



agriplan  
proposal

vero 



## 1. The Initiator:

- (a) The Initiator undertakes to give written notice to me/us of the commencement date, frequency and amount of Direct Debit at least 10 calendar days before the first Direct Debit is drawn (but no more than 2 calendar months).  
Where the Direct Debit System is used for the collection of payments which are regular as to frequency, but variable as to amounts, the Initiator undertakes to provide me/us with a schedule detailing each payment amount and each payment date.  
In the event of any subsequent change to the frequency or amount of the regular Direct Debits, the Initiator has agreed to give written advance notice at least 30 days before the change comes into effect.
- (b) May, upon the relationship which gave rise to this Authority being terminated, give written notice to the Bank that no further Direct Debits are to be initiated under this Authority. Upon receipt of such notice the Bank may terminate this Authority as to future payments by notice in writing to me/us.

## 2. The Customer may:

- (a) At any time, terminate this Authority as to future payments by giving written notice of termination to both the Bank and the Initiator.
- (b) Stop payment of any Direct Debit to be initiated under this Authority by the Initiator by giving written notice to the Bank prior to the Direct Debit being paid by the Bank.
- (c) Where a variation to the amount agreed between the Initiator and the Customer from time to time to be direct debited has been made without notice being given in terms of clause 1(a) above, request the Bank to reverse or alter any such Direct Debit initiated by the Initiator by debiting the amount of the reversal or alteration of a Direct Debit back to the Initiator through the Initiator's Bank. PROVIDED such request is made not more than 120 days from the date when the Direct Debit was debited to my/our account.

## 3. The Customer acknowledges that:

- (a) This Authority will remain in full force and effect in respect of all Direct Debits passed to my/our account in good faith notwithstanding my/our death, bankruptcy or other revocation of this Authority until actual notice of such event is received by the Bank.
- (b) In any event, this Authority is subject to any arrangement now or hereafter existing between me/us and the Bank in relation to my/our account.
- (c) Any dispute as to the correctness or validity of any amount debited to my/our account shall not be the concern of the Bank except in so far as the Direct Debit has not been paid in accordance with this Authority. Any other disputes lie between me/us and the Initiator.
- (d) The Bank accepts no responsibility or liability for the accuracy of information about Direct Debits on Bank Statements.
- (e) The Bank is not responsible for, or under any liability, in respect of:
  - any variations between notices given by the Initiator and the amounts of Direct Debits.
  - the Initiator's failure to give written advance notice correctly nor for the non-receipt or late receipt of notice by me/us for any reason whatsoever. In any such situation the dispute lies between me/us and the Initiator.
- (f) Notice given by the Initiator in terms of clause 1(a) to the debtor responsible for the payment shall be effective. Any communication necessary because the debtor responsible for payment is a person other than me/us is a matter between me/us and the debtor concerned.

## 4. The Bank may:

- (a) In its absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this or any other authority, cheque or draft properly executed by me/us and given to or drawn on the Bank.
  - (b) At any time terminate this Authority as to future payments by notice in writing to me/us.
  - (c) Charge its current fees for this service in force from time to time.
-

Agriplan is a comprehensive insurance cover available to clients on a modular basis.

There are twelve sections of cover, all of which are optional. Simply choose the covers you need and we will provide competitive rates for those selected.

## proposer details

1. Name			
2. Postal address			
	email address		
3. Telephone	home	business	mobile
4. Location			
5. Main farming operations			
6. Any non farm activities			
7. Show the name, address and interests of any interested parties. Indicate which risk(s) the interest applies to.			
8. Period of insurance	from	/ /	to 4pm / /
9. Payment options (please tick) complete bank authority at back of proposal	<input type="checkbox"/>	fortnightly	<input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> six monthly <input type="checkbox"/> annually

### important information duty of disclosure

Subject to the rights set out in the Criminal Records (Clean Slate) Act 2004 ("Clean Slate Act") you are under a duty to disclose all material information to Vero Insurance New Zealand Limited ("Vero"), **whether the information is asked for or not**. **Material** information is information that might influence our decision to insure you and if so on what terms and/or premium. All information given must be complete and correct. If you have any doubt as to whether a fact is material then it should be disclosed.

The duty to disclose all material information occurs prior to the commencement of cover, if the contract is varied and prior to each renewal. Failure to disclose all material information may result in Vero voiding your insurance policy. This means your policy would be deemed never to have existed and any claims would not be payable.

## office use only policy details

1. Branch	2. Adviser/Broker number
3. Replacing policy number	4. Client number
5. Policy number	

**general** this section must be completed for all proposals

Occupation - Please indicate: a) Type of farm b) Farm size in hectares  <input type="text"/>	Sheep	Cattle			
	Poultry	Other livestock			
	Horticulture	Fruit growing			
	Other crop growing	Lifestyle			
Animal numbers	Sheep	Cattle	Dairy	Poultry	
	Pigs	Horses	Deer	Hives	
	Other (Describe)				
Crops - Show area in hectares	<b>Fruit growing</b>	Grapes	Apples	Pears	Citrus
	Stone fruit	Kiwifruit	Berries	Other (Describe)	
	<b>Other growing</b>	Flowers	Vegetables	Nursery	Grain
	Tobacco	Hops	Mushrooms	Timber	
	Other (Describe)				
Do you engage in farm contracting?  Note: If contracting income is greater than 20% refer to Vero.	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes please describe type of contracting below				
					Percentage %
Owners farming experience in years					
Number of employees	Permanent:		Casual:		
Turnover	Current year:		Expected next year:		
Gross income	Current year:		Expected next year:		
Flood history					
Flood exposure including distance of farm from nearest river or stop bank					
Is any of the farm land or insured property exposed or susceptible to flood due to condition or location?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details below				
Does your property border a forest, stand of trees, orchard, vineyards or similar?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details below				
Do you carry out burning off during the course of your farming operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details below				

Complete this section if you would like to insure your house(s).

**Options**

**Homes insured for Total Replacement (Option A)**

- The declared "area" must be the total area of the home (including basement, garages, developed outbuildings, permanent installed pools and 50% of the decking if it is over 40sqm). This figure must be accurate as it forms the basis of any claim settlement.
- This cover is available for well maintained owner-occupied homes built after 1945.

**Other Homes Sum Insured Replacement (Option B) and Depreciated Value (Option C)**

- The sum insured must take account of garages, developed outbuildings, in ground pools, etc.

**home details**

Excess		<input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1000							
Type of dwelling		D = Main homestead    F = Other farm dwellings    W = Holiday or weekend home							
Occupier		O = Owner occupied    T = Tenant (additional \$250 excess applies if not employee or sharemilker)							
Home no.	Cover options (A, B or C)	Type of dwelling (D, F or W)	Occupier (O or T)	No. of self contained units	Year built	Town water supply	Area (m <sup>2</sup> )	Indemnity value	Sum insured if option B or C
1.						<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	\$
2.						<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	\$
3.						<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	\$
4.						<input type="checkbox"/> Yes <input type="checkbox"/> No		\$	\$

1. Holiday or weekend home address

2. Are there any entries against your certificate of title or has any notice been issued by a local authority in relation to the property?  Yes  No

If so please give details (e. g. a notice or entry under section 36 or 71 of the Building Act)

**optional additional benefit**

Complete this part if you wish to have this benefit. Premium(s) will be calculated accordingly

**landlords extension**

If the home is tenanted, is the landlords extension required?  Yes  No

If Yes and you require more than \$40,000 loss of rent or \$20,000 landlords furnishings, list the value here:

Home no.	Loss of rent    \$	Landlords furnishings    \$
Home no.	Loss of rent    \$	Landlords furnishings    \$

**security** – Refer security questionnaire on Page 6





## security questionnaire

Tick if your home building has in full working order and in use:

Home 1 Home 2 Home 3 Home 4

Deadlocks that can be key locked from both sides on all external doors and in the case of external sliding doors, key operated bolts

A monitored security system with security firm response

A security system with a local warning alarm

Keyed window locks or security stays on all ground floor windows

Smoke alarms with a local warning alarm

Smoke alarms with a security firm response

Fire extinguishers

A built-in wall or floor safe

Sensor operated security lights

None of the above

## office use only

Blackboard notes


Complete this section if you would like to insure your vehicle(s).

**farm vehicles**

Item	Cover Note 3. 1	Year	Make, model & type of vehicle (Include trailers & caravans)	Gross laden weight or CC rating Note 3. 2	Registration No.	Sum insured Note 3. 3	Contracting Note 3. 4
1.						\$	
2.						\$	
3.						\$	
4.						\$	
5.						\$	
6.						\$	
7.						\$	
8.						\$	
9.						\$	
10.						\$	
11.						\$	
12.						\$	
13.						\$	
14.						\$	
15.						\$	
16.						\$	
17.						\$	
18.			Unspecified vehicles (Note 3. 6)			\$ 3,000	
Total sum insured						\$	

**private vehicles**

Item	Cover Note 3. 1	Year	Make, model & model number	CC rating	Registration No.	Type Note 3. 5	Sum insured	Name of usual driver
1.							\$	
2.							\$	
3.							\$	

Note 3. 1 Select either: (a) Comprehensive  
(b) Third Party; or  
(c) Third Party Fire & Theft

Note 3. 2 Trucks, tractors and headers only

Note 3. 3 Market value includes accessories

Note 3. 4 If vehicle used for contracting, write the letter 'C' in this column

Note 3. 5 (a) sedan (b) stationwagon (c) suv  
(d) hatchback (e) other

Note 3. 6 Farm bikes limit \$1,000  
Farm tractors limit \$1,500  
Other farm vehicles limit \$3,000

**private vehicles**

	Vehicle 1	Vehicle 2	Vehicle 3
Manual (M) or Auto (A)			
Number of doors (2, 3, 4, 5)			
Excess (\$300, \$350, \$500, \$1,000)			
Vehicle use A - Private B - Business			
Where is the vehicle usually kept overnight?	Garage		
	Carport		
	Driveway		
	Other		
Security measures installed	None		
	Immobiliser		
	Steering lock		
Office use only - Red book code			

**private comprehensive cover options**

Named drivers?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please list the named drivers here	1.		
	2.		
	3.		
Exclude drivers under 25 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Note this is only available where the main driver is over 25 years of age)		
No claims discount preservation? If Yes, to which vehicle number(s) does no claims discount preservation apply:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Vehicle 1	Vehicle 2	Vehicle 3
Car hire extension? If Yes, please indicate vehicles applicable: \$100 per day, 30 day maximum	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Vehicle 1	Vehicle 2	Vehicle 3

**excesses**

**Our standard excesses are:**

- 1. Cars & stationwagons \$300
- 2. Trucks & utilities \$350
- 3. Third party only \$300
- 4. Third party fire and theft \$300
- 5. Tractors (no contracting) \$300
- 6. Agricultural machines \$300
- 7. Trailers \$100
- 8. Motor bikes \$100
- 9. Caravans \$100

**Contracting excesses for items 5, 6 & 7:**

- (a) If sum insured is less than \$50,000 \$500
- (b) If sum insured is over \$50,000 1% of the sum insured.

**Additional under age excesses for items 1, 2, 3, & 4**

- Age 21-25 \$500
- Under 21 private \$750
- Under 21 commercial \$1,000
- New driver \$250
- International driver \$1,000

**for all vehicles**

1. Are any vehicles subject to hire purchase or any financial encumbrance?  Yes  No

If Yes, show which and give name and address of financier.

2. Has any vehicle been modified from manufacturer standard specifications?  Yes  No

If Yes, give full details.

3. Are any vehicles used regularly for journeys exceeding 100kms or operated for more than 10 hours per day?  Yes  No

If Yes, give full details.

4. Are any hazardous goods carried?  Yes  No

If Yes, give full details.

5. Does any vehicle have any accessories that did not come with it when new?  Yes  No

If Yes, give full details of each item over \$1,000.

6. Is any vehicle turbocharged?  Yes  No

If Yes, please show the vehicle number.

**drivers' information for vehicles used on the road**

	Given names	Surname	Occupation	Date of birth	Sex M/F	Years NZ licence held	Farm Vehicle No. & % use	Private Vehicle No. & % use
1.				/ /				
2.				/ /				
3.				/ /				
4.				/ /				

1. Have any of the above named drivers had any motoring accidents, convictions, infringements or prosecutions in the past 5 years or ever had any criminal convictions? If Yes, give full details below  Yes  No

Date	Driver	Circumstances
/ /		
/ /		
/ /		

The information sought by this question is subject to the rights set out in the Criminal Records (Clean Slate) Act 2004

**drivers' information** continued

2. Have you suffered any loss or theft in the last 5 years? If Yes, give full details below.

Yes  No

Date	Driver	Circumstances	Insurer	Cost/action taken (if applicable)
/ /				
/ /				
/ /				

**vehicles previous insurance history**

Have any of the vehicles proposed for insurance been comprehensively insured during the last 3 years?

Yes  No

If Yes, give full details and attach confirmation from your previous insurer of your no claim history.

This will entitle you to a 'no claim' discount for that vehicle.

Vehicle number	Name of insurer	Branch	Period of insurance

**office use only**

Blackboard notes


Complete this section if you would like to insure your boat.

**details**

**Boat 1**

Boat name:	Make/model		Construction material	
	Length		Year built	
	Maximum speed		Sum insured \$	
	<input type="checkbox"/> Inboard <input type="checkbox"/> Outboard <input type="checkbox"/> Petrol <input type="checkbox"/> Diesel			
Main motor:	Make		hp	Year
	Serial no.		Sum insured \$	
	<input type="checkbox"/> Inboard <input type="checkbox"/> Outboard <input type="checkbox"/> Petrol <input type="checkbox"/> Diesel			
Auxiliary motor:	Make		hp	Year
	Serial no.		Sum insured \$	
	<input type="checkbox"/> Inboard <input type="checkbox"/> Outboard <input type="checkbox"/> Petrol <input type="checkbox"/> Diesel			
Trailer:	Make		Year	
	Registration no.		Sum insured \$	
Gear & equipment:			Sum insured \$	
Total sum insured \$				

**Boat 2**

Boat name:	Make/model		Construction material	
	Length		Year built	
	Maximum speed		Sum insured \$	
	<input type="checkbox"/> Inboard <input type="checkbox"/> Outboard <input type="checkbox"/> Petrol <input type="checkbox"/> Diesel			
Main motor:	Make		hp	Year
	Serial no.		Sum insured \$	
	<input type="checkbox"/> Inboard <input type="checkbox"/> Outboard <input type="checkbox"/> Petrol <input type="checkbox"/> Diesel			
Auxiliary motor:	Make		hp	Year
	Serial no.		Sum insured \$	
	<input type="checkbox"/> Inboard <input type="checkbox"/> Outboard <input type="checkbox"/> Petrol <input type="checkbox"/> Diesel			
Trailer:	Make		Year	
	Registration no.		Sum insured \$	
Gear & equipment:			Sum insured \$	
Total sum insured \$				

**optional additional benefit**

Complete this part if you wish to have this benefit. A premium will be calculated accordingly

Racing risk extension? (sail boats only)

Yes  No

**questions applicable to the boat and owner**

1. Is the boat described used solely for private purposes? If No, give details below.

Yes  No

2. Do you have any formal boating qualifications? If Yes, give details below.

Yes  No

3. Outline your experience in handling boats.

4. Address where the boat is kept/moored when not in use.

5. What precautions are taken to prevent theft of the boat?

6. Detail any modifications from the manufacturers standard.

**our standard excesses are:**

1. On powered & sailing craft	2. On jetboats	3. On jetskis
\$0 - \$50,000      \$200	\$0 - \$100,000      \$500	\$500
\$50,001 - \$100,000      \$500	\$100,000+      TBA	
\$100,000+      TBA		

**office use only**

Blackboard notes



### benefits required

A Death and schedule benefits as per percentage schedule	\$
B Disablement by injury (per week)	\$
C Partial disablement by injury (per week)	Automatically 25% of B
D Disablement by illness (per week)	\$
E Medical expenses	\$

**Voluntary excess.**

Our standard excess for your personal income is that we will not cover you for the first seven days of your disability. You may select a longer stand down period and have your premiums reduce accordingly.

Total excess period (tick box)     7 days                       14 days                       28 days

**I declare that the answers given above are true and that I have declared all information which would affect the acceptance of this proposal.**

**Signature of insured person.**

Date    /    /

### office use only

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Complete this section if you would like to insure your farm buildings and other assets.

### insurance of your farm buildings

Do you require your farm buildings and other farm assets to be covered for earthquake and landslip? Yes  No

If Yes - Tick appropriate buildings in earthquake column provided

Item	Building used as	EQ	Year built	Cover required note 6. 1	Area (sqm) note 6. 2	Sum insured (replacement value) note 6. 3	Sum insured (indemnity value) note 6. 4	Excess note 6. 6
1						\$		
2						\$		
3						\$		
4						\$		
5						\$		
6						\$		
7						\$		
8						\$		
9						\$		
10	Sundry farm buildings (limit \$5,000 per item \$10,000 in total)					\$10,000		

List below glass houses, plastic houses and shade houses (note 6. 5)

Item	Building used as	EQ	Year built	Cover required note 6. 1	Sum insured (replacement value) note 6. 3	Sum insured (indemnity value) note 6. 4	Excess note 6. 6
1					\$	\$	
2					\$	\$	

Are there any entries against your certificate of title or has any notice been issued by a local authority in relation to the property?

Yes  No

If so please give details

Note 6. 1 Select cover required. Either:  
 (A) replacement by area;  
 (V) replacement by value; or  
 (I) indemnity

Note 6. 2 (A) Replacement by area. State total area of the buildings in square metres. Covered sheep and cattle yards need to be calculated separately.

Note 6. 3 (V) Show sum insured.

Note 6. 4 (I) Show all values for purpose of fire services levies calculation.

Note 6. 5 Owing to substantial variations in the cost per square metre of these buildings, replacement by area (A) cover is not available.

Note 6. 6 Standard excess is \$250. Voluntary excess \$500 or \$1,000. Earthquake is 10% of the loss with minimum \$1,000.

## insurance of your other farm assets

### Excess

Earthquake is 10% of the loss, with a minimum of \$1,000.

Tick the excess you require for other farm assets  \$250  \$500  \$1,000

Item	Description of asset	Sum insured
1	Machinery, plant and tools including computers & cell phones but excluding motor vehicles, motor cycles, aircraft, watercraft, self propelled or trailered or tractor drawn farm vehicles and their implements.	\$
2	Animal feed (excluding growing crops)	\$
3	General stores such as fertilisers, spraying and packing materials and fuels.	\$
4	Grain and produce (excluding growing crops)	\$
5	Milk	\$
6	Refrigerated goods (excluding goods lost or damaged due to deterioration)	\$
7	Wool	\$

### variable additional benefits

Item	Description of benefit	Standard limit	Special limit
8	Capital additions	\$50,000	\$
9	Farm bridges	\$20,000	\$
10	Fences, sheep & cattle yards (not part of a building)	\$5,000	\$
11	Frozen semen	\$3,000	\$
12	Livestock worry (\$2,500 per animal/max amount \$10,000)	\$10,000	\$
13	Milk a) Contamination (Higher limit either \$20,000 or \$50,000)	\$10,000	\$
	b) Failure of dairy company to collect milk	\$10,000	\$10,000
14	Money	\$1,000	\$
15	Utilities	\$10,000	\$

### optional additional benefits

Complete this part if you would like to have other assets insured on your farm for specific perils.  
 Premiums will be calculated for each benefit accordingly.

Item	Description of benefit	Sum insured
1	Bulk fertilisers	\$
2	Deterioration of refrigerated bulk milk	\$
3	Deterioration of other refrigerated goods (excluding bulk milk)	\$
4	Farm forestry lot	\$
5	Live hedges and live shelter belts	\$
6	Live plants in any building at the situation	\$
7	Livestock death (maximum any one animal \$2,500)	\$
8	Transit of livestock and refrigerated goods	\$

### office use only

Blackboard notes


Insurance against interruption to your business following a successful claim under section 6 Farm Assets.

**Excess**

Our standard excess is \$Nil.

**a. additional costs**

Item	Item description	Standard limit	Special limit
1	Additional costs of working	\$20,000	\$
2	Claims preparation costs	included	included
Total sum insured			\$
Indemnity period			6 months

or

**b. gross profit**

Item	Item description	Sum insured
1	Gross profit	\$
<b>Optional additional benefits.</b> Complete this part if you wish to have these benefits. Premiums will be calculated accordingly		
2	Wages in lieu of notice & wages for partial service	No. of weeks \$
3	Additional increased costs of working	\$
4	Loss of gross rents	\$
5	Reinstatement of records	\$
6	Claim preparation costs	\$
Total sum insured		\$
Indemnity period		months

**office use only**

Blackboard notes


Complete this section if you would like to insure your livestock, farm dogs and farm horses.

## specified farm animals

**Farm dogs** (age range 4 months to 9 years);  
**and Farm horses** (age range 4 months to 16 years)

Cover: (A) full mortality or (B) death by accident only

	Name or Ref No.	Birth Month/year	Sex	Type, breed & colour (height)	Cover	Purpose of use (state is hired out)	Market value	Sum insured
1							\$	\$
2							\$	\$
3							\$	\$
4							\$	\$
5							\$	\$
6							\$	\$
7							\$	\$
8							\$	\$
Total sum insured								\$

**Livestock** (refer to Vero for age range) - Cover: (A) full mortality

	Name or Ref No.	Birth Month/year	Sex	Type, breed & colour (height)	Cover	Purpose of use (state is hired out)	Market value	Sum insured
1							\$	\$
2							\$	\$
3							\$	\$
4							\$	\$
Total sum insured								\$

## optional additional benefits (livestock only)

Complete this part if you wish to have these benefits. Premiums will be calculated accordingly

Limited theft and escape (theft or escape from the farm)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Loss of use (impotent/infertile)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Maternity risk	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### unspecified farm animals - death by accident

Do you wish to insure unspecified farm animals?

Yes  No

If Yes, then fill out details below.

#### Farm Dogs

No. of unspecified dogs	Breed	Maximum per animal	Total
		\$1,000	\$

#### Horses

No. of unspecified horses	Breed	Maximum per animal	Total
		\$1,000	\$

#### Livestock (minimum 20 animals) Excess: 2% per herd minimum \$1,000

No. of unspecified livestock	Type	Breed	Maximum per animal	Total
			\$	\$
			\$	\$

### questions - applicable to all animals

1. Are all animals sound, healthy and free from defects?

Yes  No

If No, please supply details.


2. Have any of the animals ever suffered illness, disease or injury?

Yes  No

If Yes, please state which and give details and approximate dates.


### office use only

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Complete this section if you would like to insure against breakdown of your farm machinery.

The standard excess for farm machinery breakdown is \$250.

Item	Electrical machinery & plant description	Year of manufacture	Submersible	Replacement cost (new)
1			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
2			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
3			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
4			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
5			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Total replacement cost				\$

Complete this section if you would like to insure against your legal liability to pay compensation to another party.

The standard excess for farmers liability is \$250.

1.	Please show limit of indemnity you require. <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1 million <input type="checkbox"/> \$2 million <input type="checkbox"/> Refer
2.	Do you look after property not belonging to you? eg. animals, harvested produce, machinery or have a cool store operation. <input type="checkbox"/> Yes <input type="checkbox"/> No
	(i) If Yes, do you require cover to extend to include your liability for property in your custody? <input type="checkbox"/> Yes <input type="checkbox"/> No
	(ii) Indicate amount of cover <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000
3.	Do you carry out repairs to any vehicles or other machinery owned by other people? <input type="checkbox"/> Yes <input type="checkbox"/> No Service & repair excess \$1,000
4.	Do you require cover under the Forest & Rural Fires Act 1977 in excess of \$100,000? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please indicate <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000
5.	No. of properties <input type="text"/> & location if more than one
Details arising out of above questions	

**office use only**

Blackboard notes


Complete this section if you would like to insure against your legal defence costs and any financial penalties imposed on you under certain Acts insured. .

The standard excess for statutory liability is \$500.

1.	Please show limit of indemnity you require. <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000
2.	Does your business involve the use, handling or transport of chemicals, toxic or hazardous substances or goods? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide full details
3.	Are you already insured for Statutory Liability? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please give details
4.	Have you ever: (i) had a fine imposed under any legislation? The information sought by this question is subject to the rights set out in the Criminal Records (Clean Slate) Act 2004. <input type="checkbox"/> Yes <input type="checkbox"/> No (ii) experienced any proceedings notice, complaint or claim against you, whether insured or not, which had this insurance been in force could have resulted in a claim?. <input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Are you aware after enquiry, of any other circumstances not mentioned above that might give rise to a claim under the proposed insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, to either of questions 4 or 5, please provide full details.

Complete this section if you would like to insure yourself against being legally liable to pay damages to any employee as a result of injury.

The standard excess for employers liability is \$500.

1.	Please show limit of indemnity you require. <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000
2.	Are you currently insured for this type of cover? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please give details. Company Name _____ Date commenced / /
3.	Indicate number of employees Full time permanent employees _____ Seasonal/Part time employees _____

This section must be completed for all proposals.

For the purpose of this proposal, a singular includes the plural. Therefore 'You' and 'I' means:

- (i) the people or entity applying for this insurance
- (ii) all of the people or entities on the insurance schedule
- (iii) any person or entity intended to be covered by this policy.

These general insurance products are underwritten by Vero Insurance New Zealand Limited.

When the words 'us', 'we' and 'our' are used in this document, this means Vero Insurance New Zealand Limited.

Have you, any director, any partner or anyone else with an interest in, or intended to be covered by, this insurance:		
(a) had any insurance refused or cancelled, or renewal of insurance refused, or had any special conditions imposed?		<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) had any insurance claim denied?		<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) been adjudged bankrupt?		<input type="checkbox"/> Yes <input type="checkbox"/> No
(d) ever committed any criminal offence? The information sought by this question is subject to the rights set out in the Criminal Records (Clean Slate) Act 2004.		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, to any of these questions, please give full details here.		
Are you now or have you ever been insured for any of the types of risks proposed?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please give the name of the insurer, details of the cover and dates of cover below.		
Insurer	Cover	Date of cover
		/ /
		/ /
		/ /
		/ /
		/ /
Have you or any director or partner had any losses (whether insured or not) over the last 3 years in respect to any of the types of risks proposed?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please give details		
Have you or any director or partner had any losses (whether insured or not) prior to the last 3 years over \$20,000 in respect of any of the types of risks proposed?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please give details		

**Important: Please read and sign****Privacy Act 1993**

This Proposal collects personal information in order to evaluate your insurance requirements for the purpose of deciding whether to issue insurance cover and if so on what terms. The information collected will be held by Vero, 48 Shortland Street, Auckland. Failure to provide any personal information requested may result in your application for insurance being declined. Individuals have a right to request access to and correction of their personal information subject to the Privacy Act 1993.

**Declaration****I declare that:**

1. Subject to any rights I have under the Clean Slate Act, the information given is in every respect correct and complete and all material information has been disclosed to Vero.
2. This proposal will be the basis of the contract between me and Vero, and I am willing to accept cover subject to Vero's policy terms, conditions, exclusions and any special terms they may require.

## Fire Service Act 1975

3. In conformance with Section 48 (6) (b) (1) or 48 (6) (c) (1) of the Fire Service Act 1975, the indemnity value of the property listed and insured by the above policy is fair and reasonable in relation to the replacement value of the property.

**I authorise:**

1. Vero to give and obtain from other Insurance Companies, Insurance Brokers, the Insurance Claims Register Ltd or any other party any information relating to this or any other insurance held or previously held by me and any claim(s) made by me.
2. Vero to use my personal information to advise me of Vero's products and/or services.

**I acknowledge:**

That if I choose to pay my premium by instalment and any three consecutive fortnightly instalments remain unpaid, or any two consecutive monthly instalments remain unpaid, or any quarterly or half yearly payments remain unpaid 14 days after the due date of the instalment that my policy/policies will be cancelled automatically. Where the instalment is overdue but the relevant policy/policies have not been cancelled, any claim proceeds payable to me under the relevant policies may be withheld by Vero Insurance New Zealand Limited until I have brought all instalments up to date.

**I undertake:**

To inform Vero immediately of any material events or changes in circumstances which occur after the commencement of this policy after any renewal.

If these answers are not in my own handwriting, I have checked them and I certify they are all correct.

Signature

Date / /