

# Association/Trustees Liability 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

## A Applicant details

1. Organisation type: Association  Charitable Trust  Other Trust (non-charitable)
2. Organisation name
3. Address of principal
4. Website address

## B Cover required

1. Limits of Indemnity required:
- |   |                                  |
|---|----------------------------------|
| (a) Loss (excluding Defence Costs)                  | <input type="text" value="NZD"/> |
| (b) Defence Costs only                              | <input type="text" value="NZD"/> |
| (c) Total Limit of Indemnity (Loss + Defence Costs) | <input type="text" value="NZD"/> |



2. Excess

NZD

3. Period of Insurance: From 4pm dd / mm / yyyy

To 4pm dd / mm / yyyy

4. Do you require optional Professional Indemnity insurance?

Yes  No

**C Organisation details**

1. Please describe the principal business of the organisation

[Large empty text area for describing the principal business of the organisation]

2. Date organisation was established

dd / mm / yyyy

3. Does the organisation provide any of the following services:

- (a) legal aid services? Yes  No
- (b) financial services? Yes  No
- (c) computer information services? Yes  No
- (d) other advisory services? Yes  No
- (e) research, development, experimentation or testing? Yes  No
- (f) evaluation or setting of qualification standards? Yes  No

**D Board details**

1. Please provide details of the trustees and/or board of managers of the organisation

Name of officer/trustee	Qualifications	Date appointed	Position

2. Please provide details of any committees established by the organisation for which cover is required

Name of committee	Function	Members

## E Financial details

1. Has there been any change in the financial position or capital structure of the organisation, or is there any trend or event not reflected in the annual report and financial statements attached to this Proposal (see p 05) that might materially affect the financial position shown in those statements? Yes  No
2. Is any proposed Insured Person aware of facts or circumstances which might affect the ability of the organisation to meet all its debts as and when they fall due? Yes  No

If 'Yes,' to either of question E1 or E2 above, please provide full details.

## F Announced changes

1. Has the organisation revealed publicly that it has any acquisitions, tender offers or mergers under consideration at the present time? Yes  No
2. At the present time, are there any proposals of which the organisation is aware relating to its acquisition by any other entity? Yes  No
3. Has the organisation announced publicly its intention to make any new public offering of securities within the next 12 months? Yes  No

If 'Yes,' to any of question F1 to F3 above, please provide full details.

## G Outside directorships/appointments

Does the organisation require cover for any outside directorships? Yes  No

(An outside directorship is a position held as a director, officer, trustee, governor, councillor, secretary or equivalent position in any entity which is not a subsidiary of the company in which the position is held with the knowledge and consent or at the specific request of the company.)

If 'Yes,' please enclose the following details in respect of each outside directorship/entity:

- name of the outside entity Enclosed
- nature of activities of the outside entity Enclosed
- percentage owned by the company Enclosed
- name and the percentage ownership of each party holding 5% or more of the share capital of the outside entity Enclosed
- country of incorporation Enclosed
- type of entity (eg public company, private company, trust) Enclosed
- if the outside entity(ies) currently carries directors and officers/trustees or association liability insurance please provide details of the insurer, limit of indemnity and any excess applicable. Enclosed

Please also enclose a copy of the latest financial reports for each outside entity. Tick to indicate enclosure. Enclosed

## H Claims experience - trustees and officers

1. After enquiry, has there been (or is there now pending) any claim against any proposed Insured Person (in their capacity as director, officer, trustee, secretary, board or committee member, or employee) of either the organisation or any other company, association, trust or entity? Yes  No
2. After enquiry, do any circumstances exist that might give rise to a claim against any proposed Insured Person? Yes  No
3. Has any trustee, director, officer or senior employee ever been involved in a company that has been in receivership or liquidation? Yes  No
4. Has any trustee, director, officer or senior employee ever been declared bankrupt? Yes  No

If 'Yes', to any of questions H1 to H4 above, please provide full details. Continue on a separate sheet if necessary and tick to indicate enclosure.

Enclosed

It is agreed that if such facts or circumstances exist, this proposed insurance will exclude any claim or action arising therefrom.

## I Claims experience - organisation

1. After enquiry, has there been (or is there now pending) any investigation, examination, inquiry or other proceedings in relation to the affairs of the organisation? Yes  No
2. After enquiry, do any circumstances exist which could reasonably be expected to give rise to any event described above? Yes  No

If 'Yes', to either of question I1 or I2 above, please provide full details.

It is agreed that if such facts or circumstances exist, this proposed insurance will exclude any claim or action arising therefrom.

## J Prior insurance

1. Does the organisation carry presently, or has it ever carried, Association Liability or Trustees Liability insurance? Yes  No

If 'Yes', please provide the following details:

Insurer	<input type="text"/>	Expiry date	<input type="text" value="dd"/> / <input type="text" value="mm"/> / <input type="text" value="yyyy"/>
Limit of Indemnity	<input type="text" value="NZD"/>	Excess	<input type="text" value="NZD"/>
		Premium	<input type="text" value="NZD"/>

Terms and conditions of cover:

2. After enquiry, has the organisation or any proposed Insured Person ever been refused this type of insurance or had similar insurance cancelled, or had an application for renewal declined or special terms imposed? Yes  No

If 'Yes', please provide full details.

## K Enclosures

1. Please enclose the following documents with this proposal (tick to indicate enclosure):

(a) Associations and Charitable Trusts

- The last two annual reports and financial statements (including the auditors' report) of the association or trust Enclosed
- Copy of the trust deed Enclosed

OR

(b) Trust (non-charitable)

- Copy of the last two audited trust accounts, including the auditors' report Enclosed
- Copy of the trust deed Enclosed

2. Please specify any additional enclosures.

## 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) I/We understand that QBE requires this information (which will be retained by QBE) in order to decide whether or not to accept this proposal, and also that the Privacy Act 1993 entitles me/us to have access to, and request the correction of, this information.
- (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

**PRINT**