

Management Liability Renewal Declaration



Important Notice

This renewal declaration will form a key part of your ongoing contract(s) of insurance with Southern Pacific Underwriting Agency Limited and it is important that all material facts continue to be fully, frankly and accurately disclosed. If you are completing this form electronically, please open it using the latest version of Adobe Reader. Upon completion, you need to print this form and **sign the declaration**.

Jurisdiction

Except to the extent otherwise provided in any subsequently issued policy, the content and use of this form and any agreement entered into pursuant to this form or any dealing in relation to or arising from this form are governed.

Material Facts

All material facts must be disclosed – whether subject to a specific question contained herein or not. You have a continuing duty to disclose all material facts to your insurer throughout the duration of any period of insurance. Failure to disclose a material fact may prejudice your rights under the policy in the event of a claim and/or render the policy void.

A material fact is any fact, matter or other information which may alter or influence an insurer’s assessment or acceptance of this application. If you are in any doubt as to whether a fact is material then it should be disclosed to the insurer.

Applicant Details

Insured Name	Broker Name
Policy Number	Expiry Date

Renewal Details

1. Provide a full description of your business activities and any changes expected over the next 12 months

2. Please provide a list of business activities and a percentage.

Activity	Last Complete Year	Forthcoming Year
Total	100%	100%

3. Number of employees

4. Turnover

Actual – LAST financial year \$	Estimate – THIS financial year \$
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5. If you export products, please provide details below:

N/A

Country	Turnover	Country	Turnover
	\$		\$
	\$		\$

If you export to the USA or Canada, please complete a ‘North American Exposure’ supplementary questionnaire.

6. Is the business currently able to meet its debts as they fall due?
If 'no', provide full details

Yes

No

7. After enquiry, are there any claims currently pending against you, or any other person or entity to be insured under this insurance, or are you aware of any circumstances which could give rise to a claim under the proposed insurance?
If 'yes', provide full details

Yes

No

Declaration

On behalf of all proposed insured's, 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 SPUA requires this information in order to evaluate this proposal and that Privacy Act 1993 entitles me/us to have access to, and request the correction of, any information retained;
- d) SPUA is authorised to disclose information to its advisers, reinsurers, other insurers and parties with a financial interest in the subject matter of this proposal;
- e) SPUA is authorised to check details against the Insurance Claims Register and to place information on the Insurance Claims Register which other insurers can access on behalf of Certain Underwriters at Lloyd's;
- f) SPUA 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 SPUA.

Signed

Date

Printed Name

Position