



COMBINED LIABILITY PROPOSAL

NOTE: This Combined Liability Proposal Form is used to apply for General, Statutory and Employer’s Liability.

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 QBE’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, QBE 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.

COMPLETION NOTES

- Answer ALL questions in full. If you need extra space attach additional pages on your company letterhead and mark their inclusion on this Proposal Form.
- **PLEASE ENSURE YOU READ AND SIGN THE DECLARATION.**

A APPLICANT DETAILS

1 Provide the full name of all entities to be insured (including all subsidiary companies).

2 Website address/es

www.

B COVER REQUIRED

1 Tick the cover you require and state the Limit of Indemnity and Excess requested.

<input type="checkbox"/> General Liability	Limit	\$ <input type="text"/>	Excess	\$ <input type="text"/>
<input type="checkbox"/> Statutory Liability (Claims Made)	Limit (min \$500,000)	\$ <input type="text"/>	Excess	\$ <input type="text"/>
<input type="checkbox"/> Employers Liability (Claims Made)	Limit (min \$500,000)	\$ <input type="text"/>	Excess	\$ <input type="text"/>

2 Current insurance: Insurer(s) Expires 4 pm on

3 Broker: Company Individual



C BUSINESS DETAILS

1 What is your financial year end? [] 2 How long has the business been established? []

3 If this is a new business for you, provide details of your previous experience

[]

4 Total numbers of persons employed (in New Zealand), including Principals []

5 Annual wages/payroll (in New Zealand) \$ []

6 Provide a detailed description of all your business activities and operations and a breakdown of the turnover for each activity or operation (If a landlord, advise details of your tenants business)

Table with 3 columns: Description of all your business activities, Actual turnover LAST financial year, Estimated turnover THIS financial year

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

Table with 3 columns: Location(s) where the business is conducted within New Zealand, Activities, Owned/Leased

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

Table with 2 columns: Nature of work, % Annual turnover

9 Do you have contracts to work outside New Zealand? Yes [] No [] If Yes, complete the Supplementary Questionnaire – 'OVERSEAS OPERATIONS'

10 Do you employ Sub-Contractors? Yes [] No [] If Yes, do you contractually require them to hold their own General Liability policy? Yes [] No []

11 Does any of your work involve cutting or welding, the use of naked flames or open heat sources? Yes [] No [] If Yes, provide full details and state the percentage of turnover this generates

Table with 2 columns: Nature of work, % Annual turnover

12 Do you work "offshore"? Yes [] No [] If Yes, supply details

Table with 2 columns: Nature of work, % Annual turnover



13. Do you use, store, handle, manufacture or transport any acids, bulk liquids, chemicals, explosives, gases or any flammable, hazardous or toxic goods or substances? Yes No

If Yes, provide details

Types of goods/substances	Quantity	How used/stored/transported

D PRODUCTS LIABILITY

Note: Products Liability includes any goods manufactured, sold, supplied or distributed by you.

- 1 Attach product brochures or promotional material and a list of your products
- 2 Provide details of all products sold in New Zealand

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

- 3 Provide details of all products exported

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

- 4 If you export products to the USA or Canada complete the Supplementary Questionnaire, 'NORTH AMERICAN EXPORTS'

- 5 Provide details of products you import and how you use them e.g. sold "as is", incorporated into your own products etc.

Product type	Supplier Name and Country	Use of Product by you

6 Do you have a contract with your supplier(s) regarding liability for any defects in the products they supply to you? Yes No

If Yes, attach a copy of the relevant sections of the contract(s) or agreement(s).

7 Do you design the products you sell? Yes No

a) If Yes, advise what products you design and whether they are to your own, or your customers' specifications

Product designed	Specifications by

b) If No, attach a copy of the relevant sections of the contract(s) or agreement(s) you have with the design company regarding liability for design faults

8 If you do not manufacture the products you sell, attach a copy of the relevant sections of the contract(s) or agreement(s) you have with your contract manufacturer(s)



9 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, provide details and attach a copy of the relevant sections of the contract(s) or agreement(s)

Empty text box for details of contract(s) or agreement(s)

10 Are you involved in any way with Genetically Modified Organisms (GMOs)? Yes No

If Yes, attach full details

E QUALITY CONTROL

1 Do you have a quality control manual? Yes No If Yes, how long has the manual been in use?

2 Who is responsible for quality control? Name Title

3 Has your quality control system been certified? Yes No

If Yes, provide details of the certification (e.g. ISO9000 etc)

4 Do you have a Product Recall plan in place? Yes No

If Yes, and cover is required, complete the Supplementary Questionnaire, 'PRODUCT RECALL EXPENSES'

F CONTRACTUAL LIABILITY

1 Do you have any contracts or agreements where the other party limits their liability to you? Yes No

If Yes, attach a copy of the relevant sections of the contract(s) or agreement(s)

Do you have a standard warranty or conditions of sale with your customers? If Yes, attach a copy. Yes No

Note: Unless specifically agreed, indemnity is excluded for any liability you have assumed under a contract or agreement (other than lease or tenancy agreements.)

G PROFESSIONAL LIABILITY

1 Do you provide professional, technical or consultancy services or advice to your customers? Yes No

If Yes, provide full details

Empty text box for full details of professional services

2 Do you charge a fee for these professional services? Yes No

3 Total fees LAST financial year \$

H CARE, CUSTODY OR CONTROL

1 Do you require cover for property owned by others in your care, custody or control? Yes No

If Yes, advise the following:

(a) Description of the property

(b) Maximum value of the property \$ (c) Limit of Indemnity required \$

2 Do you charge a fee for storing property owned by others? Yes No

If Yes, and cover is required, complete the 'BAILEES' Proposal

I MOTOR VEHICLES

1 Do you service, repair, work on or supply parts for motor vehicles? Yes No

If Yes, provide details.

Table with 3 columns: Type of motor vehicle, Work undertaken or parts supplied, Estimated turnover THIS year



J RAILWAYS/WATERCRAFT/AIRCRAFT

1 Do you work for any rail operator? Yes No

2 Do you service, repair, work on or supply parts for watercraft or aircraft? Yes No

If Yes, provide details

Work undertaken or parts supplied	Estimated turnover THIS year	Type of watercraft/aircraft	Max length of craft worked upon
\$			
\$			

K STATUTORY & EMPLOYERS LIABILITY

Have you ever had a penalty or premium loading imposed under any Accident Compensation legislation? Yes No

If Yes, provide full details

2 List any Acts of Parliament that have specific application to your industry

3 Do you have written procedures/manuals and/or systems to ensure compliance with legislation that affects your business or organisation?

Yes No

L 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 notified to or made against you, or any fine imposed under any legislation? (Include all matters, irrespective of whether any insurance was in force and irrespective of any policy excess).

Yes No

If Yes, provide details below or attach prior Insurers claims experience(s)

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 which could give rise to a claim under the proposed insurance?

Yes No



M PRIOR INSURANCE

1 Provide details of any previous policies held during the past five years.

	Insurer(s)	Limit	Excess
General Liability		\$	\$
Statutory Liability		\$	\$
Employers Liability		\$	\$

2 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, provide full details including the name of the insurer

DECLARATION

I/We declare on behalf of all proposed entities to be insured that:

- (a) all answers and statements in this proposal are correct and complete in every respect and there is no further information which may affect acceptance of the proposal;
- (b) if accepted by QBE, this proposal and declaration, and any other material which I/we have provided to QBE, shall be incorporated into and form the basis of the contract of insurance;
- (c) I/We understand that QBE requires this information (which will be retained by QBE) in order to decide whether to accept this proposal, and also that the Privacy Act 1993 entitles me/us to have access to and request the correction of this information;
- (d) QBE is authorised to disclose information received from me/us to its advisors, reinsurers and to other insurers. I/We authorise QBE to obtain, from any party, information that is, in QBE's view, relevant to this proposal;
- (e) I/We understand that the insurance will not be in force until this proposal has been accepted and cover confirmed by QBE.

NOTE: Signing the proposal and any supplementary questionnaires does not bind either the applicant or QBE to complete the insurance.

Signed	<input style="width: 95%;" type="text"/>	Date	<input style="width: 95%;" type="text"/>
Printed name	<input style="width: 95%;" type="text"/>		
Position	<input style="width: 95%;" type="text"/>		



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