



SEEDSMENS LIABILITY 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. Physical address of branch offices or other locations

4. Website address

B COVER REQUIRED

1. Limit of Indemnity

2. Excess

3. Period of Insurance

4. Broker: Individual

Company



C BUSINESS DETAILS

1. Date on which the business was established

/ /

2. What is your total number of staff/employees?

3. Please provide full details of your business activities

4. Are you a member of any seed trade association?

Yes No

If Yes, please provide full details

5. Are you a member in good standing?

Yes No

If No, please advise why not

6. Do you grow development (stock seeds)?

Yes No

(Defined as Breeder, Foundation or Registered seed prior to commercial sales)

If Yes, do you allow any retention of development (stock) seeds by your growers for resale?

Yes No

If Yes, please advise the retention percentage, and the value of each category, and attach a copy of your terms of contract.

Category	Retention	Value
	%	\$
	%	\$
	%	\$
	%	\$

7. Do you earn any receipts from seed conditioning or treatment?

Yes No

If Yes, please advise your turnover from this activity

\$

8. Do you undertake seed conditioning for others?

Yes No

If Yes, please advise

(a) Maximum value of others' seeds you have at any one time

\$

(b) Details of the seed conditioning or treatment work carried out



9. Are you a Contract Grower? Yes No

If Yes, please provide full details and include a copy of your standard terms and conditions

Empty text box for contract grower details

10. Do you use a standard disclaimer and/or remedy clause on all your seed tags, bags, labels and invoices, limiting your liability to replacement, or the cost of replacement seed? Yes No

If Yes, please attach a copy
If No, please explain why not

Empty text box for disclaimer details

D TRANSGENIC, GENETICALLY MODIFIED OR ENGINEERED SEEDS

1. Do you grow, process, sell or stock any transgenic, genetically modified or genetically engineered seeds? Yes No

If Yes, please provide full details

Empty text box for transgenic seed details

2. Are you involved in the development or research of transgenic, genetically modified or genetically engineered seeds? Yes No

If Yes, please provide full details including regulatory approval

Empty text box for transgenic seed development details

3. Do you test and check seeds? Yes No

If Yes:

(a) do you maintain a private laboratory staffed with a senior analyst? Yes No

(b) If not, do you use facilities of a qualified commercial laboratory? Yes No

(c) If commercial, please advise laboratory used [text box]

4. Do you deal in green bean seeds? Yes No

If Yes, please advise:

(a) the source of green bean seeds [text box]

(b) if the seeds were exposed to Halo Blight, outline any eradication measures you have taken

Empty text box for eradication measures



E FINANCIAL DETAILS

1. Please advise the total seed sales/turnover during past twelve months

	A	B	C	D
Type of Seed	New Zealand Sales/ Turnover	Overseas Sales/ Turnover (other than USA/Canada)	Country where exported for Sales in Column B	USA/Canada Exports Sales/ Turnover
Tomato Seeds	\$	\$		\$
Lettuce, Melons, Cucumbers, Pepper	\$	\$		\$
Other Vegetable Seeds	\$	\$		\$
<input type="text"/>				
Home Gardeners	\$	\$		\$
Seed Corn, Seed Sorghum Farm Seed, Cereal Seed	\$	\$		\$
Other (advise varieties)	\$	\$		\$
<input type="text"/>				
TOTAL	\$	\$		\$

2. Please provide a split in turnover regarding the following

Activity	% of turnover
Seed grown by you or by others for you	%
Treating / conditioning of seed for others	%
Distribution of seed grown by others and sold under their labels	%
TOTAL	100%

F CLAIMS EXPERIENCE

1. Have any claims been made during the past five years against the firm or its predecessors in business that would have been covered by the proposed insurance? Yes No

If Yes, please provide full details



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 may result in any claim being made against you?

Yes No

If Yes, please provide full details

Empty text box for providing details if 'Yes'.

G PRIOR INSURANCES

1. Please supply details of any previous cover for the type of insurance being applied for, or held during the past five years by you, the firm or any of its predecessors in business. Include the name of the insurers.

Empty text box for providing details of previous insurance cover.

2. Has any application for this type of insurance made by or on behalf of you or any of the present directors, partners or, to the knowledge of the firm, on behalf of their predecessors in business, ever been declined or has any such insurance ever been cancelled or renewal refused?

Yes No

If Yes, please provide full details

Empty text box for providing details if 'Yes'.

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

Empty box for signature

Date

Empty box for date with slashes

Printed name

Empty box for printed name

Position

Empty box for position



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