



ace insurance

Association Liability **PROPOSAL FORM**

INSTRUCTIONS TO PROPOSER

Please enclose with this Proposal Form:

1. The last Annual Report for the Association
2. The last Interim Statement (if applicable)
3. A copy of the Association's rules or founding document

BEFORE COMPLETING THIS PROPOSAL FORM PLEASE READ THE IMPORTANT NOTICES ON PAGE 6.

PLEASE ANSWER ALL QUESTIONS. WHEN REQUIRED, ANSWER EITHER "YES" OR "NO"

THIS PROPOSAL SHOULD ONLY BE COMPLETED AFTER DETAILED ENQUIRY OF ALL THE PERSONS TO BE COVERED.



ASSOCIATION LIABILITY

PROPOSER DETAILS

1. Name of Association:

2. Address:

.....

3. On what date was the Association first established?.....

4. Provide details of the activities of the Association including all professional services you are engaged in providing:

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5. Please detail how the Association is structured:

.....

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6. Please provide the amount of the Association's gross income / fees for the following:

New Zealand

Overseas

Current Financial year (Estimate)

\$	\$
\$	\$

Last Financial year

7. Please provide the following detail:

Number of employees:

Full-time:	Part-time:	Casual:
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Total Annual Payroll:

\$

Number of volunteer workers:

Number of physical locations the Association is located:

AUDIT AND INTERNAL CONTROLS

8. Do External Auditors audit all operations at least annually? Yes No

9. Have all recommendations by External Auditors regarding internal controls been complied with following your last audit? Yes No

10. Is there a process in place that monitors the effectiveness of internal controls and reports directly to the Association's governing body? Yes No

HUMAN RESOURCES

11. In the last 2 years how many employees have been:

Dismissed:	Made Redundant:	Resigned:
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ASSOCIATION LIABILITY

12. Does the Association obtain and use external legal advice for hiring and terminating employees? Yes No
13. When recruiting or promoting employees to positions of trust involving handling of stock, money, financial or accounting functions, do you:
- (a) undertake independent checks into their employment history? Yes No
- (b) undergo a process to ensure their suitability for the position? Yes No

INTERNAL FINANCIAL/PHYSICAL CONTROLS

14. Are wages/salaries independently checked against personnel records for unusual or excessive payments? Yes No
15. Are duties segregated so that no individual can control authorising payments above \$5,000, issuing fund transfer instructions, opening new accounts or investment in securities and valuables from commencement to completion without referral to others? Yes No
16. What is the approximate annual value of fund transfers?
17. Can payment instructions be made to an account that has not been pre-agreed? Yes No
18. Is the Association responsible for funds as a Trustee? Yes No

If Yes, please provide details.

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STATUTORY COMPLIANCE

19. Does the Association need or has it ever applied for a Resource Consent and/or Certificate of Compliance under the Resource Management Act 1991? Yes No

If Yes, please provide details.

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20. Has the Association ever been involved in proceedings in connection with, received compliance notices or been fined for breaches of any of the following:
- (a) Building Act 2004 and Amendments Yes No
- (b) Consumer Guarantees Act 1993 and Amendments Yes No
- (c) Fair Trading Act 1986 and Amendments Yes No



ASSOCIATION LIABILITY

- (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

If Yes, please provide details.

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OPTIONAL EXTENSIONS – Please complete this section if cover required

OUTSIDE DIRECTORSHIPS

21. Is cover required for any Outside Organisation with the knowledge and consent or at the request of the Association? Yes No

(Outside Directorship means any position held by an Insured in any company or organisation)

If Yes, please provide the following details for each Outside Organisation:

- (a) the name
- (b) the activities
- (c) whether currently trading profitably
- (d) whether able to pay their debts when they fall due
- (e) if applicable, the percentage of ownership by the Association
- (f) the country of incorporation

INSURANCE DETAILS

22. Is the Association currently insured for the requested covers (if Yes, please provide retroactive date)

	Retroactive date:		
Associations Liability:	/ /	Yes	<input type="checkbox"/> No <input type="checkbox"/>
Directors & Officers:	/ /	Yes	<input type="checkbox"/> No <input type="checkbox"/>
Superannuation / Trustees Liability:	/ /	Yes	<input type="checkbox"/> No <input type="checkbox"/>
Professional Liability:	/ /	Yes	<input type="checkbox"/> No <input type="checkbox"/>
Fidelity:	/ /	Yes	<input type="checkbox"/> No <input type="checkbox"/>
Statutory Liability:	/ /	Yes	<input type="checkbox"/> No <input type="checkbox"/>
Employers Liability:	/ /	Yes	<input type="checkbox"/> No <input type="checkbox"/>



ASSOCIATION LIABILITY

23. Has the Association ever had any Insurer decline a proposal or cancel or refuse to renew a Policy subject to indemnity under this proposed insurance? Yes No

If Yes, please provide details.

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24. What Limit of Liability is Required (circle as required): \$500,000 \$1,000,000 \$2,000,000

Or if other, please state: \$ _____

25. What Deductible is Required (circle as required): \$1,000 \$2,500 \$5,000 \$10,000

CLAIMS/CIRCUMSTANCES

26. Have any claims ever been made against any past or present director, officer, office bearer, secretary or employee of the Association? Yes No

If Yes, please provide details.

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27. Have any claims or complaints ever been made against the Association that could have been subject to indemnity under this proposed insurance? Yes No

If Yes, please provide details.

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28. Has any past or present director, officer, office bearer, secretary or employee of the Association ever been declared bankrupt, had any fine or penalty imposed or been subject to any inquiry in their capacity as a director, officer, office bearer, secretary of employee of the Association? Yes No

If Yes, please provide details.

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29. Is the Association aware, after inquiry, of any fact, circumstance, act or omission which may give rise to a claim? Yes No

If Yes, please provide details

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30. Have any claims ever been made against the Association or any of its directors, officers or employees for wrongful termination, discrimination, intimidation or sexual harassment? Yes No

If Yes, please provide details, including amounts of any judgements, settlements and costs of defence?

(NOTE: Any circumstance disclosed in answer to questions 26 to 30 are not covered by this proposed insurance).



ASSOCIATION LIABILITY

IMPORTANT NOTICES

Your Duty of Disclosure

Before you enter into any contract of insurance with an Insurer, you have a duty to disclose to the Insurer every matter that you know, or could reasonably be expected to know, that is relevant to the Insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose any new or changed information to the Insurer before you renew, extend, vary or reinstate a contract of insurance.

It is important that all information contained in this proposal is understood by you and is true, correct and complete, as you will be bound by your answers and by the information provided by you, and on your behalf, in this proposal. You should obtain advice before you sign this proposal if you do not properly understand any part of it.

Your duty of disclosure continues after the proposal has been completed up until the time the contract of insurance is entered into.

Non-Disclosure

If you fail to comply with your duty of disclosure, the Insurer may avoid the contract of insurance or cancel it and not pay any claim.

Change of Risk or Circumstances

You should advise the Insurer as soon as practicable of any change to your normal business as disclosed in the proposal, such as, but not limited to changes in location, acquisitions and new overseas activities.

Subrogation

Where you have agreed with another person or company, who would otherwise be liable to compensate you for any loss or damage which is covered by the contract of insurance, that you will not seek to recover such loss or damage from that person, the Insurer will not cover you, to the extent permitted by law, for such loss or damage.

Privacy Act

This proposal collects personal information about directors, officers, company secretaries and employees of the Company. The information is collected to enable the Insurer to evaluate this application and any claims and to administer the contract of insurance. The Insurer will hold the information at 345 Queen Street, Auckland. If you do not provide this information, the Insurer is entitled to decline this application for insurance.

The directors, officers, company secretaries and employees of the Company have rights of access to and correction of, their personal information under the Privacy Act 1993.



ASSOCIATION LIABILITY

DECLARATION

We acknowledge that we have read and understand the **Important Notices** contained in this proposal. We agree that this proposal, together with any other information or documents supplied to the Insurer will form the basis of the contract of insurance.

We acknowledge that if this proposal is accepted, the contract of insurance will be subject to the terms and conditions as set out in the policy wording as issued or as otherwise specifically varied in writing by the Insurer. We declare, after enquiry, that the statements, particulars and information contained in this proposal and in any documents accompanying this proposal are true and correct in every detail and are complete.

We undertake to comply with our duty of disclosure and inform the Insurer of any material alteration to those facts before this contract of insurance is entered into.

Signed for and on behalf of each and every person and Company to be insured.

Signed:

(Chairperson)

(Managing Director/Chief Executive Officer)

Dated:

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/ 200

Name: _____

Position: _____

Association: _____