



North American Proposal Form

PrivateEdge ®

Insured Details

1. Business: _____

Contractual

2. Do you have any agreements where you assume the liability of others or hold others harmless including your suppliers and/or joint ventures partners? **Yes / No**

Contractors

3. Do you engage the services of contractors, sub-contractors or labour hire companies? **Yes / No**

If so, please provide the following information:

Details of Activities Performed By Contractors / Sub-contractors / Labour Hire	Annual Value of Contract	% Of Time Contractor Spends On Insured's Premises	Number of Contractors

4. Are contractors, sub-contractors or labour hire companies required to show evidence of Public Liability insurance prior to starting work? **Yes / No**

If "Yes", what minimum limits are they required to carry? \$ _____

5. Are contractors or sub-contractors required to sign an agreement indemnifying you for any liability arising from their activities? **Yes / No**

6. Do the contractors, sub-contractors or labour hire work under the direct supervision of you or any of your staff? **Yes / No**



Products

7. Do you sell or distribute products overseas? **Yes / No**

If so, please provide the following information:

i. Are any new products proposed for introduction in the coming year? **Yes / No**

If "Yes", please give details:

ii List any product that has been discontinued, recalled or made subject to investigation or inquiry in the last five years and provide reasons: **Yes / No**

lii Do you have a written product recall plan? **Yes / No**

iv Do you employ the services of a testing laboratory **Yes / No**

v What Quality Control procedures do you have (eg: ISO, HACCP) **Yes / No**

vi What standards do your products comply with? (eg: NZS, AS, Underwriter's Laboratories) **Yes / No**

vi Are any of your products required to be registered / approved / controlled / distributed by a regulatory body **Yes / No**

If "Yes", please give details



<i>Product Name</i>	<i>When was the product first sold?</i>	<i>When was the product first exported?</i>	<i>Where is the product exported to?</i>	<i>Did you design the product?</i>	<i>Do you manufacture the product?</i>	<i>Are you required to erect / install or maintain the product?</i>
				Yes / No	Yes / No	Yes / No
				Yes / No	Yes / No	Yes / No
				Yes / No	Yes / No	Yes / No
				Yes / No	Yes / No	Yes / No
				Yes / No	Yes / No	Yes / No
				Yes / No	Yes / No	Yes / No
				Yes / No	Yes / No	Yes / No



Attachments

Please attach the following documents:

- Any agreement where you assume the liability of others or holds others harmless
- Product brochures for each of your products;
- Instruction manuals provided to the end user of each of your products;
- Any warning labels provided with or attached to your product.

Declaration and Signature

We declare on behalf of all proposed insured's that:

- We have made inquiries of all appropriate persons to complete this supplementary proposal form.
- All answers and statements in this supplementary proposal are correct and complete in every respect and there is no further information which may affect acceptance of this proposal.
- If accepted by AIG Insurance New Zealand Limited ("AIG") this supplementary proposal and declaration, and any other form material which I/we have provided to AIG will be the basis and shall be incorporated into the contract of insurance. I/We undertake to inform AIG of any material changes to the business or the information provided at all times.
- We understand that AIG required the information (which will be retained by AIG) in order to decide whether or not 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.
- AIG is authorised to disclose information received to its advisors, reinsurers and to other insurers. We authorise AIG to obtain, from any party, information that is, in AIG's view, relevant to this proposal
- We understand that the insurance will not be in force until and unless this supplementary proposal has been accepted and the terms of any cover have been confirmed by AIG.

Note: Signing the supplementary proposal / declaration & any supplementary questionnaires does not bind either the applicant or AIG to complete the insurance.

Signature: _____ Date: _____

Name: _____ Position: _____

Note: The coverage available from AIG is subject to terms, conditions and restrictions contained in the Policy Wording. In the event of any conflict between the description of coverage in this document and the Policy Wording, the provisions in the Policy Wording will prevail. You should obtain and read a copy of the Policy Wording from your insurance intermediary.



Bring on tomorrow

Auckland

The AIG Building, Level 19
PO Box 1745
Shortland Street
Auckland 1140
T +64 9 355 3100
F +64 9 355 3135

Wellington

PO Box 10-238
The Terrace
Wellington 6143
T +64 4 385 4737
F +64 4 472 3917
www.aig.co.nz