Combined Liability

Renewal declaration



This form is used to apply for renewal of your General, Statutory and Employers Liability insurances.

Important notice														
con Rea	s renewal declarat itinue to be fully, fr ider. Upon comple	ankly a	and acc	curately discl	osed. If you a	re completing								
	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													
	w Zealand courts h								ly dealings betwe	en the p	ai ties a	irising iron	1 11115 101	III. IIIE
Insured Broker														
Policy Type		GL		SL	EL	Policy Numb	oer			Expiry (dd/mm				
Α.	A. Renewal details													
1.	Please provide a (Highlight any ch	full des	•			cluding all pro	oducts solo	d and se	rvices provided.					
2.	Please advise the date of your financial year end. (dd/mm/yyyy)													
3.	Turnover details:													
	Region		Business activities (products sold/services provide			orovided)	Actual turnover last financial year		Estimated turnover current financial year					
	New Zealand							NZD			NZD			
	Australia							NZD			NZD			
	North America*							NZD			NZD			
	UK/Europe							NZD			NZD			
	Rest of the World	t						NZD			NZD			
							Total	NZD			NZD			
	* Also complete a	a 'Nortl	h Amer	rica Exposure	' supplement	ary question	naire.						Encl	osed
4.	Employee details:													
							Last financial year			Next financial year				
	(a) number of e	a) number of employees												
	(b) payroll							NZD			NZD			
5.	Do you have any locations, or any contracts to work, outside New Zealand?					Yes No								
	If 'Yes', please complete an 'Overseas Operations' supplementary questionnaire. Enclosed							osed						
6.	S. After enquiry, are there any claims currently pending against you, any other person or entity to be insured under this insurance, or are you aware of any circumstances not already notified to QBE that could give rise to a claim?													
	If 'Yes', please pro	ovide fu	ıll deta	ils										

n	96	ı	 •	^ r

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		

2

RD LIAB COL 0924