



BOOK PUBLISHERS SUPPLEMENTARY QUESTIONNAIRE

IMPORTANT NOTICE

This Supplementary Questionnaire forms a key part of your Defamation 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

1. Please provide details of all your anticipated releases for the next twelve months.
(Any publications not being proposed for insurance should be clearly noted).

Categories - F = Fiction, A = Autobiography, E = Education, G = General, NF = Non Fiction

TITLE	AUTHOR	CATEGORY

2. Please provide details of the number of releases made in the last twelve months by dividing into the following categories:

(a) Fiction	<input type="text"/>	(d) Autobiographies	<input type="text"/>
(b) Biographies	<input type="text"/>	(e) Educational	<input type="text"/>
(c) General, Non-Fiction	<input type="text"/>	TOTAL	<input type="text"/>

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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