

Employment Disputes

Proposal



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. Name of employer

2. Principal address

3. Business activity

4. Date business started (dd/mm/yyyy)

B. Cover required

1. Limit of Indemnity

NZD

2. Excess

NZD

3. Period of Insurance

From 4pm (dd/mm/yyyy)

To 4pm (dd/mm/yyyy)

C. Employee details

1. Number of employees in New Zealand and Australia.

Current	Current Financial Year	Last Financial Year
New Zealand		
Australia		
Total		

2. How many employees are covered by written collective contracts?

If any, are you required to consult with a union?

Yes No

If 'Yes', which one?

D. Personnel management

1.	Do you have written personnel management guidelines?	Yes	No
2.	Are all management and supervisory employees:		
	(a) Provided with a copy of these guidelines?	Yes	No
	(b) Provided with training in the proper implementation of these guidelines?	Yes	No
3.	Do the guidelines specify policies and procedures in respect of the following:		
	(a) Recruitment?	Yes	No
	(b) Disciplinary procedures?	Yes	No
	(c) Termination of employment?	Yes	No
	(d) Redundancy or early retirement?	Yes	No
	(e) Discrimination, bullying, harassment (sexual or otherwise)?	Yes	No
	(f) Workplace grievances?	Yes	No
	(g) Employee appraisals?	Yes	No

E. Terminations and redundancies

1.	Have you undertaken any terminations or redundancies in the past three years?	Yes	No
2.	Do you foresee making any terminations or redundancies in the next 12 months?	Yes	No
	If 'Yes', to questions E1 or E2 above, please state the reason for such terminations or redundancies, including the number of people involved and their relative 'level' in the organisation.		

F. Claims experience

1.	In the past five years, have any workplace incidents of the following type resulted in a claim being made against the employer or any employee:		
	(a) unlawful discrimination, wrongful demotion, or failure or refusal to promote or offer an employment benefit to an eligible employee?	Yes	No
	(b) actual or constructive termination of an employment relationship in breach of the law?	Yes	No
	(c) misrepresentation or defamation of an employee?	Yes	No
	(d) infliction of emotional distress upon an employee?	Yes	No
	(e) bullying and harassment (sexual or otherwise)?	Yes	No
	(f) failure or refusal to hire a potential employee?	Yes	No
	(g) invasion of an employee's right of privacy?	Yes	No
	(h) victimisation of an employee?	Yes	No
	If 'Yes' to any of the above, please attach full details and advise whether such claims were made under the Employment Relations Act, the Human Rights Act, the Wages Protection Act, or otherwise. Tick to indicate enclosure.		
		Enclosed	
2.	Are there any workplace incidents of the type described in question F1 above that may result in a claim being made against the employer or any employee?	Yes	No
	If 'Yes, please attach full details on a separate sheet and tick to indicate enclosure		Enclosed
	Note: Such claims will not be covered by the proposed insurance.		
3.	Does the employer carry Directors and Officers Liability insurance?		
	If 'Yes', please advise:		
	(a) Name of insurer		
	(b) Limit of Indemnity	NZD	(c) Expiry date (dd/mm/yyyy)
4.	Has the employer ever been refused this type of insurance, or had similar insurance cancelled, or had an application for renewal declined, or had special terms imposed?	Yes	No
	If 'Yes', please provide 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) 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.
- (d) 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.
- (e) 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			