

Outside Trusteeships

Supplementary questionnaire

Important notice

This supplementary questionnaire forms a key part of your insurance proposal 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, please print out this 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 of applicant/insured

Outside trusteeships

1. Do you operate a trustee company?

Yes No

If 'Yes', please provide full details.

Name of company

Date established

2. Please advise the number of trustee appointments you hold and provide a list of all appointments you require cover for.

(a) Number of trustees' appointments held

(b) Details of appointments you require cover for:

Name of Trust	Nature of Trust	Total assets exceed \$5m?		Related or Associated Trust	Financial/proprietary interest %
		Yes <input type="radio"/>	No <input type="radio"/>		%
		Yes <input type="radio"/>	No <input type="radio"/>		%
		Yes <input type="radio"/>	No <input type="radio"/>		%
		Yes <input type="radio"/>	No <input type="radio"/>		%
		Yes <input type="radio"/>	No <input type="radio"/>		%
		Yes <input type="radio"/>	No <input type="radio"/>		%
		Yes <input type="radio"/>	No <input type="radio"/>		%
		Yes <input type="radio"/>	No <input type="radio"/>		%
		Yes <input type="radio"/>	No <input type="radio"/>		%

3. After enquiry, are you aware of any circumstance or claim against a Trust to be insured which may have been settled or may give rise to a future claim against a trustee?

Yes No

If 'Yes', please provide full details.

Declaration

I declare on behalf of all proposed insureds that all answers and statements in this supplementary questionnaire are correct and complete in every respect, and confirm that there is no further information, outside of that supplied in this questionnaire or the proposal form, which may affect acceptance of this proposal.

Signed by applicant

Date

dd / mm / yyyy

Printed name

Phone

Position

Mobile

Email address

PRINT