

Important notice

This renewal declaration will form a key part of your ongoing contract of insurance with QBE Insurance, and it is important that all material facts continue to be fully, frankly and accurately disclosed. If you are completing this form electronically, please open it using the latest version of Adobe Reader. Upon completion, print out the form and sign the declaration.

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.

Name	Insured					Broker								
Policy	Number					Expiry								
Actual sendings for last financial year		From		/		/	To		/		/			
Declared sendings														
Total imports	NZD		+		%	Total exports	NZD		+		%	Internal	NZD	
Declared sendings including plusage														
Total imports	NZD					Total exports	NZD							
Estimated sendings for next financial year		From		/		/	To		/		/			
From	To					NZD Value		Terms of sale*						
Country of origin	Country of destination							(eg EXW, FCA, CPT, CIP, CIF, DAP)						
						Total	NZD		*INCOTERMS 2020 trade definitions					
						Policy plusage			%					
						Internal within NZ	NZD							

Claims

Are you aware of any claims or circumstances that might give rise to any claims other than those matters previously disclosed?

Yes

No

If 'Yes', please provide full details.

Declaration

I declare that all answers and statements in this renewal declaration are correct and complete in every respect, and agree that this declaration shall form the basis of, and be incorporated into, the contract of insurance which I have with QBE Insurance (Australia) Limited, New Zealand Branch.

Where this renewal declaration is signed by the broker on behalf of the insured, the broker declares that he/she has the insured's permission to sign on the insured's behalf; that the answers and statements contained above have been provided by the insured and are true, correct and complete in every respect; that the insured understands QBE is entitled to treat this renewal declaration as if it had been signed by the insured; and that a copy of the completed and signed renewal declaration will be sent to the insured as soon as practicable.

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