



INSURANCE BROKERS

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COMBINED LIABILITY RENEWAL DECLARATION

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

IMPORTANT NOTICE

This renewal declaration will form a key part of your ongoing contract(s) of insurance with your Insurer and it is important that all material facts continue to be fully, frankly and accurately disclosed.

PLEASE REMEMBER TO SIGN AND DATE THIS FORM.

JURISDICTION

Except to the extent otherwise provided in any subsequently issued policy, the content and use of this form and any agreement entered into pursuant to this form or any dealing in relation to or arising from this form are governed by the laws of New Zealand and in relation to those matters, the parties submit to the jurisdiction of the Courts of New Zealand.

Insured [ ]

Broker [ ]

Policy Type: GL [ ] Stat [ ] EL [ ] Policy No: [ ] Expiry [ ] / [ ] / [ ]

1. Provide a full description of business activities including all products sold and services provided (highlight any changes or anticipated changes): [ ]

2. Advise the date of your Financial year-end: [ ]

3. Please advise your ANZSIC Code (ACC Classification Code): [ ]

Table with 3 columns: Business activities (products sold/services provided), LAST YEAR Actual Turnover, THIS YEAR Estimated Turnover. Rows include New Zealand, Australia, North America, UK/Europe, Rest of the World, and TOTAL.

Table with 3 columns: Number of Employees (including Principals), Payroll, and currency symbols (\$). Rows include Number of Employees and Payroll.

5. Do you have any locations or do you have contracts, to work outside New Zealand? If Yes, complete the Supplementary Questionnaire 'OVERSEAS OPERATIONS'. Yes [ ] No [ ]

6. AFTER ENQUIRY, are there any claims currently pending against you, or any other person or entity to be insured under this insurance, or are you aware of any circumstances, NOT ALREADY NOTIFIED TO YOUR INSURER, which could give rise to a claim? If Yes, provide details on a separate sheet. Yes [ ] No [ ]

DECLARATION

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 incorporate into the policy of insurance, which I have with my Insurer.

Signed [ ] Date [ ] / [ ] / [ ]

Printed Name [ ] Position [ ]