

Employers and Statutory Liability Insurance

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, local time

2 Details of those proposed to be insured

Name _____

Address for notices _____ Postcode _____

Annual turnover \$ _____ Number of employees _____

Description of business activities _____

3 Cover required – tick (✓)

☐ **Employers Liability**

Limit of Indemnity \$ any one claim and in all during the Period of Insurance

Excess \$ each and every claim including costs

☐ **Statutory Liability**

Limit of Indemnity \$ any one event and in all during the Period of Insurance

Excess \$ each and every event including costs

1. Have you ever had a penalty or premium loading imposed under any Accident Compensation legislation? Yes ☐ No ☐

If 'Yes', please provide full details

2. List any Acts of Parliament that have specific application to your industry

3. Do you have written procedures / manuals and/or systems to ensure compliance with legislation that affects your business? Yes ☐ No ☐

If 'No', advise how you comply with such legislation

3 Cover required (continued)

4. Have any claims for the type of insurance requested in this proposal ever been made against you or have any circumstances ever occurred which would have resulted in a claim under the proposed insurance had the policy been in force? Yes ☐ No ☐
If 'Yes', please provide full details

5. After enquiry is the Proposer aware of any circumstances which could give rise to a claim against the Insured? Yes ☐ No ☐
If 'Yes', please provide full details

4 Declaration

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

- 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 Zurich, this proposal and declaration, and any other material which I/We have provided Zurich, shall be incorporated into and form the basis of the contract of insurance;
- I/We understand that Zurich requires this and needs to retain this information 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;
- 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;
- I/We understand that the insurance will not be in force until this proposal has been accepted and cover confirmed by Zurich.

Signature of Principal, Partner or Director

X

Date

/ /