



**ACE INSURANCE LIMITED**

PO Box 734

PO Box 5154

Auckland

Wellington

Fax (09) 303-1909

Fax (04) 471-0837

**EMPLOYERS & STATUTORY LIABILITY  
INSURANCE RENEWAL DECLARATION**

- 1. Name of Insured.....
- 2. Broker: .....
- 3. Policy No:.....
- 4. Total Employees last financial year:.....  
Total Employees this financial year:.....
- 5. Actual Turnover for last financial year:.....  
Estimated Turnover for this financial year:.....

After enquiry by the Insured it is confirmed that:

no claim has been made against me/us and no circumstances have occurred or become known to me/us which may give rise to any claim by or against me/us

other than those details disclosed on our last Proposal Form or Renewal Declaration.

It is confirmed that all the details appearing on our last Proposal Form are still accurate in all respects.

The undersigned authorised officer of the Insured company declares to the best of his/her knowledge that the details set forth herein are true.

Signing of this declaration does not bind the undersigned or ACE, but it is agreed that this form shall be the basis of the renewal of the above.

**SIGNED:**.....

**DATE:**.....

**POSITION:**.....

## **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](mailto: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](mailto:Privacy.NZ@ace-ina.com).