



UMBRELLA LIABILITY PROPOSAL

ACE INSURANCE LIMITED
PO Box 734 AUCKLAND PO Box 5154 WELLINGTON

BROKER:
CLIENT:
ADDRESS:

WHAT PRODUCTS/SERVICES DO YOU PROVIDE?

.....

PROJECTED ANNUAL TURNOVER NZ\$ (CURRENT FINANCIAL YEAR)

WHAT IS EXPORTED?

.....

TURNOVER FROM EXPORTS:

TO USA/CANADA \$ **AUSTRALIA \$**
UK/EUROPE \$ **ASIA/ROW \$**

POLICY PERIOD: FROM: **TO:**

- 1. Do you have any locations outside New Zealand? YES NO
- 2. Do you have other people's property (other than buildings) worth over \$250,000 in your care or control? YES NO
- 3. Do you have any contracts which make you strictly liable for injury or damage, even if you are not at fault? YES NO
- 4. Do you have any vehicles other than cars, vans, utilities or forklifts? YES NO
- 5. Do you service or manufacture parts for Motor Vehicles, Aircraft or Watercraft? YES NO
- 6. Has any Insurer declined to insure you, cancelled cover, or imposed any special terms or exclusions? YES NO
- 7. Have any liability claims been made against you over the last 5 years? YES NO
- 8. Is an advertising agency used? YES NO

Annual Advertising expenditure \$

The umbrella policy will apply to the following policies if you complete the applicable information below

Policy	Insurer	Due Date	Limit	Premium
Public/Products Liability				
Motor Vehicle (Section 2)				N/A
Travel (Personal Liability)				N/A

If you answered YES to any of the questions above, please provide full details on the next page

1. OVERSEAS LOCATIONS

Location 1	City.....	State.....	Country.....
Use	Sales/ Mktg. <input type="checkbox"/>	Manufact./ Assembly <input type="checkbox"/>	Distribution/ Warehouse <input type="checkbox"/>
Location 2	City.....	State.....	Country.....
Use	Sales/ Mktg. <input type="checkbox"/>	Manufact./ Assembly <input type="checkbox"/>	Distribution/ Warehouse <input type="checkbox"/>

2. PROPERTY IN YOUR CARE

Type of property	Value
.....	\$.....
.....	\$.....
.....	\$.....

3. CONTRACT DETAILS

Contract	Description
.....
.....
.....

4. VEHICLES, OTHER THAN CARS, VANS, UTILITIES OR FORKLIFTS.....(PLEASE INDICATE QUANTITY)

Trucks	Other
Tankers	(please specify type)	
Excavators/Bulldozers etc.		
Cranes		

5. SERVICE OR MANUFACTURING INVOLVING EITHER MOTOR VEHICLES, AIRCRAFT OR WATERCRAFT.

Details:

6. PREVIOUSLY DECLINED/CANCELLED/SPECIAL TERMS/ EXCLUSIONS.....

Year	Reason	Insurer
.....
.....
.....

7. LIABILITY LOSSES IN THE LAST 5 YEARS....

Year	What happened	Cost	Insured? Y	N
.....	\$.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	\$.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	\$.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	\$.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	\$.....	<input type="checkbox"/>	<input type="checkbox"/>

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 Privacy.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.