



# CONTRACT WORKS ANNUAL OPEN RENEWAL DECLARATION

## IMPORTANT NOTICE

This renewal declaration will form a key part of your ongoing contract(s) of insurance with QBE Insurance (International) Limited 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.

**Insured name**

**Policy number**  **Expiry date**

The above mentioned policy is due for renewal. In order for us to ensure the correct premium is charged for the expiring year and to assist us to formulate terms for the coming year, we require the following information.

1. Actual Turnover Previous 12 months

2. Projected Turnover Next 12 months

3. Do you anticipate any change to the type of construction works that you have previously advised us of? Yes  No

If Yes, please advise details

  

## CLAIMS DETAILS

Are you aware of any claims or circumstances which might give rise to any claims, other than those matters previously disclosed? Yes  No

If Yes, please advise 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.

Signed: Authorised signature

Date:

Name (Print):



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