



OVERSEAS OPERATIONS SUPPLEMENTARY QUESTIONNAIRE

IMPORTANT NOTICE

- This Supplementary Questionnaire forms a key part of your General Liability Proposal and it is important that all material facts continue to be fully, frankly and accurately disclosed.
- **PLEASE REMEMBER TO SIGN AND DATE THIS FORM.**

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.

Name of Applicant/ Insured

Broker

A OVERSEAS WORK

1. Do you undertake work (excluding products exported) in any country, other than New Zealand? Yes No

If Yes, provide full details:

	Nature of Work/Activities	Contract Period (if not permanent)
Australia		
Pacific Islands		
USA/Canada		
UK/Europe		
Rest of the World		

B TURNOVER

1. Financial Year End

2. What is your total annual turnover?

Actual LAST YEAR	\$ <input style="width: 150px;" type="text"/>	Estimated THIS YEAR	\$ <input style="width: 150px;" type="text"/>
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Provide for each region:

	Actual LAST YEAR	Estimated THIS YEAR
Australia	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
Pacific Islands	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
USA/Canada	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
UK/Europe	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>
Rest of the World	\$ <input style="width: 100px;" type="text"/>	\$ <input style="width: 100px;" type="text"/>



C REPRESENTATION

- 1. Are you in any way represented in any countries other than New Zealand, either by a parent company, subsidiary company or by some other party holding a Power of Attorney on your behalf? Yes No

If Yes, provide full details including specific states/provinces of the countries where you have such representation

D LOCATIONS

- 1. Do you have any physical locations overseas? Yes No

If Yes, provide full details, including the street address, city, state/province, postal code and your activities at each location (e.g. sales office, manufacturing, etc).

Physical Address	Activities	Owned or Leased

E EMPLOYEES

- 1. How many of your employees are based overseas?
- Of these how many are:
 - (a) office staff?
 - (b) sales/service staff?
 - (c) other (specify)

- 2. Annual payroll overseas?

F ASSETS

- 1. Provide details (approximate value and type) of assets held outside New Zealand:

Asset	Value	Country
	\$	
	\$	
	\$	
	\$	



G CONTRACTORS/SUB-CONTRACTORS OVERSEAS

1. Do you engage contractors or sub-contractors, either through a labour hire company or directly? Yes No

If Yes, provide details

Country	Nature of Work Activities	Amount Paid to Contractors	
		Actual LAST YEAR	Estimated THIS YEAR
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

2. Do you have Health and Safety induction programmes in place at all your overseas locations? Yes No

If Yes, are all contractors/sub-contractors put through these programmes? Yes No

3. Do you require all contractors/sub-contractors to provide evidence that they have Public Liability and Workers Compensation Insurance in place prior to them commencing work for you? Yes No

DECLARATION

I declare that all answers and statements in this supplementary questionnaire are correct and complete in every respect and there is no further information, outside of that supplied in this questionnaire or the Proposal Form, which may affect acceptance of this proposal.

Signed

Date

Printed name

Position



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