



# COMBINED LIABILITY PROPOSAL

NOTE: This Combined Liability Proposal Form is used to apply for General, Statutory and Employer's Liability.

## IMPORTANT NOTICE

### MATERIAL FACTS

"You" (this means every person or entity to be insured under this insurance) are under a duty to disclose all material facts that could influence QBE'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.

### COMPLETION NOTES

- Answer ALL questions in full. If you need extra space attach additional pages on your company letterhead and mark their inclusion on this Proposal Form.
- **PLEASE ENSURE YOU READ AND SIGN THE DECLARATION.**

## A APPLICANT DETAILS

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


2 Website address/es

www.
------

## B COVER REQUIRED

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

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

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

3 Broker: Company  Individual

## C BUSINESS DETAILS

1 What 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 Total numbers of persons employed (in New Zealand), including Principals

5 Annual wages/payroll (in New Zealand)

\$

6 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
	\$	\$
	\$	\$
	\$	\$
	\$	\$

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/Leased

Overseas: Complete the Supplementary Questionnaire 'OVERSEAS OPERATIONS'

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

Nature of work	% Annual turnover
	%
	%
	%

9 Do you have contracts to work outside New Zealand?

Yes  No

If Yes, complete the Supplementary Questionnaire 'OVERSEAS OPERATIONS'

10 Do you employ Sub-Contractors?

Yes  No

If Yes, do you contractually require them to hold their own General Liability policy?

Yes  No

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 work "offshore"?

Yes  No

If Yes, provide full details

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?

Yes  No

If Yes, provide details

Nature of work	Quantity	How used/stored/transported

### D PRODUCTS LIABILITY

**Note: Products Liability includes any goods manufactured, sold, supplied or distributed by you.**

- 1 Attach product brochures or promotional material and a list of your products
- 2 Provide details of all products sold in New Zealand

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

- 3 Provide details of all products exported

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

- 4 If you export products to the USA or Canada, complete the Supplementary Questionnaire, 'NORTH AMERICAN EXPORTS'

- 5 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

6 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)

7 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

(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.

- 8 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)



9 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)

[Empty text box for details]

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

If Yes, attach full details

E QUALITY CONTROL

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  Title

3 Has your quality control system been certified? Yes  No

If Yes, provide details of the certification (e.g. ISO9000 etc)

4 Do you have a Product Recall plan in place? Yes  No

If Yes, and cover is required, complete the Supplementary Questionnaire, 'PRODUCT RECALL EXPENSES'

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)

2 Do you have a standard warranty or conditions of sale with your customers? If Yes, attach a copy. Yes  No

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, consultancy services or advice to your customers? Yes  No

If Yes, provide full details

[Empty text box for details]

2 Do you charge a fee for these professional services? Yes  No

3 Total fees LAST financial year \$

H 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

If Yes and cover is required, complete the 'BAILEES' Proposal



I 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
		\$
		\$

J RAILWAYS/WATERCRAFT/AIRCRAFT

1 Do you work for any rail operator?

Yes  No

2 Do you service, repair, work on or supply parts for watercraft or aircraft?

Yes  No

If Yes, provide details

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

K STATUTORY & EMPLOYERS LIABILITY

1 Have you ever had a penalty or premium loading imposed under any Accident Compensation legislation?

Yes  No

If Yes, 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 or organisation?

Yes  No

If No, advise how you comply with such legislation


L 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

Three empty text boxes for providing details.

M PRIOR INSURANCE

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

Table with 4 columns: Policy Type, Insurer(s), Limit, Excess. Rows include General Liability, Statutory Liability, and Employers Liability.

2 Has any insurer ever:

- (a) declined to insure you?
(b) cancelled or refused to renew your policy?
(c) imposed special terms or conditions in respect of ANY policy for the types of insurance being applied for?

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

Four empty text boxes for providing details of insurers.

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...
(b) if accepted by QBE, this proposal and declaration, and any other material...
(c) I/We understand that QBE requires this information...
(d) QBE is authorised to disclose information received from me/us...
(e) I/We understand that the insurance will not be in force until this proposal has been accepted...

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

Signature and Date fields, and Printed name and Position text boxes.

