



Property Owners Liability Insurance Proposal Form

Certain Underwriters at Lloyd's and/or Companies (**Insurers**) acting through their agent
International Underwriting Agencies Ltd ("IUA") PO Box 7238, Wellesley Street, Auckland 1010

IMPORTANT NOTE

This proposal is to be completed by the Proposer or an Authorised Officer of the Proposer. As the answers to the following questions will form the basis of any policy issued, they should be full and accurate. Attention is drawn to the Proposer's obligations at law to disclose all material facts which would affect the issuance of the proposed insurance. If there is insufficient space to complete the proposal, please attach additional sheets.

Proposer:

Principal Address:

Telephone No: ()

Fax: ()

Period of Insurance: From 4.00pm:

to 4.00pm:

Amount of indemnity required:

Per Occurrence and in the aggregate in respect of Products Hazard

Amount of excess:

Per Occurrence.

1 PROPERTY OWNERS RISK

a) Number of locations:

b) Description/occupancy of property:

2 Has the proposer assumed any obligations under any contract or agreement, including Hold Harmless or Indemnification agreements.

Yes

No

If "Yes", please give details and attach copies of such agreements:

3 STATUTORY LIABILITY

STL Statutory Liability

Included

Sum Insured:

Excess Amount:

Have any circumstances ever occurred which could result in a claim under this cover you are applying for?

Yes

No

If "yes", please attach a copy of the consent and/or certificate of compliance.

Resource Management Act

a) Do you need, or have you ever applied for, a resource consent and/or certificate of compliance under the Resource Management Act?

Yes

No

b) Please give full details of any pollution or environmental incident involving the Business during the last five years:

Building Act

a) Does any building owned by you require a building consent or an annual building warrant of fitness?

Yes

No

If "Yes": (a) are the consents and/or warrants of fitness current:

Yes

No

If "No", please give reasons:

4 PAST LOSSES AND CURRENT CLAIMS

a) Indicate and describe below all losses or circumstances paid or now reserved (whether or not resulting in claims) occurring during the last five (5) years.

Yes

No

Year of Loss	Description of Loss	Number of Claims	Amount Outstanding

b) Are there any claims currently pending against the proposer, or is the proposer aware, after enquiry, of any circumstance which may give rise to a claim under the proposed insurance?

Yes

No

If "Yes", please provide details:

5 PRIOR INSURANCE

a) Supply details of insurance held during the past three (3) years including the names(s) of the Insurer(s):

b) Has any Insurer:

i) Declined to insure you?

Yes

No

ii) Cancelled or refused to renew your insurance?

Yes

No

iii) Imposed special terms to insure you?

Yes

No

If "Yes", please give details including name of Insurer:

DECLARATION

I/We hereby declare that the information and answers given in this proposal are in every respect true and correct and that the Insurers through their agent IUA has been made aware of all information that may be material in considering this proposal. I/We agree that this proposal and declaration shall be the basis of and incorporated in the insurance contract. I/We undertake to inform the Insurers through their agent IUA of any material alteration to the above facts whether occurring before or after the completion of this insurance contract.

I/We authorize Insurers through their agent IUA to obtain from other insurers or any insurance broker or other party any information relating to this insurance or any other insurance held by me/us or any claim made by me/us.

I/We understand that:

- Insurers through their agent IUA is collecting the information on this proposal to evaluate my/our insurance requirements.
- I/We am/are obligated to inform Insurers through their agent IUA of any information which may be material to its consideration of this application.
- Failure to provide any of this information may result in Insurers through their agent IUA refusing to provide the insurance.
- I/we have certain rights of access to and correction of this information.

Proposer's Name:

Position:

Signature:

Date:

Completion of this proposal does not bind the Proposer or Insurers through their agent IUA to complete this insurance.