

Business Insurance Proposal



AMP's Business Insurance policy is a comprehensive insurance cover available to clients on a modular basis.

There are 8 types of cover (sections 1-7), which are all optional - you only need to complete the sections of cover your business needs and you only pay for what you need. Please also read and complete the Summary and the Important notices and declaration.

Reference

Proposer details

Insured(s)

Postal address

Business location

Full description of business activities

ANZSIC code(s)

Website

Business phone

Email

Name of contact

Interested parties

Name	Address	Interest

Period of Insurance from

to 4pm

How do you want to pay your premiums?

Direct debit Monthly Quarterly Six monthly Yearly

(Your bank account or credit card will be automatically debited until further notice)

Annually Cheque Credit Card

(Total Annual Premium)

If paying by direct debit or credit card please complete direct debit authority form.

Note: The preferred method of payment is direct debit, cheque or credit card.

List of sections in this proposal

Contents

1. Material Damage (page 2)
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Note: Employee Fraud cover is available, please complete separate proposal.

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Adviser/Broker name		Client no.	
Adviser/Broker no.		Replacing policy no.	
Policy no.	BIP		

This AMP general insurance product is underwritten by Vero Insurance New Zealand Limited, 48 Shortland Street, Auckland.

Section 1. Material damage

Additional space for answers is provided on page 16

Situation and occupation of building (Complete this section if you would like to insure your buildings and their contents)

Item	Situation	Occupation
1.		
2.		

Situation 1		Situation 2	
	Indemnity Value \$	Replacement Value \$	Replacement Value \$
Buildings			
Contents			
Stock			
Specified items			
Total			
Details of specified items			Overall Total \$

Extensions with special limits

No.	Extension	Standard limit	Special limit
	Capital additions	\$ 0	
	Employee's effects	\$ 5,000	
	Money: Section A	\$ 5,000	
	Section B	\$ 1,000	
	Christmas carry	\$ 0	
	Property under construction	\$ 100,000	
	Protection costs	\$ 100,000	
MD007	Theft from locked vehicle	\$ 10,000	
MD034	Seasonal stock increase percentage	0%	% for the period
MD029	Transit	\$ 5,000	

Additional extensions — Do you require this insurance to include the following additional extensions? Please tick the relevant boxes below:

No.	Memorandum	
MD003	Mortgage redemption	<input type="checkbox"/> Yes <input type="checkbox"/> No
MD021	Natural disaster	<input type="checkbox"/> Yes <input type="checkbox"/> No
MD025	Stock declaration	<input type="checkbox"/> Yes <input type="checkbox"/> No
MD027	Refrigerated goods (\$2,000 per cabinet, \$5,000 total)	<input type="checkbox"/> Yes <input type="checkbox"/> No
MD028	Theft	<input type="checkbox"/> Yes <input type="checkbox"/> No

Voluntary excess — By electing a higher excess than our standard your premiums will reduce accordingly

	Standard excess	Situation 1	Situation 2
Standard	\$ 500	\$	\$
Burglary	\$ 1,000	\$	\$
Theft (if theft extension above is selected)	\$ 2,500	\$	\$

FOR OFFICE USE (Blackboard notes)

Tell us about your business

Business Premise Situation 1 (if more than one situation please photocopy this page)

If you are taking out property damage or business interruption insurance with us, please let us know if your premises have:

Burglar alarm? linked to a monitoring station <input type="checkbox"/> with cellular back up <input type="checkbox"/> Non linked alarm <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
A security patrol to attend if system activates <input type="checkbox"/> Yes <input type="checkbox"/> No	A monitored heat/smoke detector <input type="checkbox"/> Yes <input type="checkbox"/> No
Staff able to use fire fighting extinguishers etc. <input type="checkbox"/> Yes <input type="checkbox"/> No	Is it connected to: Brigade/Security company <input type="checkbox"/> Yes <input type="checkbox"/> No
Wok Cooking <input type="checkbox"/> Yes <input type="checkbox"/> No	An unmonitored smoke detector <input type="checkbox"/> Yes <input type="checkbox"/> No
Deep fat frying equipment <input type="checkbox"/> Yes <input type="checkbox"/> No	A fire sprinkler system throughout the premises <input type="checkbox"/> Yes <input type="checkbox"/> No
What is the cumulative capacity of all deep fat fryers on the premises? 0-8 litres <input type="checkbox"/> 8.1 -15 litres <input type="checkbox"/> more than 15 litres <input type="checkbox"/>	If yes, are sprinklers compliant? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Cumulative capacity is the total capacity of all deep fat fryers on the premises. For example if you have two deep fat fryers, each with 5 litre capacity, the total cumulative capacity of all the fryers will be 10 litres (5 litres+5 litres)</i>	If yes, who is the certifying authority? <input type="checkbox"/> Yes <input type="checkbox"/> No

Fire blankets Yes No

Please give details of: No. of hose reels No. of extinguishers

On what date were the hose reels & extinguishers last serviced? / /

Do the premises require a Warrant of Fitness under the Building Act 2004? Yes No

If 'yes' give the certificate number: Certificate date: / /

Are the premises in a secure retail shopping complex or multi storey building? Yes No

Do all external doors have internal padlocks or deadlocks that can be locked from both sides? Yes No

Do the windows have any security measures on them? Yes No

Are there any fire exits? If yes, give details of security measures installed Yes No

Are there any defects in the premises, machinery, plant and equipment used in connection with the risk to be insured? Yes No

Has any insurer requested repairs to the premises, machinery, plant or equipment. Yes No

If the answer to this question is 'yes', write the full details here:

Please give details about the building: Year built No. of levels

Construction: Walls: Brick or equivalent Mixed construction, give details:

Wood or equivalent Other, give details:

Floors:

Roof:

What type of land is the building built on? Solid Fill Reclaimed Flood prone Erosion/Landslip prone

What type of business activities adjoin your premises a) To your left

b) To your right

c) In front and/or behind you

Additional information or comments about the premises or history:

Section 2. Business interruption

Insurance against interruption to your business following a claim under Section 1 Material Damage

Item No.	Item	Sum insured
1.	Gross profit	\$
2.	Wages – dual basis	\$
	100% for	weeks
	and % for	weeks
	Alternative period	weeks
3.	Wages in lieu of notice	\$
4.	Payroll	\$
5.	Additional increased costs of working	\$
6.	Loss of rents and payments for services	\$
7.	Accounts receivable	\$
8.	Reinstatement of records	\$
9.	Claim preparation costs	\$
10.	Redundancy payments	\$

Indemnity period months Total sum insured

Additional extensions Do you require this insurance to include the following Additional Extensions? Please tick the relevant boxes below:

No.	Memorandum	
BI028	Gross revenue	<input type="checkbox"/> Yes <input type="checkbox"/> No
BI031	Natural disaster	<input type="checkbox"/> Yes <input type="checkbox"/> No

Calculation of Gross Profit sum insured – this does not form part of the proposal - completion is optional

Part 1

Indemnity Period (longest period you might need to claim) months: Date last financial year ended: / /

Part 2

1. Annual turnover (money paid or payable to you for goods sold or services provided by your business)	\$	
2. Plus Closing Stock (value of stock on the last day of your financial year)	\$	
3. Less Opening Stock (value of stock on the first day of your financial year)	\$	
4. Less Specified Expenses mentioned below. These expenses would reduce in the same ratio as the turnover during the period of interruption.		
(a) Purchases	\$	
(b)	\$	
(c)	\$	
(d)	\$	
TOTALS	\$ (B)	\$ (A)
Historic Gross Profit = -(A) above less (B) above	\$	

Part 3

+ Allowance for trends (increases should be compounded):

(a) Growth between end of the last financial year and the start of the insurance year (less than 12 months)	+	<input type="text"/>	% =	\$
(b) Growth during period of insurance (generally 12 months)	+	<input type="text"/>	% =	\$
(c) Growth during the period of indemnity (up to 12 months)	+	<input type="text"/>	% =	\$
Adjustment for Indemnity Period that exceeds 12 months e.g. 18 month Indemnity Period x 1.5 or 24 month Indemnity Period x 2 =				\$ (C)
Suggested Gross Profit Sum Insured <input type="text"/>	=	(C) above (rounded)		\$

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Section 3. Commercial motor

Additional space for answers is provided on page 16

Insurance of your vehicles

Note 1 You can select from three types of cover:

- (A) Comprehensive
- (B) Third party only
- (C) Third party, Fire & Theft

Note 2 Please provide the gross laden weight (in tonnes) for trucks and the cc rating for cars.

Note 3 You can select from five types of use for your vehicles:

- (1) Carriage of own goods
- (2) Carriage of goods for reward
- (3) Contracting (with driver)
- (4) Rental or hiring out
- (5) Other (describe)

Note 4 Sum insured = current market value + the value of all accessories + the value of signwriting (all excluding GST)

Item No.	Cover (Note 1)	Year	Make, model & type of vehicle	Gross laden Weight/cc rating (Note 2)	Registration No.	Type of use (Note 3)	Sum insured \$ (Note 4)
							\$
							\$
							\$
							\$
							\$
Total sum insured							\$

1. Please advise the address where vehicles are usually kept and region usually used in:

2. Are any vehicles subject to hire purchase or any financial encumbrance? If Yes, please give name and address of financier:

Yes No

3. Have any vehicles been modified from manufacturer's standard specifications? If Yes, please give full details:

Yes No

4. Are any vehicles used regularly for journeys exceeding 100kms or operated for more than 10 hours per day? If Yes, please give full details:

Yes No

5. Are any hazardous goods carried? If Yes, please give full details:

Yes No

6. Are any vehicles used, or intended to be used, airside at any airport? If Yes, please give full details:

Yes No

Driver details

This part requests information on the drivers of your vehicles. You have an obligation to provide details of any new information as outlined in these questions that occurs after the proposal is completed and during any subsequent periods of insurance.

1. Do all drivers have current and correct classes of licence to drive the insured vehicle(s)?

Yes No

2. Have any drivers had any motoring accidents, convictions, infringements or prosecutions in the past 5 years or ever had any criminal convictions? If Yes, please give full details below.

Yes No

The information sought by this question is subject to the rights set out in the Criminal Records (Clean Slate) Act 2004

3. Were any claims made in the last 5 years? If Yes, please give full details below.

Yes No

Date	Driver	Circumstances	Insurer	Cost/action taken (if applicable)

Previous insurance

Have any of the vehicles proposed for insurance been comprehensively insured during the last three years? If Yes, please give full details and attach confirmation from your previous insurer of your no claim history. This will entitle you to a "no claim" discount for your vehicle(s).

Yes No

Name of insurer	Branch	Period of insurance

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Section 4. Public liability

Additional space for answers is provided on page 16

Business operations

- Please indicate the limit of indemnity you require: \$1m \$2m \$5m \$10m
- Please indicate the excess you require. \$250 \$500 \$1,000 \$2,000
- Please provide a complete description of your business operations, including any subsidiaries. Outline all of the process/activities in which you engage, with a breakdown of turnover for each process/activity.

Operation	Turnover last year	Est. turnover next year
Total	\$	\$

- How long has your business been established? years
 - If new, detail your previous experience in this occupation
- Number of employees
- Total wages \$
- Which of the following capacities are you operating in? Manufacturer Retailer Contractor Wholesaler Property Owner

Property owners

How many buildings do you own?

Please provide details below:

Situation	Occupation

Contractual liability

Do you have agreements, other than lease liability, under which:

- You have accepted liability which would not normally be your responsibility? Yes No
- You have given away your legal rights of recovery from other parties? Yes No

If Yes to either of the above, please provide full details below and attach copies of the agreements:

Bailees liability

1. Do you require liability cover for property held by you for reward? (for which you charge a fee)

If Yes, please provide full details below including the limit required:

Yes No

Type of property	Maximum value	Limit required

2. Do you cover this property under any other policy?

If Yes please give details.

Yes No

Professional services

1. Do you provide professional, technical, consultancy, advisory or like services, either for a fee, or as a part of your business?

If Yes, please provide details:

Yes No

2. Do you have Professional Indemnity cover?

Yes No

Work on customer's property

Do you undertake work on customer's property?

If Yes, please complete details below. Specifically note if watercraft, aircraft, or any of their components are worked on.

Yes No

Type of property worked on	Full details of work carried out	Estimated annual turnover \$ next year

Motor trades

If you work on customer's motor vehicles please complete below:

Details of work carried out	Estimated workshop turnover \$ next year

Details of substances used

1. Does your business involve the use or storage of:

(i) Asbestos or synthetic mineral fibres

Yes No

(ii) Acids, chemicals, explosives, radioactive substances or other goods subject to current Dangerous Goods regulations?

Yes No

If Yes, to either of the above, please provide full details below:

2. Do you discharge or dispose of trade wastes, smoke, soot, fuels, liquids, gases, or other substances into the atmosphere, sewers, water or elsewhere?

Yes No

If Yes, please provide full details, including measures taken to prevent pollution of the environment:

Use of heat

Does your business involve the use of blow torches, cutting or welding equipment, naked flames or other open heat source:

(i) At your own premises?

Yes No

(ii) Away from your own premises?

Yes No

If Yes to either of the above, please advise precautions taken to prevent fire damage and for (ii) only advise the location(s):

Off-site business activities

1. Do you perform, or have work performed on your behalf away from your premises? Yes No
2. Do you sub-contract work? Yes No

If Yes to either of the above, please provide full details below:

Work performed	Estimated turnover \$ next year

3. Do you, your employees or directors travel overseas for business? Yes No
- If Yes, give details of countries visited and the reasons:

Country visited	Reason

Product details

Notes: Products means all goods supplied, sold, distributed, handled, manufactured, constructed, erected, installed, serviced, repaired, altered, renovated or treated by you. Please provide brochures or leaflets describing the products, and specimen labels if they bear formulae, directions, warnings or disclaimers.

1. Please give details of:
- (i) Your individual products or groups of products and their purpose of use (if not apparent). **Specifically note if any products are used in vehicles, watercraft or aircraft;**
- (ii) Length of time they have been manufactured or supplied by you:

Product and purpose of use	Length of time manufactured/supplied	Turnover last year	Estimated turnover \$ next year

2. Will you supply any products you do not manufacture? Yes No
- If Yes, please provide the following information:
- (i) Do you retain rights of recovery against the manufacturers? Yes No
- (ii) Do you alter, adapt, or change the form of any product which you do not manufacture? Yes No

If Yes to (ii), please provide details below, including the product, purpose of use, source of supply and type of alteration, adaption or change made.

- (iii) Do you supply or sell products from overseas manufacturers or suppliers direct to overseas customers without the products entering New Zealand? Yes No

If Yes, please provide details below including the product, purpose of use, source of supply and customer's country:

Discontinued/recalled products

1. Has any product been discontinued (during the past 5 years), withdrawn, recalled from use or found defective for safety reasons? Yes No
If Yes, please provide details below including reason why discontinued or recalled:

2. Are all products traceable if a recall becomes necessary? Yes No

Quality control

1. Do you have a system of quality control relating to your products? Yes No
If Yes, please describe below its basic features (e.g. at what stages control checks are carried out, nature of check(s):

2. Do you have a quality control manual? If Yes: Yes No

(i) How many years has it been in use?

(ii) When was it last revised?

/ /

3. Do you have an ISO 9000 series approval? Yes No

Product design by staff

1. Are any of your products designed or formulated by your own staff? Yes No
If Yes, please give details of staff involved, including their qualifications and experience.

2. Please attach any product brochures Attached Nil

Conditions of sale

With your products, do you

(i) Impose conditions of sale? Yes No

(ii) Make any disclaimers of liability? Yes No

(iii) Give any guarantees for your products? Yes No
If Yes, please attach copies of each wording.

Aircraft and watercraft

- Will any of your products be used in aircraft or watercraft? Yes No
If Yes, please provide details below:

Exports

Our standard wording excludes liability for products exported to North America. However cover can be considered on application.

Export details

1. Do you supply or distribute products overseas? If Yes, please complete the following chart:

Yes No

Country	Product use	Turnover last year \$	Estimated turnover \$ next year

2. Please list the countries in which you have a registered office, assets, legally authorised representatives or agents:

3. What steps are taken to ensure the products comply with all relevant industry, statutory, government, or other regulations of the countries to which the products are exported?

Extensions and alterations required – If you require alteration to the standard limit shown please indicate below:

No	Extension	Standard limit	Alternative limit	
Auto	Forest and Rural Fires Act	\$250,000	\$	
Auto	Innkeepers Act	\$250,000	\$	
Auto	Motor and watercraft repair	\$250,000	\$	
Auto	Product recall	\$100,000	\$	
Auto	Property in care custody and control	\$250,000	\$	
Auto	Vibration and weakening of support	\$250,000	\$	
PLB532	Exemplary damages	\$0	\$1,000,000	<input type="checkbox"/> Yes <input type="checkbox"/> No
PLB537	Bailees liability	\$0	See below	

a. Do you require liability cover for property held by you for reward?

Yes No

If 'Yes', please provide full details below including the limit required:

Type of property	Maximum value	Limit required

b. Do you cover this property under any policy of fire insurance?

Yes No

Memoranda to be applied where required by nature of occupation

No	Memoranda	Yes
PLB507	Deep frying equipment warranty	
PLB510	Fire risk work away	
PLB525	Advice, design, formula specification exclusion	

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Section 5. Employers liability and statutory liability

Additional space for answers is provided on page 16

Scope of cover. These limits are for any one claim and any one period of insurance, (all costs included).

Voluntary excess. Our standard excess is \$500. By electing a higher excess your premiums will reduce accordingly.

1. Please indicate the limit of indemnity you require. Please tick the box or complete details.

Employers Liability	<input type="checkbox"/> \$250,000	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000,000	Other	\$ <input type="text"/>
Statutory Liability	<input type="checkbox"/> \$250,000	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000,000	Other	\$ <input type="text"/>

2. Do you require extra cover for defence costs?

Yes No

Employers Liability	<input type="checkbox"/> \$250,000	Other	\$ <input type="text"/>
Statutory Liability	<input type="checkbox"/> \$250,000	Other	\$ <input type="text"/>

3. Please indicate the excess you require. Please tick the box or complete details.

Employers Liability	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,000	Other	\$ <input type="text"/>
Statutory Liability	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,000	Other	\$ <input type="text"/>

4. Number of employees, members or students	<input type="text"/>	5. Number of buildings owned	<input type="text"/>
6. Annual wages	\$ <input type="text"/>	7. Annual turnover	\$ <input type="text"/>

8. Does your business involve the use, handling or manufacture of chemicals, toxic or hazardous substances or goods? Yes No

If Yes, please provide full details below:

9. Do you have written procedures or systems to ensure compliance with:

(i) the Health & Safety in Employment Act? Yes No

(ii) any other legislation that affects your business? Yes No

If No to either question, please advise below how you comply with legislation:

10. Are you already or have you previously been insured for Employers Liability and/or Statutory Liability? If Yes, please advise details below:

Yes No

		Current/Previous insurer	Insured continuously since
<input type="checkbox"/> Employers	<input type="checkbox"/> Statutory	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Employers	<input type="checkbox"/> Statutory	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Employers	<input type="checkbox"/> Statutory	<input type="text"/>	<input type="text"/>

Previous history

11. Have you or any director or partner ever experienced any proceedings, notice, complaint or claim against you, whether insured or not, which had this insurance been in force would have resulted in a claim? Yes No

12. Have you or any director or partner ever had a fine imposed? (Statutory Liability) Yes No
The information sought by this question is subject to the rights set out in the Criminal Records (Clean Slate) Act 2004.

13. Are you aware, after enquiry, of any other circumstances not mentioned above that might give rise to a claim under the proposed insurance? Yes No

If Yes to any of questions 10-12, please provide full details below:

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Section 6. Machinery breakdown

Additional space for answers is provided on page 16

Items to be insured

The new replacement cost must include any packing, freight, customs duties or installation charges.

Item	Description	Make name & serial number	Country of manufacture	Year of manufacture	New replacement cost \$
Total					

Additional extension

Do you require the following additional cover?

No.	Extension	Limit
MB251	Overseas air freight	\$5,000

Yes No

General questions

1. Has the machinery been subject to any accidents or failures (insured or otherwise) within the last three years?

Yes No

If Yes, please give details below:

2. Do you have maintenance or service agreements? If Yes, please give details below:

Yes No

Type of equipment	Machine serviced	Maintenance company

Excess required

The minimum excess is \$250 or you can select a voluntary excess

\$

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Personal statement by the insured person

Complete this section if you would like to insure against loss of earnings if you are unable to work. If you answer Yes to any of the questions under the personal statement please provide a full explanation in the box below.

1. Please state your:

Full name	(Mr, Mrs, Miss, Ms)			
Date of birth	/	/		
Height and weight	Weight	(kg)	Height	(cm)

2. Are you presently insured with any insurance company for any accident or illness benefit? Yes No
3. Has any insurance for you ever been refused, terms amended on renewal or a claim declined? Yes No
4. Do you suffer from any:
- (i) chronic or recurring medical condition or complaint; or Yes No
 - (ii) permanent physical defect; or Yes No
 - (iii) impairment of sight or hearing? Yes No
5. During the last 5 years, have you ever been confined to hospital or lost more than 5 consecutive days from working as a result of Accident or Illness? Yes No
6. Do you regularly take any medication, prescription drugs or any other drugs or undergo regular treatment of any kind? Yes No
7. Do you take part in any sporting or recreational activities that may expose you to injury or illness? Yes No
8. Would the weekly benefit applied for below - when added to any other insurance or compensation to which you may become entitled e.g. ACC - exceed your average net weekly earnings over the past six months? Yes No
9. Do you regularly travel outside New Zealand? If 'Yes', please give details of number of days, duration, and reason for trips. If answered 'Yes', to any questions above please provide details: Yes No

10. Are you an employee or self employed?

11. Please state your occupation.

Benefits required

A(1) Death by injury only; or	} Choose one only	<input type="text"/>
A(1)-(27) Death and schedule benefits as per percentage schedule		<input type="text"/>
B Disablement by injury (per week)		\$ <input type="text"/>
C Partial disablement by injury (per week)		Automatically 25% of B
D Disablement by illness (per week)		\$ <input type="text"/>
E Medical expenses		\$ <input type="text"/>

Voluntary excess

Our standard excess for your personal income is that we will not cover you for the first seven days of your disability. You may select a longer stand down period and have your premiums reduce accordingly.

Total excess period (tick box) 7 days 14 days 28 days

I declare that the answers given above are true and that I have declared all information which would affect the acceptance of this proposal.

Signature of Insured Person	<input type="text"/>	Date	/	/
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Section 8. Summary section

Additional space for answers is provided on page 16

This section must be completed for all proposals

1. Are you now or have you ever been insured for any of the types of risks proposed?

Yes No

If Yes, please give the name of the Insurer, details of cover and dates:

Insurer	Cover	Date of Cover

2. Has any Insurer, in respect of any risk you now wish to insure:

Yes No

- ever declined a proposal;
- withdrawn, cancelled or refused to renew a policy;
- demanded an increased premium for renewal;
- imposed a penalty excess or restriction; or
- declined any claim in respect of insurance held by you, any director or partner, or any other company with which you or they have been associated?

If Yes, please give details:

3. Have you or any director or partner ever committed any criminal offence? If Yes, please give details:

Yes No

The information sought by this question is subject to the rights set out in the Criminal Records (Clean Slate) Act 2004

4. How long have you been in your current business?

5. Have you had any losses (whether insured or not) over the last 3 years incurred by you or any director or partner in respect of any of the types of risks proposed? If Yes, please give details:

Yes No

6. Have you had any losses (whether insured or not) **prior to the last 3 years and over \$20,000**, incurred by you or any director or partner, in respect of any of the types of risks proposed? If Yes, please give details:

Yes No

Section 9. Important notices and declaration

Subject to average

Some sections of the policy may contain a provision making the section or parts of it subject to average. This provision will only apply if you are underinsured at the time of loss or damage and it means:

If the property insured under the policy is underinsured at the time of loss, the following rules apply:

- (a) If you suffer a total loss, the provision will have no effect;
- (b) If you suffer a partial loss, the maximum amount that you may recover will bear the same proportion to your actual loss as the amount for which the property is insured bears to the full value of the property;
- (c) Whatever your loss, in no case will you be entitled to recover more than the amount for which the property is insured.

Example: Your property is worth \$20,000. You insure it for \$10,000. You suffer a loss of \$5,000.

If the Policy is "subject to average", the maximum amount that you may recover will be \$2,500.

The Underwriter

AMP's general insurance products are underwritten by Vero Insurance New Zealand Limited.

For the purpose of this declaration, 'the underwriter' means Vero Insurance New Zealand Limited, 48 Shortland Street, Auckland.

Authorisation

1. You authorise Vero Insurance New Zealand ("Vero") and AMP Services (NZ) Limited ("AMP") to give to and obtain from other Insurance Companies, Insurance Brokers, the Insurance Claims Register Ltd or any other party any information relating to this or any other insurance held or previously held by you, and any claim(s) made by you, and any information you have provided now or previously for the purpose of payment Vero will share information that it holds with AMP and vice versa in order to meet your insurance needs.
2. You authorise Vero to use your personal information in order to evaluate your insurance requirements for the purposes of deciding whether to issue insurance cover during the term of Vero's agreement with AMP to manufacture general insurance policies and you authorise AMP to use your personal information to monitor and service your ongoing general insurance requirements, conduct market research, data processing and statistical analysis and to provide you with information about other facilities, products and services.

Declaration & Your Duty of Disclosure

You declare that:

1. Subject to any rights you have under the Criminal Records (Clean Slate) Act 2004, the information given is in every respect correct and complete and all material information has been disclosed to Vero, whether the information is asked for or not. Material information is information that might influence our decision to insure you and if so on what terms and/or premium. If you have any doubt as to whether a fact is material then it must be disclosed. The duty to disclose all material information occurs prior to the commencement of cover, if the contract is varied and prior to each renewal. Failure to disclose all material information may result in Vero voiding your insurance policy. This means your policy would be deemed never to have existed and any claims would not be payable.
2. The information contained in this document shall be the basis of the contract between you and Vero, and you are willing to accept cover subject to Vero's policy terms, conditions, exclusions and any special terms that Vero may require.

Privacy Act 1993

Vero holds your personal information provided in this illustration (or application) in order to evaluate your insurance requirements for the purpose of deciding whether to issue insurance cover during the term of Vero's agreement with AMP to manufacture general insurance policies and, if so, on what terms. Failure to provide any personal information requested by Vero may result in your application for insurance being declined.

Your personal information may also be held by AMP in order to monitor and service your ongoing general insurance requirements, conduct market research, data processing and statistical analysis. AMP may disclose information about you to its related companies (as defined by the Companies Act 1993), all its present and future contracted insurance product manufacturers and/or authorised representatives for these purposes.

Upon notice of termination being given under Vero's existing agreement with AMP to manufacture general insurance policies, AMP may disclose information about you to any new underwriters to enable those new underwriters to offer you insurance policies and renewals of your existing insurance policies after termination of Vero's existing agreement with AMP.

Unless you notify AMP that you disagree, the information you supply may also be used by AMP to provide you with information about other facilities, products and services.

In accordance with the Privacy Act 1993, individuals have a right to request access to and correction of their personal information (a fee may be payable) by contacting Vero, 48 Shortland Street, Auckland 1010 or enquiring at AMP, Level 21, 29 Customs Street, Auckland. Your personal information is held by Vero and AMP.

Please note: If any information in this document is incorrect and/or if you disagree with or require clarification on any of the above Important Notices and Declaration please phone AMP on 0508 806 244 immediately.

If these answers are not in my own handwriting, I have checked them and I certify they are all correct.

Signature

Date / /

Name

Position

