



ADVENTURE TOURISM SUPPLEMENTARY QUESTIONNAIRE

IMPORTANT NOTICE

This Supplementary Questionnaire forms a key part of your Statutory 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

Name of Broker

A BUSINESS DETAILS

1. Please provide the following information

Description of each activity involved	Location where activity is undertaken	No. of customers per ride/trip	No. of rides/trips per annum

2. Do you require your customers to sign Disclaimer Notices? Yes No

If Yes, please provide a copy

3. Please provide details of any equipment or machinery you use

4. Do you belong to any Industry Association? Yes No

If Yes, please provide details

5. Please advise what legislation or regulations the business operates under



B OPERATOR DETAILS

1. Please provide details regarding the qualifications and/or experience of your operators

Name	Position	Qualifications/experience

C CLAIMS DETAILS

Date	Circumstances	Action Taken	Amount Paid

2. Please provide full details of any claims, losses, circumstances or incidences made against you or any other person or entity to be insured under this insurance

3. After enquiry, does the company, or any director, officer or employee who will be insured under the proposed insurance, know of any fact, circumstance or information that could give rise to a claim under the proposed insurance had it been in force?

Yes No

DECLARATION

I declare that all answers and statements in this supplementary questionnaire are correct and complete in every respect and agree that this supplementary questionnaire shall form the basis of and be incorporated into the policy of insurance, which I have with QBE Insurance (International) Limited.

Signed

Date / /

Printed name

Position



Quay Tower, 29 Customs Street,
PO Box 44, Auckland. www.qbe.co.nz
Phone: 00 64 9 366 9920, Fax: 00 64 9 366 9930

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