



PrivateEdge Proposal Form

Please select the covers required:

Yes <input type="checkbox"/> No <input type="checkbox"/>	PrivateEdge	1-19
Yes <input type="checkbox"/> No <input type="checkbox"/>	Directors' & Officers' Liability only	1-19
Yes <input type="checkbox"/> No <input type="checkbox"/>	Add General and Products Liability	20-22
Yes <input type="checkbox"/> No <input type="checkbox"/>	Add Tax Audit Review	23
Yes <input type="checkbox"/> No <input type="checkbox"/>	Add Liability Consequential Loss	

Policy Holder Details

1. Name of Policyholder:									
2. Name of any Subsidiaries to be covered:									
3. Company Address:									
4. Date Business Established:	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
5. Business Description: (Please advise if expected to change within the next 12 months)									
6. Website Address:									

Policy Holder Details cont.

7. Consolidated Revenue / Locations / Staff:

Generated from:	New Zealand	USA and Canada	Rest of World*	Total
Last Financial Year Actual Revenue				
This Financial Year Estimated Revenue				
Last Year Fee Income				
This Year Estimated Fee Income				
Number of Locations				
Number of Staff				
Product Sales				

*If there has been any revenue split provided for "Rest of World", please provide countries and split:

General Questions

8. Is the Business able to pay any or all of its debts as & when they fall due?					Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Complete the following:	Current Assets	Current Liabilities	Total Assets	Total Liabilities	Profit / Loss
	\$	\$	\$	\$	\$
10. Does the company intend to make any public or private securities offerings (whether debt or equity) within the next 12 months? If "Yes", please provide details:					Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Does the Proposer and all of its Subsidiaries have a written Human Resources Manual or equivalent written guidelines for Managers? If "Yes", has external legal counsel reviewed these guidelines?					Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Does the Proposer and all of its Subsidiaries have an Employee Handbook which is distributed to all employees?					Yes <input type="checkbox"/> No <input type="checkbox"/>
13. When recruiting or promoting employees to positions of trust does the Proposer undertake independent checks into their employment history?					Yes <input type="checkbox"/> No <input type="checkbox"/>

General Questions cont.

14. Are duties segregated so that no individual can control any payment or payment process from commencement to completion without referral to others?	Yes <input type="checkbox"/> No <input type="checkbox"/>
15. Is all supporting documentation validated before authorising payments?	Yes <input type="checkbox"/> No <input type="checkbox"/>
16. 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 <input type="checkbox"/> No <input type="checkbox"/>
17. Does the Proposer have written procedures and/or controls to ensure full compliance with legislation that affects the Proposer's business activities?	Yes <input type="checkbox"/> No <input type="checkbox"/>
18. Does the Proposer have written procedures and/or controls to ensure full compliance with the Anti-Money Laundering and Countering Financing of Terrorism Act 2009?	Yes <input type="checkbox"/> No <input type="checkbox"/>
19. Has the business ever been subject to any investigation or audit in relation to money laundering or financing of terrorism?	Yes <input type="checkbox"/> No <input type="checkbox"/>

General and Products Liability

Only complete this section (questions 20–22) if you require General and Products Liability cover.

20. (i) Do you have property of others in your physical or legal control?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(ii) Do you service or repair any third party property, goods, vehicles or watercraft?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you answered "Yes" to any part of question 20 (i), (ii) then please give full details:	

21. Please list all of your "Products" (manufactured, constructed, erected, installed, repaired, serviced, treated, sold, supplied or distributed by you):

22. Are any of your products an additive, ingredient or component of another company's product?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Tax Audit and Review

Only complete this section (question 23) if you require Tax Audit and Review cover.

23. Has the Proposer ever been subject to an audit by the New Zealand Inland Revenue or by any similar body overseas?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Kidnap, Ransom and Extortion

24. Please indicate the number of travelling staff and annual trips per geographical location:

Region	Staff	Trips
Australasia and The Pacific		
Asia		
Europe		
North America		
Latin America		
Middle East and North Africa		

Claims Questions

25. Has any insurer ever declined, cancelled, or refused to renew any similar insurance issued to you or any predecessors in business?	Yes <input type="checkbox"/> No <input type="checkbox"/>
26. Has any director, officer or partner of the business ever had proceedings (civil or criminal) threatened or instigated against them alleging misconduct or breaches of the law in their capacity as a director or officer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
27. In the past five (5) years have you suffered any Direct Financial Loss exceeding \$5,000 as a result of fraud or dishonesty?	Yes <input type="checkbox"/> No <input type="checkbox"/>
28. After inquiry, do any persons to be covered under this insurance, have knowledge of any act, error, omission or circumstances which may give rise to a claim against any proposed insured?	Yes <input type="checkbox"/> No <input type="checkbox"/>
29. Have any claims been made against you or any past or present executive officers, directors, employees, contractors or any predecessors during the past five (5) years in business?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you answered "Yes" to any of questions 25–29 then please give full details on a separate signed and dated sheet in order to provide a complete answer to the question.

Attention: Incomplete proposal form will not be processed

Declaration

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

We declare on behalf of the proposed Policyholder and any Subsidiaries that:

- We have made inquiries of all appropriate persons to complete this proposal form.
- 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 this proposal.
- If accepted by AIG Insurance New Zealand Limited ("AIG") this proposal and declaration, and any other material which I/we have provided to AIG will form 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 that under the Privacy Act 2020, we may request access to and correction of personal 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 proposal has been accepted and the terms of any cover have been confirmed by AIG.
- We are authorised to complete, sign and submit this proposal.

Signature:											
Name:		Date:	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y				
Position:											

Note: AIG consents to receiving an electronic signature on this proposal form. All capitalised terms throughout this document are defined in accordance with the meaning contained in the Policy Wording. 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.



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Contact:

AIG Insurance New Zealand Limited
Level 7, 21 Queen Street
P.O. Box 1745
Auckland 1140

For inquiries, please contact:
Phone: +64 9 355 3100
Email: nz.contactus@aig.com