

**ZURICH[®]**

Combined General Liability

Proposal form

Policy number

Intermediary

Completion notes

Please read the following before completing this document.

- Answer all questions in full. If you need extra space, attach additional pages on your company letterhead (if applicable) and mark their inclusion on the proposal form;
- Please ensure you read and sign the Declaration at the end of this document.

Duty of Disclosure

Before you enter into a contract of general insurance with us, you have a duty at common law to disclose to us every matter you know, or could reasonably be expected to know that a prudent insurer would want to take into account in deciding whether to insure you and, if so, on what terms. This applies to all persons to be covered under this contract of insurance.

You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however, does not require disclosure of a matter:

- that diminishes the risk to be insured;
- that is of common knowledge;
- that we know or in the ordinary course of our business we ought to know;
- that we state to you that we do not want to know.

Non-disclosure or misrepresentation

If you make a material misrepresentation to us, or if you do not comply with your duty of disclosure, we may treat your policy as if it never existed.

False statement and Fraudulent acts

Your policy is based on the information supplied to us by you or on your behalf. All statements made by you or on your behalf on the proposal and/or questionnaire, in support of this policy, on any claim form or in support of any claim must be true and correct. If you take any action or make any statement in connection with this policy or any claim made under it, which is fraudulent in any way or which is supported by untrue or incorrect information, we are entitled to avoid this policy and all benefits under it will be forfeited.

Privacy Act 2020

Zurich respects your privacy. The following is brought to your attention. However this does not apply to companies.

- (a) This Proposal collects personal information about you;
- (b) The information is collected by Zurich to evaluate the insurance being sought;
- (c) The intended recipient of the information is Zurich;
- (d) The information is being collected and held by Zurich;
- (e) The collection of this information is required pursuant to the common law duty to disclose all material facts relevant to the insurance sought and is mandatory;
- (f) The failure to provide this information may result in your application for insurance being declined, or your insurance being void from the beginning;
- (g) You have rights to access, and correct this information subject to the provisions of the Privacy Act 2020.

Data sharing consent

In order to provide a seamless insurance service globally, Zurich may transfer any data Zurich has received from and any data it holds on the policyholder to other units of Zurich Insurance Group Ltd, such as branches, subsidiaries, or affiliates within Zurich Insurance Group Ltd, cooperative partners of Zurich Insurance Group Ltd, coinsurance and reinsurance companies located in the country of the policyholder or abroad.

Zurich as well as such recipients may use, process and store the data, in particular for the purpose of risk evaluation, policy execution, premium setting, premium collection, claims assessment, claims processing, claims payment, statistical evaluation or to otherwise ensure Zurich's global insurance service delivery.

If a broker or agent is acting on behalf of the policyholder, Zurich is authorised to use, process and store data of the policyholder received from such broker or agent, and to forward to such broker or agent data of the policyholder relating to the execution of the policy and the collection of premiums and payment of claims.

Zurich may procure data from government offices and third parties relating to the policyholder to assess a claim in the event of loss or damage.

All questions in this proposal form must be answered

Any question in this application that requires a Yes or No answer which is left incomplete or ambiguous will be assumed to be answered as 'No'.

1 Proposed period of insurance

Period of insurance: From / / To / / at 4pm

2 Company information

Full name of Proposer

Address Postcode

Internet/Website address

Describe comprehensively the Nature of Business activities/operations (including all subsidiary companies/controlled entities).

Is any change to the Nature of Business intended or being considered? Yes No

If 'Yes', please provide details.

How long has the Proposer continuously carried on business?

Does the Proposer have any subsidiaries or operations outside New Zealand? Yes No

If 'Yes', please complete the Supplementary Questionnaire 'Overseas Operations'.

3 Cover required

1. Tick the cover you require and state the Limit of Indemnity and Excess needed.

General Liability Limit \$ Excess \$

Statutory Liability Limit \$ Excess \$

Employers Liability Limit \$ Excess \$

2. Current Insurance: Insurer(s) Expires 4 pm on / /

3. Broker: Company Individual

4 Business details

1. When is your financial year end?

2. How long has the business been established?

3. If this is a new business for you, provide details of your previous experience

4. Provide a detailed description of all your business activities and operations, and a breakdown of the turnover for each activity or operation. (If a landlord, advise details of your tenants business)

Description of business activity/operation	Actual turnover LAST financial year	Estimated turnover THIS financial year
	\$	\$
	\$	\$
	\$	\$
	\$	\$

5. Total number of people employed (in New Zealand), including Principals

6. Annual wages/payroll (in New Zealand) \$

4 Business details (continued)

7. Advise where your business is conducted, your activities at each location and whether premises are owned or leased

Location(s) where the business is conducted within New Zealand	Activities	Owned/Leases
Overseas: Complete the Supplementary Questionnaire 'Overseas Operations'		

8. Do you have contracts to work outside New Zealand? Yes ☐ No ☐
If 'Yes', complete the Supplementary Questionnaire 'Overseas Operations'

9. Provide details of all work you carry out away from your premises and the percentage of turnover this generates

Nature of work	% Annual turnover
	%
	%
	%
	%

10. Do you work 'offshore'? (e.g. oil rigs) Yes ☐ No ☐
If 'Yes', provide full details

Nature of work	% Annual turnover
	%
	%
	%
	%

11. Does any of your work involve cutting or welding, the use of naked flames or open heat sources? Yes ☐ No ☐
If 'Yes', provide full details and state the percentage of turnover this generates

Nature of work	% Annual turnover
	%
	%
	%
	%

12. Do you use, store, handle, manufacture or transport any acids, bulk liquids, chemicals, explosives, gases or any flammable, hazardous or toxic goods or substances? Yes ☐ No ☐

If 'Yes', provide details

Type of hazardous or toxic substance	Quantity	How used/stored/transported

13. Do you employ sub-contractors? Yes ☐ No ☐

If 'Yes', do you contractually require them to hold their own General Liability insurance? Yes ☐ No ☐

5 Products liability

Note: Products means any goods or products manufactured, grown, extracted, produced, processed, treated, altered, handled, sold, supplied, distributed, imported, exported, repaired, serviced, installed, assembled, erected or constructed by the insured (including packaging and containers) in connection with the business in or from the territorial limits, and after it has ceased to be the insured's property, or in the insured's custody or legal control.

1. Attach a list of your Products, together with any brochures or promotional material, and tick to indicate enclosure Enclosed ☐

2. Provide details of all Products sold in New Zealand

Product type	Actual turnover LAST financial year	Estimated turnover THIS financial year
	\$	\$
	\$	\$
	\$	\$
	\$	\$

3. Provide details of all Products exported

Product type	Country	Actual turnover LAST financial year	Estimated turnover THIS financial year
		\$	\$
		\$	\$
		\$	\$
		\$	\$

If you export Products to the USA or Canada, complete the Supplementary Questionnaire 'North American Exports' Enclosed ☐

4. Provide details of Products you import and how you use them, e.g. sold 'as is', incorporated into your own Products, etc.

Product type	Supplier name and country	Use of product by you

5. Do you have a contract with your supplier(s) regarding liability for any defects in the Products they supply to you? Yes ☐ No ☐
If 'Yes', attach a copy of the relevant sections of the contract(s) or agreement(s) Enclosed ☐

6. Do you manufacture the Products you sell? Yes ☐ No ☐

(a) If 'Yes', advise what Products you design and whether they are to your own, or your customers' specifications

Product designed	Specification by

(b) If 'No', attach a copy of the relevant sections of the contract(s) or agreement(s) you have with the design company regarding liability for design faults Enclosed ☐

7. If you do not manufacture the Products you sell, attach a copy of the relevant sections of the contract(s) or agreement(s) you have with your contract manufacturer(s) Enclosed ☐

8. Are any of your Products used as components of, or incorporated or mixed into, any other products produced by any other parties? Yes ☐ No ☐

If 'Yes', provide details below and attach a copy of the relevant sections of the contract(s) or agreement(s) Enclosed ☐

9. Are you involved in any way with Genetically Modified Organisms (GMOs)? Yes ☐ No ☐

If 'Yes', provide details below and attach a copy of the relevant sections of the contract(s) or agreement(s) Enclosed ☐

6 Quality control/Compliance

1. Do you have a quality control manual? Yes ☐ No ☐ If 'Yes', how long has the manual been in use?
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2. Who is responsible for quality control? Name Job title
3. Has your quality control system been certified? Yes ☐ No ☐ If 'Yes', provide details of the certification (e.g. ISO9000)
.....
.....
4. Do you have a Product Recall Plan in place? Yes ☐ No ☐
If 'Yes', and you require cover for Product Safety & Recall, complete the related proposal form Enclosed ☐
5. List any Acts of Parliament that have specific application to your industry
.....
.....
.....
6. Do you have written procedures/manuals and/or systems to ensure compliance with legislation that affects your business or organisation? Yes ☐ No ☐
If 'No', advise how you comply with such legislation
.....
.....
.....
7. Have you ever had a loading or change of levy imposed under any Accident Compensation legislation? Yes ☐ No ☐
If 'Yes', provide full details
.....
.....
.....

7 Contractual Liability

1. Do you have any contracts or agreements where the other party limits their liability to you? Yes ☐ No ☐
If 'Yes', attach a copy of the relevant sections of the contract(s) or agreement(s) Enclosed ☐
 2. Do you have a standard warranty or conditions of sale with your customers? Yes ☐ No ☐
If 'Yes', attach a copy Enclosed ☐
- Note: Unless specifically agreed, indemnity is excluded for any liability you have assumed under a contract or agreement (other than lease or tenancy agreements)

8 Professional Liability

1. Do you provide professional, technical, consultancy services or advice to your customers? Yes ☐ No ☐
If 'Yes', provide full details
.....
.....
2. Do you charge a fee for these professional services? Yes ☐ No ☐
3. Total fees LAST financial year \$

9 Care, Custody or Control

1. Do you require cover for property owned by others in your care, custody or control? Yes ☐ No ☐
If 'Yes', advise the following:
(a) Description of the property
(b) Maximum value of the property \$
(c) Limit of Indemnity required \$
2. Do you charge a fee for storing property owned by others? Yes ☐ No ☐

10 Motor Vehicles

1. Do you service, repair, work on or supply parts for motor vehicles?

Yes ☐ No ☐

If 'Yes', provide details

Type of motor vehicle	Work undertaken or parts supplied	Estimated turnover THIS year
		\$
		\$
		\$
		\$

11 Watercraft / Aircraft / Railways

1. Do you:

(a) Service, repair or work on any watercraft or aircraft?

Yes ☐ No ☐

(b) Supply parts for any watercraft or aircraft?

Yes ☐ No ☐

If 'Yes', provide details

Type of work undertaken or parts supplied	Estimated turnover THIS year	Type of watercraft / aircraft	Max length of craft worked upon
	\$		
	\$		
	\$		
	\$		

2. Do you undertake work for any rail operator?

Yes ☐ No ☐**12 Claims experience**

1. During the past five years have you, or any other entity to be insured under this insurance, had any loss, proceedings, notice, complaint, claim or prosecution notified to or made against you, or any fine imposed under any legislation?

(Include all matters, irrespective of whether any insurance was in force and irrespective of any policy excess)

Yes ☐ No ☐

If 'Yes', provide details below or attach prior insurers claim experience(s)

Date of loss	Description of loss	Amount of loss/claim
		\$
		\$
		\$
		\$
		\$

2. After enquiry, are there any claims currently pending against you, or any other person or entity to be insured under this insurance, or are you aware of any circumstances which could give rise to a claim under the proposed insurance?

Yes ☐ No ☐

If Yes, provide full details

.....

.....

13 Prior Insurance

1. Provide details of any previous policies held during the past five years

	Insurer(s)	Limit	Excess
General Liability		\$	\$
Statutory Liability		\$	\$
Employers Liability		\$	\$

2. Has any insurer ever:

(a) declined to insure you?

Yes ☐ No ☐

(b) cancelled or refused to renew your policy?

Yes ☐ No ☐

(c) imposed special terms or conditions in respect of ANY policy for the types of insurance being applied for?

Yes ☐ No ☐

If 'Yes', to any of the above, provide full details including the name of the insurer

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14 Declaration

I/We hereby declare on behalf of all proposed insureds that:

- (a) 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;
- (b) if accepted by Zurich, this proposal and declaration, and any other material which I/we have provided to Zurich, shall be incorporated into and form the basis of the contract of insurance;
- (c) I/We understand that Zurich requires this information (which will be retained by Zurich) in order to decide whether to accept this proposal, and also that the Privacy Act 2020 entitles me/us to have access to and request the correction of this information;
- (d) Zurich is authorised to disclose information received from me/us to its advisors, reinsurers and to other insurers. I/We authorise Zurich to obtain, from any party, information that is, in Zurich's view, relevant to this proposal;
- (e) I/We understand that the insurance will not be in force until this proposal has been accepted and cover confirmed by Zurich.

NOTE: Signing the proposal and any supplementary questionnaires does not bind either the applicant or Zurich to complete the insurance.

Printed name

Position

Signature	Date
X	/ /