



EXEMPLARY DAMAGES PROPOSAL

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.

COMPLETION NOTES

- Please answer ALL questions fully. If you need extra space please attach additional pages on your company letterhead and mark their inclusion in the form.
- **PLEASE ENSURE YOU READ AND SIGN THE DECLARATION.**

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.

A APPLICANT DETAILS

1. Name

2. Physical address

3. Names of all subsidiary companies for whom cover is required

4. Website address

5. Description of business activity

6. Number of employees/staff

7. Please provide details of your annual turnover

| LAST Year Actual | THIS Year Estimate |
|------------------|--------------------|
| \$ | \$ |



B COVER REQUIRED

1. Limit of Indemnity

| |
|----|
| \$ |
|----|

2. Excess

| |
|----|
| \$ |
|----|

3. Period of Insurance

| | | | | | |
|-----|---|---|--------|---|---|
| 4pm | / | / | to 4pm | / | / |
|-----|---|---|--------|---|---|

4. Broker:

Individual

Company

| |
|--|
| |
| |

C BUSINESS DETAILS

1. Do you operate vehicles as part of your business?
(Trucks/vans/cars/mobile plant, etc)

Yes No

If Yes, please provide full details including number and types

| |
|--|
| |
| |
| |

2. Do you operate aircraft or watercraft as part of your business?

Yes No

If Yes, please provide full details including number and types

| |
|--|
| |
| |
| |

D CLAIMS DETAILS

1. After enquiry are you, or any other person or entity to be insured under this insurance, aware of:

- (a) any injuries to members of the public which might give rise to a claim under this insurance? Yes No
- (b) orders from public authorities which deal with safety issues? Yes No
- (c) Department of Labour prosecution against you in respect of breaches of any Health & Safety legislation? Yes No

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

| |
|--|
| |
| |
| |
| |
| |
| |



E PRIOR INSURANCE

1 Has any application for any type of insurance requested by this proposal made on behalf of the applicant ever been cancelled, declined, or been made subject to special terms before the insurer has agreed to continue cover? Yes No

If Yes, please provide full details

| |
|--|
| |
| |
| |
| |

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 QBE, this proposal and declaration, and any other material which I/we have provided to QBE, shall be incorporated into and form the basis of the contract of insurance;
- (c) I/We understand that QBE requires this information (which will be retained by QBE) 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 QBE 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 QBE.

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

| | | | | |
|--------------|----------------------|------|--------------------------------|--------------------------------|
| Signed | <input type="text"/> | Date | <input type="text" value="/"/> | <input type="text" value="/"/> |
| Printed name | <input type="text"/> | | | |
| Position | <input type="text"/> | | | |



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

QBE INSURANCE (INTERNATIONAL) LTD
A Member of the QBE Insurance Group - Incorporated in N.S.W., Australia. A.B.N. 11 000 000 948