

**ZURICH**[®]

Management & Legal Liability Insurance

Supplementary Questionnaire – North American Exposure

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 Supplementary questionnaire form;
- This supplementary questionnaire forms a key part of your Management & Legal Liability 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 1993

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 1993.

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.

1 Company information

Full name of Proposer

Address

Postcode

Internet/Website address

2 General information

Please list subsidiaries in North America, the Company's percentage interest in each and details who owns minority

Name of subsidiary	Company's % interest	Minority stockholders	State or Province in which incorporated
	%		
	%		
	%		
	%		
	%		
	%		

Are you represented in North America in any other form, either directly or by a Parent Company, sales office etc., or by some other party holding a Power of Attorney on your behalf?

Yes No

If 'Yes', please provide full details including the specific states or provinces where you have such representation

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Provide details (approximate value and type) of any assets held in North America, including states or provinces where such assets are held

Assets	Value	State(s) or Province(s)
	USD	
	USD	
	USD	
	USD	
	USD	
	USD	

Note: If you have operations in North America, then the Overseas Operations Supplementary Questionnaire will be required

3 Directors & Officers liability

Does the Proposer, including any of its subsidiaries have:

(a) any stock, shares or debentures in North America?

Yes No

If 'Yes',:

(i) on what date was the last offer/tender/issue made? / /

(ii) was the offer subject to the United States Securities Act 1933 and/or the Securities Exchange Act 1934 and/or any amendments thereto?

Yes No

(b) any debt or equity instruments or commercial paper in North America?

Yes No

If 'Yes', what was the most recent effective date / /

Please enclose a copy of the latest 20 F filing made to USA regulatory authorities.

Either tick to indicate enclosure or to confirm that a 20 F filing is not applicable to you.

Enclosed Not applicable

4 General/Products liability

Conditions of sale

Please attach the Conditions of Sale, Terms of Trade and/or Warranties you use with your North American customers and tick to indicate enclosure.

Enclosed

Contractual agreements

Have you entered into any contractual agreement with anyone in North America (including vendor or distributor agreements) where you have agreed to hold other parties harmless or to provide indemnity in respect of any actions/claims made in connection with your products or services?

Yes No

If 'Yes', please provide full details and attach a copy of any agreements

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Products

(If coverage is given it will only be on specific named Products.)

List and describe all Products you export to North America. Provide the turnover for each Product and also include any other Products you intend exporting within the next 12 months.

Description of Products and their use	Actual turnover LAST financial year	Estimated turnover THIS financial year
	NZD	NZD
	NZD	NZD
	NZD	NZD
	NZD	NZD

List your three largest customers, the states and provinces where they sell your Product and what the Product is used for

Customer	State or Province	Product application
1.		
2.		
3.		

List all Products (including approximate turnover) you have exported to North America in the last seven years

Product	Estimated average unit price	Year first exported	Approximate turnover
	NZD		NZD
	NZD		NZD
	NZD		NZD
	NZD		NZD

Are you required to erect, maintain or service your Products?

If 'Yes', please provide full details

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Are your instructions and Products brochures translated into other languages?

Yes No

If 'Yes', please advise which languages

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4 General/Products liability (continued)

If you export Products to countries other than North America are you aware of any of those Products being sent on to North America?

Yes No

If 'Yes', please provide full details

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Do you have Products manufactured outside New Zealand that are then sent to North America?

Yes No

If 'Yes', please provide full details

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Approvals

Do all of your Products conform in all respects with the requirements of all state, provincial, federal or government statutes or regulations in the applicable North American country?

Yes No

Do all of your Products meet the required manufacturing and safety standards including product packaging and labelling?

Yes No

If 'Yes', please provide full details and enclose copies for approvals

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Have you had any recalls of the following on any Products you have sent, or intend to send, to North America?

(a) voluntary recalls?

Yes No

(b) officially imposed recalls, sales restrictions or bans?

Yes No

If 'Yes', to either (a) or (b) above, please provide details

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5 Claims experience

Have you had any claims, or are you aware of any circumstances which might give rise to a claim in respect of any of your activities in North America or any of the Products you have sent, or intend to send, to North America?

Yes No

If 'Yes', please provide full details

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6 Enclosures

Please provide copies of the following and tick to indicate enclosure:

- Your Conditions of Sale, Terms of Trade and/or Warranties used
- Any contracts requiring a 'hold harmless' to another party
- Product brochures for your Products
- Instructions on use of your Products and copies of labelling
- 20 F Filing (Directors & Officers Section only)

7 Declaration

I/We 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 supplementary questionnaire;
- (b) if accepted by Zurich, this supplementary questionnaire 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 supplementary questionnaire, and also that the Privacy Act 1993 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 supplementary questionnaire;
- (e) I/We understand that the insurance will not be in force until this supplementary questionnaire 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

Signed	Date
X	/ /

Please enclose with this Supplementary Questionnaire:

- Any other attachments which support you answers in this Supplementary Questionnaire.

If the question is not applicable please indicate such and do not leave the answer blank.