



# CrimeManager Complete Insurance

Please answer all questions giving full and complete answers;

Please ensure that the Proposal Form is properly signed and dated.

1. Name of Company
2. Address of Head Office

- |    |                                                                       |      |
|----|-----------------------------------------------------------------------|------|
| 3. | Website                                                               | www. |
| 4. | Nature of Operations                                                  |      |
| 5. | Date Company Established                                              |      |
| 6. | Annual Turnover                                                       | \$   |
| 7. | Number of Locations                                                   |      |
| 8. | Total Number of Employees by Country (whether full time or part-time) |      |

Country	Number of Employees

- |    |                                                                       |    |                                         |
|----|-----------------------------------------------------------------------|----|-----------------------------------------|
| 9. | Current market value of all Superannuation and Employee Benefit Plans | \$ | <input type="checkbox"/> Not applicable |
|----|-----------------------------------------------------------------------|----|-----------------------------------------|



## Audit and Corporate Governance

10. Do external auditors audit all operations at least annually? ☐ Yes ☐ No
11. a) Have all recommendations by external auditors regarding internal controls been complied with, following your last audit? ☐ Yes ☐ No
- b) If no, please provide details

## Recruitment Procedures

12. When recruiting or promoting employees to positions of trust involving handling of stock, money, financial or treasury functions, do you:
- a) undertake independent checks in their employment history? ☐ Yes ☐ No
- b) undergo a process to ensure their suitability for the position? ☐ Yes ☐ No

## Internal Financial Controls

13. Are wages/salaries independently checked against personnel records for unusual or excessive payments? ☐ Yes ☐ No
14. Are duties segregated so that no individual can control any of the following activities from commencement to completion without referral to others: ☐ Yes ☐ No
- a) signing cheques or authorising payments (including capital expenditure) above \$10,000? ☐ Yes ☐ No
- b) issuing funds transfer instructions? ☐ Yes ☐ No
- c) amending funds transfer procedures? ☐ Yes ☐ No
- d) opening new bank accounts? ☐ Yes ☐ No
- e) investment in and custody of securities and valuables (including bank cheques, travellers cheques, bills of exchange etc)? ☐ Yes ☐ No
- f) refund of monies or return of goods above \$10,000? ☐ Yes ☐ No
- g) disbursement of assets of any superannuation fund? ☐ Yes ☐ No
- h) awarding contracts following a tender? ☐ Yes ☐ No
15. Is all supporting documentation validated before authorising payments? ☐ Yes ☐ No
16. Are statements of account sent to customers independently of employees receiving payment? ☐ Yes ☐ No
17. Are bank statements independently reconciled with customer accounts by persons not authorised to deposit/withdraw funds, issue funds transfer instructions or dispatch accounts to customers? ☐ Yes ☐ No



## Computer Systems

- |     |                                                                                                                 |                              |                             |
|-----|-----------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 18. | Are unique passwords used to give various levels of entry to the computer depending on the users authorisation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19. | Are passwords automatically withdrawn when people leave?                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 20. | Are all amendments to programmes approved independently of the persons making the amendments?                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 21. | Are programmes protected to detect unauthorised changes?                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 22. | Is your computer system protected by virus detection and repair software?                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

## Funds Transfers

"Fund Transfers" means any instruction (other than cheques) given to a Financial Institution to pay or deliver funds.

- |     |                                                                                                   |                              |                             |
|-----|---------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 23. | What is the approximate value of annual fund transfer?                                            |                              | \$                          |
| 24. | Can payment instructions be made to any account which has not been pre-agreed?                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 25. | Is the financial institution required to authenticate the instruction before payment is released? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

## Policy History

- |     |                                                                                                                                              |                              |                             |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 26. | Does the Company have a Crime Insurance policy currently in force?                                                                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|     | If yes, please state:                                                                                                                        |                              |                             |
|     | a) Limit of Liability                                                                                                                        |                              | \$                          |
|     | b) Deductible                                                                                                                                |                              | \$                          |
|     | c) Expiry date                                                                                                                               |                              |                             |
| 27. | Has the Proposer ever had any Insurer decline a proposal, imposed any special terms, cancelled or refused to renew a Crime Insurance policy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|     | If yes, please give details                                                                                                                  |                              |                             |



## Loss History

28. Has the Proposer had any losses (of a type covered by a Crime policy) sustained during the past 5 years and before application of any deductible, retention or excess whether insured or not? ☐ Yes ☐ No

If yes, please provide details, including date discovered, location, nature of loss and amount.

If yes, please describe what corrective measures were taken to prevent similar losses.

## Limit of Liability

29. Limit of Liability required:

☐ \$1,000,000 ☐ \$2,000,000 ☐ \$5,000,000 ☐ \$10,000,000 ☐ Other – please state:  
\$



Signing this proposal does not bind the proposer or the insurer to complete this insurance.

## Declaration

We hereby declare after due enquiry 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 Insurance 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 Insurance 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 Insurance 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 Insurance 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 Insurance 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 Insurance New Zealand Limited refusing to provide the insurance.

We have certain rights of access to and correction of this information, without prejudice to AIG Insurance New Zealand Limited's rights if information is inaccurate.

---

Signed

---

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

---

Company

---

Date



### AIG Insurance New Zealand Limited

The AIG Building, Level 19  
PO Box 1745, Shortland Street  
Auckland 1140

T +64 9 355 3100  
F +64 9 355 3135  
[www.aig.co.nz](http://www.aig.co.nz)