



Associations Liability Insurance
Proposal form



NOTICE

This proposal forms the basis of any insurance contract entered into. Please complete it fully and carefully, remembering to sign the Declaration. If you have insufficient space to complete any of your answers please continue on a separate attachment. You have an ongoing duty to disclose all material facts and failure to do so could prejudice future claims.

APPLICANT DETAILS

1 Name of organisation:

2 Postal address:

3 Please advise the number of locations: NZ: Overseas:
 If overseas, please provide details (country and region):

4 Website address:

5 Advise how long that the organisation has been operating:

6 Outline the nature of the business/profession including a full description of your activities or attach full details:

7 Does the organisation require cover for any elected representatives holding an external position on behalf of the organisation? Yes No

if Yes please provide details

FINANCIAL INFORMATION

8 Please provide total gross income split as follows:

| Region | Last financial year | Current financial year (estimate) | Number of staff members | Number of Members |
|--------------------------|---------------------|-----------------------------------|-------------------------|-------------------|
| New Zealand | \$ | \$ | | |
| Australia | \$ | \$ | | |
| Europe | \$ | \$ | | |
| USA/Canada | \$ | \$ | | |
| Rest of world (specify): | \$ | \$ | | |
| Total | \$ | \$ | | |

9 Current Assets: \$ Current Liabilities: \$
 Non Current Assets: \$ Non current Liabilities: \$

10 Is the organisation able to meet its financial commitments (when due) Yes No

CRIME

- 11 Does payment to any new payee or new bank account, where the payment to be made is in excess of \$5,000, require two factor verification (ie email + phone call or txt etc) with the party you intend to pay and with the authoriser? Yes No
- 12 Are there segregation operations so that one person cannot control any function from start to finish without referral to another person (ie signing of cheques, authorising of payments, issuing fund transfer instructions)? Yes No
- 13 Do changes to existing payees bank account numbers require verification by another means of communication? Yes No

HUMAN RESOURCE

- 14 Are all employees covered by a written employment contract? Yes No
- 15 Do you screen potential employees by use of credit checks, police checks or by obtaining references from former employees? Yes No
- 16 Do you use volunteer services Yes No
if yes please advise details of work undertaken

- 17 Do you immediately remove access rights of all terminated staff? Yes No

GENERAL LIABILITY

- 18 Do you have any property of others in your physical or legal control? Yes No
- 19 Do you service or repair motor vehicles or watercraft? Yes No
- 20 Do you provide any professional advice, design, specification or consultancy services to others? Yes No
- 21 Do you use, store, handle, manufacture or transport any acids, chemicals, gases, inflammables, explosives, toxic or hazardous substances or materials? Yes No

If Yes to any of the above, please provide full details:

- 22 Does any of your work involve the use of naked flames or open heat sources, including cutting or welding? Yes No

If Yes, please provide full details:

- 23 Do you Export any products? Yes No

If Yes, please provide full details of the products, where they are exported to and their \$ value:

| Product Details | Export Destination | Annual Value |
|-----------------|--------------------|--------------|
| | | \$ |
| | | \$ |
| | | \$ |

STATUTORY AND EMPLOYERS LIABILITY

- 24 Does the business have written procedures and/or systems to ensure compliance with any legislation that affects your business? Yes No
- 25 Does the business regularly review Health & Safety procedures to ensure compliance with legislation? Yes No
- 26 Are any of your products or services subject to any legislation governed by the Financial Markets Authority? Yes No

INSURANCE HISTORY

- 27 Have you ever had any insurance declined or cancelled, renewal refused, special conditions imposed or a claim rejected? Yes No
- 28 Have any claims for the types of insurance requested in this proposal ever been made against you or have any circumstances ever occurred which would have resulted in a claim under the proposed insurance had the policy been in force? Yes No
- 29 Are there any claims currently pending against you, or are you aware, after enquiry, of any circumstances that could give rise to a claim under the proposed insurance? Yes No

If Yes to any of the above questions, please advise full details in a separate attachment.

DECLARATION

On behalf of all proposed Applicants I/We declare and agree that all information provided in this proposal or attachments is true and correct in every respect and that all information that may be material in considering this proposal form has been fully and accurately disclosed to Delta Insurance New Zealand Limited in writing in a manner which would not mislead a prudent insurer.

I/We agree that this declaration shall be the basis of and incorporated in the insurance contract and that the insurance contract may be avoided (amongst other things) if any statement in this proposal is "substantially incorrect" or "material" as both terms are defined in the Insurance Law Reform Act 1977.

In providing this information, I agree to Delta Insurance New Zealand Limited sharing this information with our third party vendors to the extent necessary for them to provide us with the risk management services associated with this insurance package.

I/We undertake to inform Delta Insurance New Zealand Limited of any material alteration to the above information whether occurring before or after the completion of this insurance contract.

I/We understand that:

- (a) I/We am/are obliged to advise Delta Insurance New Zealand Limited of any information which may be material to its consideration of this application. This information includes all information I/We know (or could reasonably be expected to know) which could influence the judgement of Delta Insurance New Zealand Ltd whether or not to accept this application and (if accepted) on what terms, including cost and otherwise.
- (b) Failure to provide this information may result in Delta Insurance New Zealand Limited refusing to provide the insurance.
- (c) I/We have certain rights of access to and correction of this information.

Full name & title of individual:

Signature of Policyholder: Date:



Lloyds are a member of the Insurance Council of New Zealand and adhere to the Fair Insurance Code which provides you with assurance that we have the highest standards of service for our customers.