

**ZURICH**[®]

Management & Legal 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 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

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'.

2 Cover required and Prior insurance

Provide details of cover required

Provide details of previous policies held during the past five years

	Tick if cover required	Limit of Liability required	Tick if cover currently held	Insurer(s)	Limit	Excess
Insured Persons Liability	<input type="radio"/>	\$	<input type="radio"/>		\$	\$
Company Liability	<input type="radio"/>	\$	<input type="radio"/>		\$	\$
Companion Management Defence Costs and Expenses	<input type="radio"/>	\$	<input type="radio"/>		\$	\$
Employment Practices Liability	<input type="radio"/>	\$	<input type="radio"/>		\$	\$
Statutory Liability	<input type="radio"/>	\$	<input type="radio"/>		\$	\$
Commercial Crime	<input type="radio"/>	\$	<input type="radio"/>		\$	\$
Internet Liability	<input type="radio"/>	\$	<input type="radio"/>		\$	\$
Employers Liability	<input type="radio"/>	\$	<input type="radio"/>		\$	\$
General Liability	<input type="radio"/>	\$	<input type="radio"/>		\$	\$

3 Further details

Please advise the total number of employees

	White collar	Blue collar	New Zealand	Overseas
Full time				
Part time				
Volunteer or Work Experience Workers				
Hired Labour (who performs work at the workplace)				
Independent Contractors or Subcontractors				

Does the Proposer have a written grievance procedure which is communicated to all employees?

Yes No

Has the Proposer completed or currently undergoing any employee layoffs, early retirements or redundancies or contemplating same in the prior or within the next two years?

Yes No

If 'Yes', please provide full details

4 Financial data

	This year	Last year
Total Assets	\$	\$
Total Liabilities	\$	\$
Total Turnover	\$	\$
Total Net Assets	\$	\$
After Tax Profit (Loss)	\$	\$

Has the Proposer traded profitably for the past two full financial periods? Yes No

Do the Directors or Officers consider the Proposer including all subsidiaries/controlled entities to be solvent? Yes No

Is there any information which changes the financial position as detailed above which may materially affect the Proposer's ability to pay its debts as and when they fall due? Yes No

If 'Yes', please provide full details

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Are there any shareholders with more than 15% of all voting rights (direct and in-direct) who are not directors of the company?

If 'Yes', please provide details

Name	Voting rights
	%
	%
	%

5 Claims information

Have any claims or circumstances including losses ever been made against or sustained by:

- (i) any past or present Director, Officer or Employee?; or
- (ii) the Proposer or its subsidiaries?;

in relation to the following covers:

- | | | | |
|--------------------------------|--|---------------------|--|
| Insured Persons Liability | Yes <input type="radio"/> No <input type="radio"/> | Company Liability | Yes <input type="radio"/> No <input type="radio"/> |
| Employment Practices Liability | Yes <input type="radio"/> No <input type="radio"/> | Statutory Liability | Yes <input type="radio"/> No <input type="radio"/> |
| Commercial Crime | Yes <input type="radio"/> No <input type="radio"/> | Internet Liability | Yes <input type="radio"/> No <input type="radio"/> |
| Employers Liability | Yes <input type="radio"/> No <input type="radio"/> | General Liability | Yes <input type="radio"/> No <input type="radio"/> |

If 'Yes', to any of the above please provide details

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Are you aware of any circumstances which may give rise to a claim? Yes No

Have you suffered any loss in the past 5 years resulting from the fraud or dishonesty of any Employee or third party? Yes No

If 'Yes', to any of these questions please indicate the type of the claim and provide details below.

- | | | | |
|--------------------------------|--|---------------------|--|
| Insured Persons Liability | Yes <input type="radio"/> No <input type="radio"/> | Company Liability | Yes <input type="radio"/> No <input type="radio"/> |
| Employment Practices Liability | Yes <input type="radio"/> No <input type="radio"/> | Statutory Liability | Yes <input type="radio"/> No <input type="radio"/> |
| Commercial Crime | Yes <input type="radio"/> No <input type="radio"/> | Internet Liability | Yes <input type="radio"/> No <input type="radio"/> |
| Employers Liability | Yes <input type="radio"/> No <input type="radio"/> | General Liability | Yes <input type="radio"/> No <input type="radio"/> |

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6 Outside Directorship

Do any Directors or Officers hold any board positions in any outside entity at the specific request of the Proposer for which cover is required?

Yes No

If 'Yes', please provide details and attach the relevant financial accounts for these entities:

Outside entity	Country if incorporation	Position in outside entity	Percentage owned by shareholder with more than 15%
			%
			%
			%
			%
			%

For each of the above, please provide details of current D&O insurance, including name of Insurer, limit of liability and excess level.

7 General Liability

Only complete these questions if general liability cover is required.

General information

(a) Provide 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
	\$	\$
	\$	\$
	\$	\$
	\$	\$

(b) Annual wages/payroll in New Zealand \$ _____ Overseas \$ _____

(c) 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'

(d) Do you have contracts to work outside New Zealand? Yes No
If 'Yes', complete the Supplementary Questionnaire 'Overseas Operations'

(e) Provide details of all work you carry out away from your premises and the percentage of turnover this generates

Nature of work	% Annual turnover
	%
	%
	%

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

Nature of work	% Annual turnover
	%
	%
	%

7 General Liability (continued)

- (g) 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
	%
	%
	%

- (h) 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

- (i) Do you employ sub-contractors? Yes No
 If 'Yes', do you contractually require them to hold their own General Liability insurance? Yes No

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.

- (a) Provide details of all Products sold in New Zealand

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

- (b) Provide details of all Products exported

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

- (c) If you export Products to the USA or Canada, complete the Supplementary Questionnaire 'North American Exports' Enclosed

- (d) 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

7 General Liability (continued)

- (e) Do you manufacture the Products you sell? Yes No
- (i) If 'Yes', advise what Products you design and whether they are to your own, or your customers' specifications

Product designed	Specification by

- (ii) 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

- (f) 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

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Quality control/Compliance

- (a) Do you have a quality control manual? Yes No If 'Yes', how long has the manual been in use?
- (b) Has your quality control system been certified? Yes No If 'Yes', provide details of the certification (e.g. ISO9000)

- (c) 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

Professional Liability

- (a) Do you provide professional, technical, consultancy services or advice to your customers? Yes No
- If 'Yes', provide full details

- (b) Do you charge a fee for these professional services? Yes No

(c) Total fees LAST financial year \$

Care, Custody or Control

- (a) Do you require cover for property owned by others in your care, custody or control? Yes No
- If 'Yes', advise the following:

- (i) Description of the property
- (ii) Maximum value of the property \$
- (iii) Limit of Indemnity required \$

- (b) Do you charge a fee for storing property owned by others? Yes No

Motor Vehicles

- (a) 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
		\$
		\$
		\$

7 General Liability (continued)

Watercraft / Aircraft / Railways

(a) Do you:

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

Yes No

(ii) 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
	\$		
	\$		
	\$		

(b) Do you undertake work for any rail operator?

Yes No

8 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 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 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 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

Signed	Date
X	/ /

Please enclose with this Proposal Form:

- Your latest Annual Report & Accounts or audited consolidated Financial Statement.
- Any other attachments which support you answers in this Proposal.

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