



### 3. Business operations

1. Location of business

2. Full description of business activities

  


3. Number of employees

5. Annual turnover in business

\$

4. Annual wages

\$

6. Length of time in business

years

7. Does your business involve the use, handling or manufacture of chemicals, toxic or hazardous substances or goods?

YES NO

If yes, please provide full details below

  


8. Do you have written procedures or systems to ensure compliance with:

i) the Health & Safety in Employment Act?

YES NO

ii) any other legislation that affects your business?

YES NO

If no, please advise below how you comply with legislation

  


### 4. Summary section

1. Are you already insured for either Employers or Statutory Liability?

YES NO

If yes, please advise details below

	Previous Insurer	Insured continuously since
Employers Liability		
Statutory Liability		

2. Have you ever had any insurance:

(i) declined or cancelled?

YES NO

(ii) renewal refused?

YES NO

(iii) special conditions or excess imposed?

YES NO

(iv) claim rejected?

YES NO

3. Have you ever:

(i) had a fine imposed under any legislation;

YES 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?

YES NO

4. Are you aware, *after enquiry*, of any other circumstances not mentioned above that might give rise to a claim under the proposed insurances?

YES NO

If yes, to any of questions 2, 3 or 4, please provide full details below

## 5. Important notices

### Privacy Act

Pursuant to the Privacy Act 1993 the following is brought to your attention.

This proposal collects personal information about you which is collected to evaluate the insurance you seek with the information being collected and held by Vero Insurance (New Zealand) Limited, 42 Shortland Street, Auckland.

The collection of this information is required pursuant to the common duty to disclose all material facts relevant to the insurance sought and is mandatory. Failure to provide this information may result in your application for insurance being declined or your insurance being void from the beginning.

You have rights of access to and correction of this information, subject to the provision of the Privacy Act 1993.

### Declaration

I/we agree that my/our personal information may be used by Vero Insurance (New Zealand) Limited to advise me/us of your other services.

I/we authorise the disclosure of personal information held by any other party regarding my/our previous insurances.

I/we agree to you releasing to other parties information regarding this insurance.

I/we do hereby declare and warrant that the answers given in this proposal are in every respect correct and complete and I/we agree that this proposal and declaration shall be the basis of the contract between us; and I/we further agree to accept the terms, exceptions and conditions contained in the Employers and statutory Liability policy as modified or extended by any endorsements thereon or the policy schedule or on any certificate of insurance issued to me/us by you in lieu of a policy.

If I/we choose to pay monthly I/we acknowledge that my/our policy/policies will be cancelled automatically if two consecutive months' payments from my/our bank account default. No claims will be payable from the commencement of such default period.

Please note you are required to:

- a) tell us about any other circumstances which may be relevant to us in considering this proposal and
- b) notify us of any material events or changes in circumstances which may have occurred since this policy commenced or was last renewed.

### Signature

Date	/	/	Signature
------	---	---	-----------

**OFFICE USE ONLY**

Occupation Code

**EMPLOYERS LIABILITY**

	First Period	Annual
Company premium		
Plus GST		
TOTAL		\$

BLACKBOARD	Print	
	YES	NO

**STATUTORY LIABILITY**

	First Period	Annual
Company premium		
Plus GST		
TOTAL		\$

BLACKBOARD	Print	
	YES	NO