

Combined Liability

Proposal



Note: This Combined Liability proposal form is used to apply for General, Statutory and Employers Liability insurance.

Important notice

Material facts

'You' (this includes every person or entity to be insured under this insurance) are under a duty to disclose all material facts that could influence QBE Insurance's decision to accept this insurance and, if so, on what terms. You need to disclose facts both known to you and those which you could have been reasonably expected to know about. If you are in any doubt as to whether or not 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 therefore decline to pay any claim.

Jurisdiction

Except where the parties agree otherwise, the laws of New Zealand apply to this form and any dealings between the parties arising from this form. The New Zealand courts have exclusive jurisdiction in relation to any disputes that may arise.

How to complete this form

- You must answer all questions fully and, if you are completing this form by hand, please ensure you write clearly.
- If you are completing this form electronically, please open it using the latest version of Adobe Reader. Use your mouse/trackpad to take the cursor to the next editable field. Boxes can be ticked either by using your mouse/trackpad or by hitting 'enter'. Upon completion, please print out this form and sign the declaration.
- The signed form should then be posted, or emailed, to your broker.

Broker	Company	Individual
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A. Applicant details

1. Please provide the full names of all entities to be insured (including all subsidiary companies).

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2. Website address(es)

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B. Cover required

1. Tick the cover you require and state the Limit of Indemnity and Excess needed.

General Liability	Limit	\$	Excess	\$
Statutory Liability	Limit (min \$500,000)	\$	Excess	\$
Employers Liability	Limit (min \$500,000)	\$	Excess	\$
2. Current insurance	Insurer(s)	Expires 4pm on (dd/mm/yyyy)		

C. Business details

1. When is your financial year end? (dd/mm/yyyy)

2. How long has the business been established?

3. Is this a new business for you, provide details of your previous experience.

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C. Business details

4. Please provide a detailed description of all your business activities and operations, and a breakdown of the turnover for each activity or operation. (If a landlord, advise details of your tenants' businesses.)

Description of all your business activities	Actual turnover last financial year	Estimated turnover current financial year
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

5. Total number of people employed in New Zealand, including principals

6. Annual wages/payroll in New Zealand

7. Are you in any way involved in:

(a) the provision of financial or investment advice? Yes No
 If 'Yes', please complete a "Financial Advisers' supplementary questionnaire, and tick to indicate enclosure Enclosed

(b) adventure tourism or recreational/outdoor pursuits? Yes No
 If 'Yes', please complete an "Adventure Tourism and Outdoor Pursuits" supplementary questionnaire. Enclosed

8. Please advise where your New Zealand business is conducted, your activities at each location and whether or not the premises are owned or leased.

Location(s) where the business is conducted within New Zealand	Activities	Owned/Leased

9. Do you have locations or contracts to work outside New Zealand? Yes No
 If 'Yes', please complete an "Overseas Operations' supplementary questionnaire, and tick to indicate enclosure Enclosed

10. Please provide details of all work you carry out away from your premises and the percentage of turnover this generates.

Nature of work	% Annual turnover
	%
	%
	%
	%
	%

11. Do you work "offshore" (eg oil rigs)? Yes No
 If 'Yes', please provide full details.

Nature of work	% Annual turnover
	%
	%
	%
	%
	%

C. Business details

12. Does any of your work involve cutting or welding, the use of naked flames or open heat sources? Yes No
 If 'Yes', please provide full details and state the percentage of turnover this generates.

Nature of work	% Annual turnover
	%
	%
	%
	%
	%

13. Do you use, store, handle, manufacture or transport any acids, bulk liquids, chemicals explosives, gases or any flammable, hazardous or toxic goods or substances? Yes No
 If 'Yes', please provide full details.

Types of hazardous or toxic substance	How used//stored/transported	Quantity

14. Do you employ subcontractors? Yes No
 If 'Yes', do you contractually require them to hold their own General Liability insurance? Yes No

D. Products liability

Note: Insured's products means any goods, including labels, instructions for use, advice and property after they have ceased to be in the possession of or under the control of the insured, manufactured, constructed, erected, installed, repaired, serviced, treated, sold, supplied or distributed by the insured (including any container, other than a vehicle).

1. Please attach a list of your products, together with any brochures or promotional material and tick to indicate enclosure Enclosed

2. Please provide details of all products sold in New Zealand.

Product type	Actual turnover last financial year	Estimated turnover current financial year
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

3. Please provide details of all products exported.

Product type	Country	Actual turnover last financial year	Estimated turnover current financial year
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

D. Products liability

If you export products to the USA and Canada, please complete and attach a "North American Exports" supplementary questionnaire, and tick to indicate enclosure.

Enclosed

4. Please provide details of products you import and how you use them (eg sold 'as is', incorporated into your own products, etc).

Product type	Supplier name and country	Use of product by you

5. Do you have a contract with your supplier(s) regarding liability for any defects in the product they supply to you? Yes No
 If 'Yes', please attach a copy of the relevant sections of the contract(s) or agreement(s) and tick to indicate enclosure. Enclosed

6. Do you design the products you sell? Yes No
 (a) If 'Yes', please advise what products you design and whether they are to your own, or your customers', specifications.

Products designed by:	Specifications by:

%

(b) If 'No', please attach a copy of the relevant sections of the contract(s) or agreement(s) you have with the design company, regarding liability for design faults, and tick to indicate enclosure. Enclosed

7. If you do not manufacture the products you sell, please attach a copy of the relevant sections of the contract(s) or agreement(s) you have with your contract manufacturer(s), and tick to indicate enclosure. Enclosed

8. Are any of your products used as components of, or incorporated or mixed into, any other products produced by any other parties? Yes No
 If 'Yes', please provide details and attach a copy of the relevant sections of the contract(s) or agreement(s), and tick to indicate enclosure. Enclosed

9. Are you involved in any way with Genetically Modified Organisms (GMOs)? Yes No
 If 'Yes', please attach full details, and tick to indicate enclosure. Enclosed

E. Quality control/compliance

1. Do you have a quality control manual?	Yes No	If 'Yes', how long has the manual been in use?	
2. Who is responsible for quality control?	Name		
	Job Title		
3. Has your quality control system been certified?	Yes No		
If 'Yes', please provide details of the certification (eg. ISO9000 etc).			

E. Quality control/compliance

4. Do you have a Product Recall plan in place? If 'Yes', and you require cover for product recall expenses, please complete and attach a 'Product Recall Expenses' supplementary questionnaire, and tick to indicate enclosure.	Yes	No
Enclosed		
5. List any Acts of Parliament that have specific application to your industry.		
6. Do you have written procedures/manuals and/or systems to ensure compliance with legislation that affects your business or organisation? If 'No', please advise how you comply with such legislation.	Yes	No
7. Have you ever had a loading or change of levy imposed under any Accident Compensation legislation? If 'Yes', please provide full details.	Yes	No

F. Contractual liability

1. Do you have any contracts or agreements where the other party limits their liability to you? If 'Yes', please attach a copy of the relevant sections of the contract(s) or agreement(s), and tick to indicate enclosure.	Yes	No
Enclosed		
2. Do you have a standard warranty or conditions of sale with your customers? If 'Yes', please attach a copy, and tick to indicate enclosure. Note: Unless specifically agreed, indemnity is excluded for any liability you have assumed under a contract or agreement (other than lease or tenancy agreements).	Yes	No
Enclosed		

G. Professional liability

1. Do you provide professional, technical or consultancy services or advice to your customers? If 'Yes', please provide full details.	Yes	No
2. Do you charge a fee for these professional services?	Yes	No
Total fees last financial year	\$	

H. Care, Custody or Control

1. Do you require cover for property owned by others in your care, custody or control? If 'Yes', please advise the following: (a) description of the property.	Yes	No	
(b) limit of indemnity required	\$	(c) maximum value of the property	\$

H. Care, Custody or Control

2. Do you charge a fee for storing property owned by others? Yes No
If 'Yes', and you require cover, please complete and attach a 'Bailees Liability' proposal, and tick to indicate enclosure. Enclosed

I. Motor vehicles

1. Do you service, repair, work on/supply parts for motor vehicles? Yes No
If 'Yes', please provide full details.

Type of motor vehicle	Work undertaken or parts supplied	Estimated turnover current financial year
		\$
		\$
		\$
		\$
		\$

J. Watercraft/aircraft/railways

1. Do you:
(a) service, repair or work on any watercraft or aircraft Yes No
(b) supply parts for any watercraft or aircraft? Yes No
If 'Yes', please provide details.

Type of watercraft/aircraft	Maximum length of craft worked upon	Work undertaken or parts supplied	Estimated turnover current financial year
			\$
			\$
			\$
			\$
			\$
			\$

2. Do you undertake work for any rail operator? Yes No

K. Claims experience

1. During the past five years, have you, or any other entity to be insured under this insurance, had any loss, proceedings, notice, complaint, claim or prosecution notified to or made against you, or any fine imposed under any legislation? (Include all matters, irrespective of whether any insurance was in force and irrespective of any policy excess.) Yes No
If 'Yes', please provide details below or attach prior insurer's claims experience, and tick to indicate enclosure. Enclosed

Date of loss	Description of loss	Amount of loss/claim
		\$
		\$
		\$
		\$
		\$
		\$

K. Claims experience

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 could give rise to a claim under the proposed insurance? Yes No

If 'Yes', please provide full details.

L. Prior insurance

1. Please provide details of any previous policies held during the past five years.

	Insurer	Limit	Excess
General Liability		\$	\$
Statutory Liability		\$	\$
Employers Liability		\$	\$

2. Has the insurer ever:

(a) declined to insure you?	Yes	No
(b) cancelled or refused to renew your policy?	Yes	No
(c) imposed special terms or conditions in respect of any policy for the types of insurance being applied for?	Yes	No

If 'Yes', to any of the questions above, please provide full details including the name of the insurer.

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 warrant that I/We will notify QBE of any material alteration to these facts whether occurring before or after the completion of this proposal.
- (d) If any personal information is provided, I/We understand that:
- (i) This information will be collected, held, used and disclosed by QBE (either in New Zealand or overseas) in order to issue, administer and manage products and provide services, including claims investigation and administration, and for data analytics. Further details are set out in QBE's privacy policy available at <https://www.qbe.com/nz/about-qbe/privacy-and-your-personal-information>
 - (ii) If I/We do not provide the information requested, then QBE may be unable to provide products or services.
 - (iii) Where I/We have provided someone else's personal information, I/We confirm that I/We have obtained their consent to do so.
- (e) QBE is authorised to disclose information received from me/us to its advisers, 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.
- (f) I/We understand that the insurance will not be in force until this proposal has been accepted and cover confirmed by QBE.

Note: Signing this proposal and any supplementary questionnaires does not bind either the applicant or QBE to complete the contract of insurance

Signed by applicant		Date (dd/mm/yyyy)	
Printed name		Phone	
Position		Mobile	
Email address			