



Proposal Form CorporateGuard Statutory Liability Insurance

When completing this Proposal Form...

- This is a Proposal Form for a policy relating only to Claims first made against the Insured during the Policy Period.
- Please answer **all** questions giving full and complete answers.
- If the space provided on the Proposal Form is insufficient, please use a separate **signed** and **dated** sheet in order to provide a complete answer to any question.
- Please ensure that the Proposal Form is properly **signed** and **dated**.

Details of the Proposer

1. Name of Proposer:
2. Principal Address:
3. Please give a full description of the Proposer's business activities and operations:
4. Please provide the following information for the Proposer's business and each Subsidiary Company or other parties to be included as Insured under the policy:

Proposer's Name	Main Location	No. of years in operation	Annual turnover	Annual payroll	No. of employees
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Are the Proposer's business premises? ☐ Rented ☐ Owned ☐ Leased
6. Has the Proposer ever had a penalty imposed under the Injury Prevention, Rehabilitation & Compensation Act 2001?

Yes ☐ No ☐

If Yes, please give details, including the facts giving rise to the penalty, date and amount of penalty



Bring on tomorrow

AIG Insurance New Zealand Limited

The AIG Building, Level 19
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www.aig.co.nz



7. Does the Proposer use, handle, transport or manufacture any chemicals, hazardous or toxic substances or goods?

Yes ☐ No ☐

If Yes, please give details

8. Does the Proposer have written procedures and/or control policies to ensure compliance with legislation that affects the Proposer's business activities?

Yes ☐ No ☐

If No, please explain what procedure is in place to ensure compliance

9. Are outside contractors, sub-contractors or other independent parties used in any part of the Proposer's business?

Yes ☐ No ☐

If Yes, please give details

10. Limit of Liability

Please indicate the limit of indemnity you require:

☐ \$250,000 ☐ \$500,000 ☐ \$1,000,000 ☐ \$2,000,000 ☐ Other \$ _____

11. Retention

Please indicate the Retention you require:

☐ \$5,000 ☐ \$10,000 ☐ Other \$ _____

12. Other Insurance

(a) Have you ever been insured for any risks requested in this application? Yes ☐ No ☐

If Yes, please state:

Name of Insurer(s): _____

Risk(s) insured: _____

Limits: _____ Retention: _____ Policy Period: _____

(b) As to each risk noted in (a) above, has any Insurer :

(i) declined to insure you, or Yes ☐ No ☐

(ii) cancelled or refused to renew your insurance, or Yes ☐ No ☐

(iii) imposed special terms to insure you? Yes ☐ No ☐

If Yes, please give details including the name of the Insurer:



13. Claims / Circumstances

- a) Have any claims for the type of insurance requested in this proposal ever been made by or against you, 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 give details



- b) After inquiry of all directors, officers and senior staff, are you aware of any circumstances which could give rise to a claim under the requested insurance?

Yes ☐ No ☐

If Yes, please give details





Signing This Proposal Does Not Bind the Proposer or the Insurer to Complete This Insurance

Declaration

We hereby declare after due enquiry of all Directors and Officers that the information and answers given in this proposal are in every respect true and correct and that all information that may be material in considering this proposal has been fully and accurately disclosed to AIG New Zealand Limited in writing in a manner which would not mislead a prudent insurer.

We agree that this proposal and declaration shall be the basis of and incorporated in the insurance contract and that the insurance contract may be avoided if (amongst other things) any statement in this proposal is "substantially incorrect" and "material" as both those terms are defined in the Insurance Law Reform Act 1977.

We undertake to inform AIG New Zealand Limited of any material alteration to the above information whether occurring before or after the completion of this insurance contract.

We authorise the disclosure of personal information held by any party regarding my previous insurances for the purposes of arranging this insurance.

We authorise AIG New Zealand Limited to give to or obtain from any other insurer or any Insurance Broker or any other party information relating to this insurance or any other insurance held by us or any claim made by us in connection with this insurance proposal.

We understand that:

- **We are obliged to advise AIG New Zealand Limited of any information which may be material to its consideration of this application. This information includes all information we know (or could reasonably be expected to know) which could influence the judgment of AIG New Zealand Limited whether or not to accept this application and (if it is accepted) on what terms, including cost and otherwise.**
- Failure to provide any of this information may result in AIG New Zealand Limited refusing to provide the insurance.
- We have certain rights of access to and correction of this information, without prejudice to AIG New Zealand Limited's rights if information is inaccurate.

Signed

Company

Title (To be signed by Partner/Director or Principal or equivalent)

Date

Important

Indicate here if additional information is attached. Yes ☐ No ☐

Additional information attached, specify:



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