABILITY

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

INSURED'S DETAILS

Name of Insured _____

Policy Number _____ Review Date _____

Business Occupation _____

BUSINESS DETAILS

1. Actual Turnover

(a) Last 12 Months \$ _____

(b) Next 12 Months \$ _____

2. Number of Employees (Full time equivalents) _____

3. Does the Business make or sell any products?

No ☐ Yes ☐ If yes, please complete the Products Questionnaire on the reverse.

4. Does the Business have any overseas activities other than Exports?

No ☐ Yes ☐ If yes, please provide details:

5. Has there been any significant changes in your business activities or occupation from the business occupation above?

No ☐ Yes ☐ If yes, please provide details:

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

No ☐ Yes ☐ If yes, please provide details including percentage of work done offsite:

7. After enquiry of all directors/officers and managers, have there been any claims made against you or have any circumstances occurred, or become known to you, that may give rise to a claim against you that has not been reported to NZI?

No ☐ Yes ☐ If yes, please provide details:

STATUTORY LIABILITY

1. Have any circumstances in the last 5 years occurred which could result in a claim under a statutory liability policy?

No ☐ Yes ☐ If yes, please provide details:

ESSENTIALS PLUS

1. Total Business Assets (Actual Financial Assets from balance sheet) \$ _____
2. Profit (Loss) Last Financial Year \$ _____ Profit ☐ Loss ☐
3. Is the Business currently able to meet its debts as they fall due? No ☐ Yes ☐

PRODUCTS QUESTIONNAIRE

1. List the full details of all of your products:

2. Give details of products supplied and estimates of gross turnover for all territories.

| 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. What proportion of your products (or any components incorporated therein) is manufactured outside New Zealand?

4. Do you have any 'hold harmless', waiver of subrogation or provide indemnities to another party?

No ☐ Yes ☐ If yes, please provide details:

5. What process do you have in place for Quality Control and Risk Management?

DECLARATION AND SIGNATURE

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 Declaration form and the inception date of the insurance to which this Declaration 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/are 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 Declaration form on their behalf.

Signature _____ Date ____/____/____