PROPOSAL FORM



TLC Insurance PO Box 7006 Tauranga 3148

DUTY OF DISCLOSURE

This proposal is to be completed by the Applicant or an Authorised Officer of the Applicant.

The information provided to the Company in this Proposal will be the basis of any contract of insurance entered into.

You must disclose to TLC Insurance Limited (on behalf of the Vero Liability Insurance Limited) all information which is material to it in deciding whether to issue insurance cover to you, and if so on what terms and/or premium. This includes but is not limited to any circumstances or conduct which might lead to a claim being made against you. This may also include information which is additional to the questions that we have asked. The duty to disclose material information occurs prior to the commencement of cover, prior to each renewal or whenever the contract is varied. This means that prior to renewal or any contract variations, as well as advising of new information you also need to advise us of any alterations to the facts previously notified. Falling to disclose material information may result in your policy being avoided. This means that your policy would be deemed to have never existed and no claims would be payable.

If there is insufficient space to complete the proposal, please attach additional sheets. WHEN IN DOUBT DISCLOSE.

Name of applicant including trading names, names of subsidiaries and any other parties to be insured

Applicant Details

Website Address						
Email Address	ess Contact Person					
Phone Number	Broker / Age	Broker / Agent				
	New Zealand	Overseas	Overseas			
Number of Locations						
Number of Employees						
	Actual last 12 months	Estimate next 12 months				
Annual Turnover	\$	\$				
usiness Details						
State fully the nature of your b	ousiness activities/operations (please include	current and past activities)				
Do you make any products?			$\overline{}$			
0 01		Vas I I No	1 1			
Do you export products overse	eas?	Yes L No				
Do you export products overse	eas?	Yes No Yes No				
	eas?					
To what countries	\$					
To what countries Maximum value of exports	\$	Yes No				
To what countries Maximum value of exports Do you process other people's If Yes, please advise	\$	Yes No				
To what countries Maximum value of exports Do you process other people's If Yes, please advise	\$ products?	Yes No				
To what countries Maximum value of exports Do you process other people's If Yes, please advise Do you provide professional, te If Yes, please advise	\$ products?	Yes No				
To what countries Maximum value of exports Do you process other people's If Yes, please advise Do you provide professional, te If Yes, please advise	\$ products? echnical, consultancy services or advice to yo	Yes No Yes No No Yes No No No				
To what countries Maximum value of exports Do you process other people's If Yes, please advise Do you provide professional, to If Yes, please advise Do you have third party proper	\$ products? echnical, consultancy services or advice to yo	Yes No Yes No No Yes No No No				
To what countries Maximum value of exports Do you process other people's If Yes, please advise Do you provide professional, te If Yes, please advise Do you have third party proper Description of property Maximum value of property	\$ products? echnical, consultancy services or advice to your try in your care custody or control?	Yes No Yes No No Yes No No Yes No No Yes No				
To what countries Maximum value of exports Do you process other people's If Yes, please advise Do you provide professional, te If Yes, please advise Do you have third party proper Description of property Maximum value of property	\$ sproducts? echnical, consultancy services or advice to your ty in your care custody or control?	Yes No Yes No No Yes No Yes No No Yes No				

	Do you own or operate any unmanned aerial vehicle (UAV), remotely piloted aerial systems (RPAS) or drone (howsoever called), for commercial use or aerial photography, which has a gross take-off weight not exceeding 15 kilograms?					No 🗌		
	Do the Insured's Directors/Officers/Partners/Proprietors regularly review Health & Safety risk assessment and compliance?					No 🗌		
	If No, please							
	Is the Business currently able to meet its debts as they fall due?					No 🗆		
	If No, please							
	Have there been any employment disputes, past or present, that have resulted in a claim being made against the employer?							
	If Yes, please							
	Have any for any planned	Yes	No 🗌					
	If Yes, please	e advise						
Past Claims Have any claims for any type of insurance requested in this proposal ever been made against the Applicant or any Partner or Director of the Applicant 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 If Yes, please describe below all losses or circumstances paid or now reserved (whether or not resulting in claims) occurring							
		the past five years:						
	Loss	Description of Loss	Number of Claims	Amount Paid	Amount Outstand	ding		
				\$	\$			
				\$	\$			
				\$	\$			
Declaration								
	the informade av this prop I/We wa after the Vero Lia informat I/We underst	all proposed insureds, I/We declare and agree that: rmation and answers given in this proposal are in evware of all information that may be material in consic posal and declaration shall be the basis of and incorparrant that we will notify Vero Liability of any material ecompletion of this insurance contract. Ability is authorised to give to or obtain from any atton relating to this insurance or any other insurance thand that:	dering this proposal. porated in the insurar ial alteration to the a other insurers or ar held by me/us or any for the purpose of co	nce contract. Above facts wheth By insurance brok Claim made by m Conducting its busi	ner occurring later or other place.	before or party any		

- insurance products and services, evaluating our insurance requirements and deciding whether to issue insurance cover and if so on what terms.
- failure to provide any of this information may result in Vero Liability refusing to provide the insurance.
- this information will be held by Vero Liability at 23-29 Albert Street, Auckland.
- I/We have certain rights of access to and correction of this information.

Signed:		
Title:	Date:	
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If this proposal form is being completed electronically, please print the completed form to sign and date

TLC Insurance, PO Box 7006, Tauranga 3148 | Ph: 0800 852 467 | Fax: 0800 852 329 | Email: forms@ticinsurance.co.nz