

Liability Declaration Form

Name: (Full Company name & Subsidiaries)

Email Address:

Web Address:

Have any of your contact details changed:

Duty of Disclosure (read carefully):

The duty of disclosure is an important legal requirement that applies to insurance contract or proposal for insurance. It requires you to tell your Insurer or any prospective Insurer all the information you know (or can reasonably be expected to know) which would influence the judgment of the prudent Insurer in deciding:

- Whether or not to accept your proposal for cover, and
- If they do accept it, on what terms, and at what cost

The duty applies through the term of the contract and it is particularly important to review this at renewal.

Examples of information you may need to disclose include, but are not limited to, the following:

- Change of business activities e.g. change of location or new lines of business
- Criminal or motoring offences
- Cancellation or refusal to renew Insurance by another Insurer, including imposition of special terms
- Loss or damage whether or not an Insurance claim has arisen

1. Business Occupation:

ANZSIC Code:

List activities/occupations & changes:

2. Financial Details:

Last Year

This Year

Turnover

- New Zealand	\$	\$
- USA/Canada	\$	\$
- Europe	\$	\$
- Japan	\$	\$
- Elsewhere	\$	\$
Annual Turnover	\$ 0.00	\$ 0.00
No. of Staff		
Payroll	\$	\$

5. General Questions:

AFTER ENQUIRY of any parties or entities to be insured under this contract:

1. Is there any information that has not previously been declared to the insurers, material to an estimate of the risk to be insured and/or information of any nature, which the insurer should be made aware of?
 Yes No
2. Have there been any criminal convictions or motoring offences (other than parking) that have not been previously declared to the insurer?
 Yes No
3. Are there any claims currently pending or are you aware of any circumstances, not already notified to the insurer, which could give rise to a claim?
 Yes No

If you answer yes, please provide details below:

Declaration:

I/We declare that subject to the rights set out in the Criminal Records (Clean Slate) Act 2004, the information is completed and correct and all material information has been disclosed to ACM and the Insurer(s) with whom ACM have placed our insurance programme, whether the information is asked for or not (please refer to the Duty of Disclosure details above). We authorise ACM and the Insurer to give and obtain from other Insurance Companies, Insurance Brokers, the Insurance Claims Register Ltd or any other party any information relating to this or any other insurance held or previously held by me/us and any claims made by me/us.

Signature of Proposer

Title/Position

Date