

PROPOSAL

Reference

1. Your details

Please state your full name and names of family members you wish to include in your policy. Please note that they must reside at your home address:

	First Name	Middle Name	Surname	Date of Birth
1				/ /
2				/ /
3				/ /
4				/ /
5				/ /
6				/ /

Address:

When do you need cover?

From start date to at 4pm and renewable annually

Type of LawSafe cover: (please tick one)

Family LawSafe
 Couple LawSafe
 Individual LawSafe

Note: Limit of Indemnity is \$100,000 any one claim AND in the aggregate under the policy.

2. Questionnaire and declaration

NOTE: The law requires you to tell us about anything which might influence our acceptance of this insurance proposal, whether you think it is relevant or not.

In the last 10 years, have you or any members of your family listed above:

- Engaged in any criminal activity or had any criminal or serious traffic convictions, acquittals or diversion or have any criminal or traffic prosecutions pending? Yes No
- Been involved in a lawsuit or any legal liability claim (not between family members)? Yes No

If you answered Yes to either of the above questions, please supply details. (If you answer Yes to any question the Underwriter will need to review the details before acceptance.)

Your Duty of Disclosure: You have a duty to tell Vero Insurance New Zealand Limited (Vero) any information which would influence Vero's decision whether to provide cover and on what terms. All information must be complete and accurate and may include any information not directly asked for above. Remember, you are not only required under the Duty of Disclosure to disclose such information at commencement of cover, you are also bound to disclose the information at each renewal. If you do not provide all of this information Vero may avoid your insurance cover from the commencement of your policy. This means you will be treated as though you never had a policy at all so any claim you make would not be paid. **I/we declare that:** **1.** The particulars and answers given above are in every respect correct and that there is no further information likely to affect the acceptance of this insurance. **2.** This Proposal shall be the basis of the contract between me/us and Vero, and I am/we are willing to accept cover subject to Vero's policy conditions and any special terms they may require. **I/we authorise:** Vero to give and obtain from other Insurance Companies, Insurance Brokers, Insurance Claims Register Ltd or any other party any information relating to this or any other insurance held or previously held by me/us and any claims(s) made by me/us. **I/we understand that:** **1.** The information collected is evaluative material for the purpose of deciding whether to issue insurance cover. The intended recipient is Vero, 48 Shortland Street, Auckland. **2.** Vero may refuse to provide the insurance cover if I/we fail to provide the information sought. **3.** I/we have certain rights of access to and correction of this information, subject to provisions of the Privacy Act 1993.

Signed (Signatures of Proposers) Dated