

Management Liability Proposal



Important Notice

MATERIAL FACTS

"You" (this means every person or entity to be insured under this insurance) are under a duty to disclose all material facts that could influence Southern Pacific Underwriting Agency Limited's decision to accept this insurance and, if so, on what terms. You need to disclose both facts known to you AND facts which you could have been reasonably expected to know about. If you are in any doubt as to whether a fact may be material, you should disclose it to ensure that any cover granted is not prejudiced.

NON DISCLOSURE/MISSTATEMENT

If you fail to comply with your duty of disclosure, Southern Pacific Underwriting Agency Limited may be entitled to avoid the contract altogether, and so decline to pay any claim.

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 by the laws of New Zealand and in relation to those matters, the parties submit to the jurisdiction of the courts of New Zealand.

- Please answer ALL questions fully. If you need extra space please attach additional pages on your company letterhead.

Applicant Details

Name (provide the full name of all entities to be Insured)

Website

Date

Broker Details

Company

Individual

Cover Required

1. Details of current insurance

	Insurer	Retroactive Date	Limit Required
a) General Liability		N/A	
b) Fidelity			
c) Employment Practice Liability			
d) Directors & Officers Liability			
e) Statutory Liability			
f) Employers Liability			
g) Internet Liability			
h) Criminal Defence Legal Costs			

2. Period of Insurance required:

From 4pm

To 4pm

3 Do you wish to increase your standard General Liability Limit?

Yes

No

If Yes, please indicate the Limit of Indemnity that you require \$

Business / Financial Details

1. How many people do you employ in New Zealand?

Employees – Full Time

Employees – Part Time

Directors

Total

2. Provide a full description of your business activities and operations and a breakdown of the turnover for each activity or operation. (If a landlord, advise details of your tenants' businesses.)

Description of business or industrial activity	Actual turnover LAST year	Estimated turnover THIS year
	\$	\$
	\$	\$
	\$	\$
	\$	\$

3. Advise where your business is conducted, your activities at each location and whether premises are owned or leased.

Location(s) where the business is conducted within New Zealand	Activities	Owned/Leased

4. Do you have any locations or contracts to work outside of New Zealand?
(If yes, please provide full details in a separate attachment) Yes No

5. a) Is the business currently able to meet its debts as they fall due? Yes No

b) Do you require the Insolvency Exclusion to be removed? Yes No

If 'Yes', please complete a SPUA Insolvency Supplementary Questionnaire.

Product Details

Note: Insured's Products means any goods, products, (including labels, instructions for use and advice) and property after they have ceased to be in the possession of or under the control of the Insured, manufactured, constructed, erected, installed, repaired, serviced, treated, sold, supplied or distributed by the Insured (including any container, other than a Vehicle).

1. Do you manufacture the Products you sell? Yes No

If 'Yes', please advise what Products you design and whether they are to your own or your customers' specifications.

Product designed by	Specifications by

2. Are any of your Products used as components of, or incorporated or mixed into, any other products produced by any other parties? Yes No

If Yes, please provide details below

3. Provide details of all Products sold in New Zealand

Product Type	Actual turnover LAST year	Estimated turnover THIS year
	\$	\$
	\$	\$
	\$	\$
	\$	\$

4. Provide details of all work you carry out away from your premises and the percentage of turnover this generates.

Nature of work	% of annual turnover
	%
	%
	%

5. Does any of your work involve cutting or welding, the use of naked flames or open heat sources?

Nature of work	% of annual turnover
	%
	%

6. Do you use, store, handle, manufacture or transport any acids, bulk liquids, chemicals, explosives, gases or any flammable, hazardous or toxic goods or substances?

If 'Yes', provide details.

Type of hazardous or toxic substance	Quantity	How used / stored / transported

7. Provide details of all Products exported.

Product type	Country	Actual turnover LAST year	Estimated turnover THIS year
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Claims Experience

1. During the past five years have you, or any other entity to be insured under this insurance, had any loss, proceedings, notice, complaint, claim or prosecution made against you or any fine imposed? (Include all matters, irrespective of whether any insurance was in force and irrespective of any policy excess.)

If 'Yes', please provide details below or attach prior insurers' claims experience(s).

Yes

No

Date of loss	Description of loss	Amount of loss/claim
		\$
		\$
		\$
		\$

2. 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 that could give rise to a claim under the proposed insurance?

If 'Yes', please provide details below

Yes

No

3. In respect of Directors & Officers Liability, after enquiry, have any claims been made in the past ten years against the business (or any of its predecessors in business or any prior business) or any present or former partners, principals, directors or officers, or have circumstances been notified to insurers which might give rise to a claim under Directors & Officers Liability?

If 'Yes', please provide details below

Yes

No

Prior Insurance

Has any insurer ever:

a) declined to insure you?

Yes

No

b) cancelled or refused to renew your policy?

Yes

No

c) imposed special terms or conditions in respect of ANY policy for the types of insurance being applied for?

Yes

No

If 'Yes' to any of the above, please provide full details, including the name of the insurer.

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