



# ASSOCIATION/TRUSTEES 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.

### 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.

### COMPLETION NOTES

- A separate Proposal form exists for company directors.
- Please answer ALL questions fully. If you need extra space please attach additional pages on your company letterhead and mark their inclusion in section L of this Form.
- **PLEASE ENSURE YOU READ AND SIGN THE DECLARATION.**

## A APPLICANT DETAILS

1 Organisation type: Association  Charitable Trust  Other Trust (non charitable)

2 Name of organisation

3 Address of registered office

4 Website address

www.

## B COVER REQUIRED

1 Limit of indemnity \$

2 Excess \$

3 Period of insurance: From 4pm  /  /  to 4pm  /  /

4 Broker: Individual  Company

## C OPTIONAL EXTENSIONS

1 Do you require Professional Indemnity Insurance? Yes  No

## D ORGANISATION DETAILS

1 Please describe the principal business of the organisation

2 Date on which the organisation was established

3 Please indicate whether the organisation provides any of the following services:

- |                                   |                              |                             |   |                              |                             |
|-----------------------------------|------------------------------|-----------------------------|---|------------------------------|-----------------------------|
| (a) legal aid services            | Yes <input type="checkbox"/> | No <input type="checkbox"/> | (d) other advisory services                           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (b) financial services            | Yes <input type="checkbox"/> | No <input type="checkbox"/> | (e) research, development, experimentation or testing | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (c) computer information services | Yes <input type="checkbox"/> | No <input type="checkbox"/> | (f) evaluation or setting of qualification standards  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |



### E BOARD DETAILS

1 Please provide details of the trustees and/or board of managers of the organisation

Name of officer or trustee	Qualifications	Date appointed	Position

2 Please provide details of any committees established by the organisation for which cover is required

Name of committee	Function	Members

### F FINANCIAL DETAILS

1 Has there been any change in the financial position or capital structure of the organisation, or is there any trend or event not reflected in the annual report and financial statements attached to this proposal that might materially effect the financial position shown in those statements?

Yes  No

2 Is any proposed insured person aware of facts or circumstances which might affect the ability of the organisation to meet all its debts as and when they fall due?

Yes  No

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


### G ANNOUNCED CHANGES

1 Has the organisation publicly revealed that it has under consideration at the present time any acquisitions, tender offers or mergers?

Yes  No

2 Are there at the present time any proposals of which the organisation is aware relating to its acquisition by any other entity?

Yes  No

3 Has the organisation publicly announced its intention to make any new public offering of securities within the next year?

Yes  No

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




### H OUTSIDE DIRECTORSHIPS/APPOINTMENTS

1 Does the organisation require cover for any outside directorships? Yes  No

(An outside directorship is a position held as a director, officer, trustee, governor, councillor, secretary or equivalent position in any entity which is not a subsidiary of the company in which the position is held with the KNOWLEDGE and CONSENT or at the SPECIFIC REQUEST of the company.)

If Yes, please attach the following details in respect of each outside directorship/entity:

- name of the outside entity
- nature of activities of the outside entity
- percentage owned by the company
- name and the percentage ownership of each party holding 5% or more of the share capital of the outside entity
- country of incorporation
- type of entity (e.g. public company, private company, trust)
- if the outside entity(ies) currently carry directors and officers/trustees or association liability insurance please provide details of the insurer, limit of indemnity and any excess applicable

**PLEASE ATTACH A COPY OF THE LATEST FINANCIAL REPORTS OF EACH OUTSIDE ENTITY**

### I CLAIMS EXPERIENCE – TRUSTEES & OFFICERS

1 After enquiry, has there been (or is there now pending) any claim against any proposed insured person (in their capacity as director, officer, trustee, secretary, board or committee member, or employee) of either the organisation or any other company, association, trust or entity? Yes  No

2 After enquiry, do any circumstances exist that might give rise to a claim against any proposed insured person? Yes  No

3 Has any trustee, director, officer or senior employee ever been involved in a company that has been in receivership or liquidation? Yes  No

4 Has any trustee, director, officer or senior employee ever been declared bankrupt? Yes  No

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


It is agreed that if such facts or circumstances exist, this proposed insurance will exclude any claim or action arising therefrom

### J CLAIMS EXPERIENCE – ORGANISATION

1 After enquiry, has there been (or is there now pending) any investigation, examination, inquiry or other proceedings in relation to the affairs of the organisation? Yes  No

2 After enquiry, do any circumstances exist which could reasonably be expected to give rise to any event described above? Yes  No

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


It is agreed that if such facts or circumstances exist, this proposed insurance will exclude any claim or action arising therefrom.



K PRIOR INSURANCE

1 Does the organisation presently carry, or has it ever carried, Association Liability or Trustees Liability insurance? Yes [ ] No [ ]
If Yes, please provide the following details

Insurer [ ] Expiry date [ ] / [ ] / [ ]
Limit of Indemnity \$ [ ] Excess \$ [ ] Premium \$ [ ]

2 After enquiry, has the organisation or any proposed insured person ever been refused this type of insurance or had similar insurance cancelled, or had an application for renewal declined or special terms imposed? Yes [ ] No [ ]

If Yes, please provide full details
[ ]
[ ]
[ ]
[ ]
[ ]
[ ]

L ENCLOSURES

1 Please enclose the following documents with this proposal (tick to indicate enclosure)

(a) Associations and Charitable Trusts

[ ] The last two annual reports and financial statements (including audit report) of the association or trust
[ ] Copy of the trust deed

OR

(b) Trusts (non charitable)

[ ] Copy of the last two audited trust accounts, including auditor's report
[ ] Copy of the trust deed

2 Please specify any additional enclosures [ ]

DECLARATION

I/We declare on behalf of all proposed insureds that:

- (1) 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;
(2) 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;
(3) 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;
(4) 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;
(5) 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 [ ]
Printed name [ ]
Position [ ]

Date [ ] / [ ] / [ ]



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