



GENERAL/PRODUCTS LIABILITY

PROPOSAL

ACE INSURANCE LIMITED
PO Box 734
AUCKLAND
Fax: (09) 303-1909

If cover is required for any of the following please complete the relevant appendices.

- A. Employers & Statutory Liability
- B. Exporters Liability
- C. Products Recall Expense

BROKER:

NAME OF PROPOSER:

PRINCIPAL LOCATIONS:

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WEBSITE ADDRESS:

FULL DESCRIPTION OF YOUR BUSINESS:.....

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1. COVERAGE REQUIREMENTS:

Limit required: NZ\$ or NZ\$

Deductible required: NZ\$ or NZ\$

Policy period: FROM: TO:

2. BUSINESS DETAILS:

Total actual turnover for last financial year: NZ\$ Inc all group companies

Total estimated turnover for next financial year: NZ\$

Total number of employees and payroll: NZ\$

Balance Date:

Number of years in business: Number of locations:

3. SUBSIDIARY COMPANIES:

List all subsidiaries to be covered by the proposed insurance, together with details of the business carried out by these subsidiaries. Turnover detailed below forms part of total turnover declared above.

Subsidiary name and main address	Describe the business activities and provide employee and payroll numbers	Actual turnover last financial year	Estimated turnover next financial year
		\$	\$
		\$	\$
		\$	\$
		\$	\$

4. CONTRACTORS IN AUSTRALIA:

Do you engage contractors or sub-contractors either through a labour hire company or otherwise? YES NO

Do you have a Health and Safety Induction Programme in place at all locations? YES NO

Subsidiary Name	State	Total No. of Employees	Total Payroll	Percentage of total payroll paid to contractors	
				Manual	Non-manual

5. PREMISES:

Address	Your activities at this location	Owned or Leased

(a) Do you store any dangerous goods or hazardous substances at any of your premises? YES NO

(b) Do you discharge any dangerous or toxic substances into the atmosphere, any water course or elsewhere? YES NO

(c) Has the land on which your premises are located ever been:
 (i) registered by either a local authority or government as a contaminated site?
 (ii) used for waste disposal or hazardous processes (e.g. chemical manufacture, etc)? YES NO

If YES to any of the above, provide details, including the required licenses and consents held:

6. CARE, CUSTODY OR CONTROL:

Include full details of all property owned by others and on what basis (leasing, servicing, bailment, etc) it is in your care, custody or control:

Description of property	Basis	Approximate Value

Is there any other insurance policy in place to cover this property? YES NO

If YES, who is the insurer and when is the policy due?.....

ATTACH COPIES OF STORAGE CONDITIONS.

If you are a Bailee, a separate Proposal should be completed.

7. YOUR OPERATIONS:

- (a) Do any of your operations include cutting or welding or processes involving heat? YES NO
- (b) Do you work on motor vehicles, aircraft or watercraft? YES NO

Provide details including the turnover generated: Turnover NZ\$

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- (c) Provide details of all work undertaken away from your premises including contracting, servicing, maintenance, installation, construction, building, erection.

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- (d) Do you engage subcontractors? (If yes, provide details below) YES NO

- (e) Are subcontractors required by your contract to provide their own Public Liability Insurance? (If yes, provide details below) YES NO
 (ie. Number, activity, payroll etc)

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8. PROFESSIONAL SERVICES:

Do you carry on any professional, technical, design, consultancy, advisory or similar services as an ancillary service to your business? YES NO

If YES, provide details:

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Do you charge a fee for these services? YES NO

Amount of fees NZ\$

Do you have a separate Professional Indemnity policy? YES NO

If YES, who is the insurer and when is the policy due?.....

9. CONTRACTUAL LIABILITY:

Attach a copy of your standard Terms/Conditions of Trade

Do you have any agreements (other than lease or rental agreements) under which you:

- (a) have accepted liability which would not normally be your responsibility at law? YES NO
- (b) have given away your rights of recovery from other parties? YES NO

(c) have limited your liability to the value of your products? YES NO

If YES, to either of the above, provide details below and attach copies of agreements:

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10. PRODUCTS LIABILITY (this includes all products manufactured, constructed, erected, repaired, serviced, treated, sold, supplied or distributed by you). **If you export, Appendix B should be completed.**

Describe all of your products and **enclose brochures or catalogues:**

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(a) Are your products intended component parts of another product? YES NO

If YES, provide details:

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(b) Do you manufacture to the design, formulae, plans or specifications of others or to your own design? OTHERS OWN

If OTHERS, provide details:

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(c) Provide details of any discontinued products no longer made, sold, or distributed by you or any subsidiary for which this insurance is proposed:

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(d) Will you supply any products you do not manufacture? YES NO

If YES, provide details:

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(e) Do manufacturers indemnify you for any defects in their products? YES NO

(f) Do you alter or change the form of products which you do not manufacture? YES NO

If YES, provide details of the products, purpose of use and the source and details of any alteration you make to it.

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(g) Provide details of any products that are used in any motor vehicle, aircraft or watercraft:

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(h) Do you have a Product Recall or Incident Management Plan established to handle a recall if one becomes necessary? YES NO

If you require a quote for Product Recall Expense, Appendix C should be completed.

11. IMPORTS:

Supply details of all imported goods including the use of such goods and the country of origin.

Goods & Use	Country of Origin	Value

Do suppliers indemnify you for any defects in the goods they supply? YES NO

If YES, provide details:

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12. QUALITY CONTROL PROCEDURES:

Do you have a formalised quality management system? YES NO

Has your quality management system been certified to the ISO9000 series or equivalent? YES NO

If not certified, provide details of quality management systems and indicate who is responsible:

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Name	Position	Qualifications relevant to position

13. PRIOR INSURANCE AND LOSSES:

Provide details of liability insurance during the **last 10 years** including the name of the Insurer(s):

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Has any Insurer ever declined to insure you, cancelled or refused to renew your insurance, or imposed special terms or conditions on you? YES NO

If YES, provide details including the name of the Insurer:

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Provide details of any losses, complaints or claims made against you in the **last 10 years** (whether insured or not) which would have been the subject of indemnity under the proposed insurance. Use a separate sheet if necessary.

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Are there any claims pending against you or are you aware after investigation of any circumstances which could give rise to a claim under the proposed insurance? YES NO

If YES, provide details:

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DECLARATION:

I/We, the undersigned authorised Officer(s) of the Company, declare to the best of my/our knowledge and belief that the statements made in this application are true and correct. I/we agree that these statements shall form the basis of and be incorporated into the contract of insurance should a policy be issued by ACE.

Signed:

Date:

Name:

Position in the Company:



EMPLOYERS & STATUTORY LIABILITY

APPENDIX A

ACE INSURANCE LIMITED

PO Box 734 PO Box 5154
 AUCKLAND WELLINGTON
 Fax: (09) 303-1909 Fax (04) 471-0837

1. (a) How many buildings do you own? lease or rent?
- (b) Do you have current Warrants of Fitness for the buildings which you own? YES NO

2. Do you have in-house training programmes, manuals and compliance programmes in place for the following Acts:
 - (a) Consumer Guarantees Act 1993 and Amendments: YES NO
 - (b) Fair Trading Act 1986 and Amendments: YES NO
 - (c) Privacy Act 1993 and Amendments: YES NO

3. In respect of the Health and Safety in Employment Act 1992 and Amendments do you have:
 - (a) A hazard identification system in place? YES NO
 - (b) A Health and Safety manual and training system in place? YES NO

4. (a) Do you need/or have you ever applied for a Resource Consent and/or Certificate of Compliance under the Resource Management Act 1991? YES NO

5. Have you ever been involved in proceedings in connection with, received compliance notices or been fined for breaches of any of the following:
 - (a) Building Act 1991 and Amendments: YES NO
 - (b) Consumer Guarantees Act 1993 and Amendments: YES NO
 - (c) Fair Trading Act 1986 and Amendments: YES NO
 - (d) Health and Safety in Employment Act 1992 and Amendments: YES NO
 - (e) Privacy Act 1993 and Amendments: YES NO
 - (f) Resource Management Act 1991 and Amendments: YES NO
 - (g) Any other Acts of Parliament and Amendments: YES NO

6. (a) Have you had any previous claims or complaints against you which could have been subject to indemnity under this proposed insurance? YES NO
- (b) Are you, or any of the Company's Directors or Officers, aware of the existence of any circumstances from which you could reasonably expect a claim to arise in the future: YES NO

If the answer to 4, 5 or 6 is YES, please provide full details on a separate sheet.

7. Who in your Company has overall responsibility for ensuring compliance with the Acts of Parliament referred to in this application:

Name: Position:.....

8. Limit of Insurance required: NZ\$.....

DECLARATION:

I/We, the undersigned authorised Officer(s) of the Company, declare to the best of my/our knowledge and belief that the statements made in this application are true and correct. I/we agree that these statements shall form the basis of and be incorporated into the contract of insurance should a policy be issued by ACE.

Signed:

Date:

Name:

Position in the Company:



EXPORTERS LIABILITY

APPENDIX B

ACE INSURANCE LIMITED

PO Box 734 PO Box 5154
 AUCKLAND WELLINGTON
 Fax: (09) 303-1909 Fax (04) 471-0837

1. Please provide full details of your exports split into product type and value in NZ\$ to each export destination.

<u>Destination</u>	<u>Products</u>	<u>Actual last year</u>	<u>Estimate this year</u>
New Zealand		\$	\$
Australia		\$	\$
USA		\$	\$
Canada		\$	\$
United Kingdom		\$	\$
Rest of Europe		\$	\$
Japan		\$	\$
Rest of Asia		\$	\$
Rest of World		\$	\$
TOTALS		\$	\$

2. (a) Please state the first year you exported any products:

(b) Please state the first year you exported any products (either directly or in-directly) into the USA or Canada:

3. Are instructions supplied with your product and are they written in language(s) used by the end-user(s)? YES NO

If YES, which languages?

4. Do your products meet the manufacturing/safety standards established in the countries exported to? YES NO

If YES provide details of the standards your products meet.

5. List your major vendors/distributors by name, location and turnover. If they contractually require you to name them as a Vendor on your policy, please provide details.

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6. Are you in anyway represented in the USA or Canada by either direct representation, parent company, subsidiary, sales office or by any other party holding Power of Attorney on your behalf?

YES NO

If YES, provide details:

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7. If you do not export products directly into the USA. or Canada, or any of their territories or possessions, are you aware of any circumstances where your products may be re-directed to those countries?

YES NO

If YES, provide details:

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DECLARATION:

I/We, the undersigned authorised Officer(s) of the Company, declare to the best of my/our knowledge and belief that the statements made in this application are true and correct. I/we agree that these statements shall form the basis of and be incorporated into the contract of insurance should a policy be issued by ACE.

Signed:

Date:

Name:

Position in the Company:



PRODUCT RECALL EXPENSE

APPENDIX C

ACE INSURANCE LIMITED

PO Box 734 PO Box 5154
AUCKLAND WELLINGTON
Fax: (09) 303-1909 Fax (04) 471-0837

1. List the locations of your manufacturing facilities or plants:

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2. Do all your products conform in all respects with the requirements of any statute, or the regulations of any government department or agency?

YES NO

3. Advise the type of packaging and shelf life of your products:

Product	Packaging Description	Average Shelf Life
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4. Are your products batch produced or is it a continuing process?

(a) If batch produced, what is your average batch size?

(b) If a continuing process is used, what is your average size run?

5. Does your coding system allow for the following identification?

Product Name	.....	Shelf expiry date	.....
Manufacturer	.....	Serial Number	.....
Part Number	.....	Suggested Use	.....
Batch Number	.....	Directions for Use	.....
Manufacture Date	.....	Warnings Needed	.....
Producing Plant	.....	Other	.....

6. Do you maintain computerised control systems for:
- (a) Product Inventory? YES NO
 - (b) Sales to and identity of:
 - (i) Wholesalers and/or Distributors? YES NO
 - (ii) Retailers? YES NO

7. (a) Do your wholesalers and/or distributors maintain records of the final retail outlets of your products? YES NO

If YES, provide details:

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- (b) How long are these records kept?years

8. Do any of your products become part of other companies products? YES NO

If YES, provide details:

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9. If any of your products are sold to be repackaged under another name, to whom are they sold and what is their eventual name?

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10. Do you indemnify or hold harmless by contractual agreement any suppliers of components or raw materials? YES NO

If YES, provide details:

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11. Advise the method of distribution of your products:

- (a) How transported (truck, rail, etc):
- (b) Type of packaging (drums, bulk, etc):
- (c) Detail the steps to the end-user:
 (e.g. manufacturer/wholesaler/retailer etc)

12. (a) Do you have a Product Recall or Incident Management Plan established to handle a recall if one becomes necessary? YES NO

Attach a full copy of your Product Recall or Incident Management Plan

- (b) If you do not have such a plan and it becomes necessary to recall any of your products, what methods would be used to secure the return of such products?

Provide details on a separate sheet.

- c) Provide a breakdown of the costs you could incur, in the event of a Recall – include the cost of the recalled product, any loss of income, the advertising expenses, freight/transportation costs, etc.

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Estimated maximum cost in NZ\$

13. Have any of your products ever been recalled for any reason? YES NO

If YES, provide the following details:

- (a) The product(s) involved.

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- (b) The reason for the recall and the steps taken to prevent a recurrence.

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- (c) The date the recall was initiated and the date closed.

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- (d) Methods used to effect the recall.

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- (e) A breakdown of the costs involved - including the cost of the recalled product plus any loss of income, the advertising expenses, freight/transportation costs, etc.

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Total cost in NZ\$

14. Do you, or any of your Directors or Officers, have knowledge or information of any circumstances which might give rise to a claim under the proposed policy? YES NO

15. Limit required: NZ\$ each loss and in the annual aggregate.

16. Deductible required: NZ\$ each loss.

DECLARATION:

I/We, the undersigned authorised Officer(s) of the Company, declare to the best of my/our knowledge and belief that the statements made in this application are true and correct. I/we agree that these statements shall form the basis of and be incorporated into the contract of insurance should a policy be issued by ACE.

Signed:

Date:

Name:

Position in the Company:

Privacy Statement

ACE Insurance Limited ("ACE") is committed to protecting your privacy. ACE collects, uses and retains your personal information in accordance with the principles in the *Privacy Act 1993*.

ACE collects your personal information (which may include health information) when you are applying for, changing or renewing an insurance policy with us or when we are processing a claim. We collect the information to assess your application for insurance, to provide you or your organisation with competitive insurance products and services and administer them and to handle any claim that may be made under a policy. If you do not provide us with this information, we may not be able to provide you or your organisation with insurance or to respond to any claim.

We may disclose the information we collect to third parties, including contractors and contracted service providers engaged by us to deliver our services or carry out certain business activities on our behalf (such as actuaries, loss adjusters, claims investigators, claims handlers, professional advisers including doctors and other medical service providers, credit reference bureaus and call centres), other companies in the ACE group, insurance and reinsurance intermediaries, other insurers, our reinsurers, and government agencies (where we are required to by law). These third parties may be located outside New Zealand.

You agree to us using and disclosing your personal information as set out above. This consent remains valid unless you alter or revoke it by giving written notice to our Privacy Officer.

From time to time, we may use your personal information to send you offers or information regarding our products that may be of interest to you. If you do not wish to receive such information, please contact our Privacy Officer using the contact details provided below.

If you would like to access a copy of your personal information, or to correct or update your personal information, please contact our Privacy Officer on +64 (9) 3771459 or email Private.NZ@ace-ina.com.

If you have a complaint or want more information about how ACE is managing your personal information, please contact the Privacy Officer, ACE Insurance Limited, PO Box 734 Auckland, Tel: +64 (9) 3771459 or email Privacy.NZ@ace-ina.com.