



# No Claims Declaration General & Products Liability Insurance

Cover is underwritten by AIG Insurance New Zealand Limited

Name of Insured: *(Include all subsidiary Companies to be insured)*

Policy type:      General Liability            Employers Liability            Statutory Liability     

Due Date:            Policy Number:     

1. Description of Occupation/ Business Activities: *(Please advise if expected change in the next 12 months)*

2. Total turnover, exports and employee details

	Last year (Actual Turnover)	This Year (Estimated Turnover)
New Zealand	\$	\$
Australia	\$	\$
USA/ Canada	\$	\$
Elsewhere	\$	\$
Total	\$	\$
Number of employees		

3. Do you undertake operations away from your premises?      Yes       No

Nature of work     

4. Do you have any property of others in your physical or legal control:      Yes       No

If Yes, Please provide full details

5. Are there any claims currently pending against you or are you aware, after enquiry, of any circumstances which would give rise to a claim under this policy?      Yes       No

6. Have any other material changes occurred in the nature of your business in the last 12 months that could affect this insurance?      Yes       No

If yes to either (5) and/or (6) please provide details:

. All answers and statements in this proposal are correct and complete in every respect and there is no further information which may affect acceptance of the proposal.

• If accepted by AIG this proposal and declaration, and any other material which I/we have provided to AIG forms 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.

• I/We understand that AIG requires this 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 from me/us to its advisors, reinsurers and to other insurers. I/We authorise AIG to obtain, from any party, information that is, in AIG's view, relevant to this proposal.

• I/We understand that the insurance will not be in force until this proposal has been accepted and the terms and conditions of cover have been confirmed by AIG.

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

Insured's signature     

Date     

Name     

Position

700883