

Combined Liability Proposal

Note: This Combined Liability proposal form is used to apply for General, Statutory and Employers Liability

Important Notice

Material facts

"You" (this includes every person or entity to be insured under this insurance) are under a duty to disclose all material facts that could influence GO Insurance (International) Limited's decision to accept this insurance and, if so, on what terms. You need to disclose both facts known to you AND facts which you could have been reasonably expected to know about. If you are in any doubt as to whether a fact may be material, you should disclose it to ensure that any cover granted is not prejudiced.

Non disclosure/misstatement

If you fail to comply with your duty of disclosure, QBE may be entitled to avoid the contract altogether, and so decline to pay any claim.

Jurisdiction

Except to the extent otherwise provided in any subsequently issued policy, the content and use of this form and any agreement entered into pursuant to this form or any dealing in relation to or arising from this form are governed by the laws of New Zealand and in relation to those matters, the parties submit to the jurisdiction of the courts of New Zealand.

How to complete this form

- You must answer ALL questions and, if you are completing this form by hand, please ensure you write clearly.
- If you are completing this form electronically, it should be opened using the latest version of Adobe Reader. Please use your mouse/trackpad to take the cursor to the next editable field. Boxes can be ticked either by using your mouse/trackpad or hitting 'enter'. Upon completion, you need to print this form and **sign the declaration**.
- The form should then be posted, or scanned and emailed, to your broker.

Broker company

individual

A Applicant details

- Provide the full name of all entities to be insured (including all subsidiary companies)

- Website address/es

B Cover required

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

<input type="checkbox"/>	General Liability	Limit	\$	Excess	\$
<input type="checkbox"/>	Statutory Liability	Limit (min \$500,000)	\$	Excess	\$
<input type="checkbox"/>	Employers Liability	Limit (min \$500,000)	\$	Excess	\$

- Current insurance Insurer(s)

Expires 4pm on dd / mm / yyyy



C Business details

1. When is your financial year end?

dd / mm / yyyy

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 all your business activities	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

\$

7. Are you in any way involved in:

(a) the provision of financial or investment advice?

If 'yes', complete a 'Financial Advisers' supplementary questionnaire

Yes

No

(b) adventure tourism or recreational/outdoor pursuits?

If 'yes', complete an 'Adventure Tourism and Outdoor Pursuits' supplementary questionnaire

Yes

No

8. Advise where your New Zealand 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/leased

9. Do you have locations or contracts to work outside New Zealand?

If 'yes', complete an 'Overseas Operations' supplementary questionnaire

Yes

No

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

Nature of work	% annual turnover
	%
	%
	%

11. Do you work 'offshore'? (eg. oil rigs)

If 'yes', provide full details

Yes ☐ No ☐

Nature of work	% annual turnover
	%
	%
	%

12. Does any of your work involve cutting or welding, the use of naked flames or open heat sources?

If 'yes', provide full details and state the percentage of turnover this generates

Yes ☐ No ☐

Nature of work	% annual turnover
	%
	%
	%

13. Do you use, store, handle, manufacture or transport any acids, bulk liquids, chemicals, explosives, gases or any flammable, hazardous or toxic goods or substances?

If 'yes', provide full details

Yes ☐ No ☐

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

14. Do you employ sub-contractors?

Yes ☐ No ☐

If 'yes', do you contractually require them to hold their own General Liability insurance?

Yes ☐ No ☐

D Products liability

Note: Insured's products means any goods, products, including labels, instructions for use and advice and property after they have ceased to be in the possession of or under the control of the Insured, manufactured, constructed, erected, installed, repaired, serviced, treated, sold, supplied or distributed by the Insured (including any container, other than a vehicle).

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, please complete a 'North American Exports' supplementary questionnaire

Enclosed ☐

4. Provide details of products you import and how you use them (eg. 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 design 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	Specifications 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 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', attach full details

Enclosed ☐

E Quality control / compliance

1. Do you have a quality control manual?

Yes ☐ No ☐

If 'yes', how long has the manual been in use?

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 (eg. ISO9000)

4. Do you have a Product Recall Plan in place?

Yes ☐ No ☐

If 'yes', and you require cover for product recall expenses, complete a 'Product Recall Expenses' supplementary questionnaire

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

F 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).

G Professional liability

1. Do you provide professional, technical or 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

☐

Total fees last financial year

\$

H Care, custody or control

1. Do you provide 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) Limit of Indemnity required

\$

(c) Maximum value of the property

\$

2. Do you charge a fee for storing property owned by others?

Yes

No

If 'yes', and you require cover, complete a 'Bailees Liability' proposal

Enclosed

I Motor vehicles

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

Yes

No

If 'yes', provide full details

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

J 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 full details

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

2. Do you undertake work for any rail operator?

Yes

No

K 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 claims 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

L 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

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 GO, this proposal and declaration, and any other material which I/we have provided to GO, shall be incorporated into and form the basis of the contract of insurance;
- (c) I/We understand that GO requires this information (which will be retained by GO) 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) QBE is authorised to disclose information received from me/us to its advisors, reinsurers and to other insurers. I/We authorise GO to obtain, from any party, information that is, in QBE'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 GO.

Note: Signing the proposal and any supplementary questionnaires does not bind either the applicant or GO to complete the contract of insurance.

Date dd / mm / yyyy

Printed name

Position

SUBMIT **PRINT**

