Agile Syndicate 2427

Casualty

Proposal Form

Issued by Agile Insurance Group NZ Limited
NZBN 9429052286766

CAS-NZ-2026-PropForm

LLOYD'S Underwriters

withagile.com

Important Information

Important information relating to this proposal form. You should read the following information before proceeding to complete this proposal form.

1. Duty of disclosure

This is a non-consumer insurance contract. Before you enter into a contract of general insurance with an insurer, you have a duty, to make a fair presentation of the risk. This requires disclosure of every material circumstance that you know, or ought to know, which would influence the judgement of a prudent insurer in determining whether to accept the risk of insurance, and if so, on what terms. Alternatively, you must provide sufficient information to put a prudent insurer on notice that it needs to make further enquiries.
Your duty, however, does not require disclosure of any matter:

- that diminishes the risk to be undertaken by the insurer;
- that your insurer knows or, in the ordinary course of their business, ought to or are presumed to know; or
- that is something as to which the insurer waives information.

Your knowledge includes what is known to the senior management of your business / organisation or those that are responsible for your insurance. To comply with this duty, you should also conduct a reasonable search c information and make reasonable enquiries within your business / organisation.

2. Non-disclosure

If you fail to comply with your duty of disclosure, and the insurer would not have entered into the contract of insurance or would have done so on different terms, the insurer may cancel or amend your policy or refuse to pay a claim. Depending on the nature of the failure and its effect on the insurer's decision-making at the time of accepting the risk of insurance, the insurer may have a remedy such as:

- treating the contract as if different terms applied;
- reducing proportionally the amount otherwise payable for a claim; and/or
- avoiding the contract and refusing all claims.

3. Privacy statement

Agile Insurance Group NZ Limited are committed to protecting your privacy and complying with the *Privacy Act 2020* (Privacy Act). Details of how Agile collect and use your information are available on our website at www.withagileunderwriting.com/new-zealand/.

4. Fair Insurance Code

Agile's policies are compliant with the Insurance Council of New Zealand's Fair Insurance Code of Practice. The purpose of the Code is to raise standards of practice and service in the general insurance industry. A copy of this Code is available from the Insurance Council of New Zealand's website at www.icnz.org.nz.

5. Completing the forms

This proposal forms part of the basis of any insurance contract entered into. Please complete it fully and carefully and ensure the Declaration section is signed and dated. If additional space is required, please attach supplementary pages. Under your policy terms, you have an ongoing duty to disclose all material facts.

Section 1 – Insurance Requirements

1. **Period of Insurance required (from 4pm Local Standard time):** From: / / To: / /

2. **Current cover in place:**

Expiry Date	Insurer	Limit	Excess	Premium
/ /		$	$	$
/ /		$	$	$
/ /		$	$	$

3. **Cover required:**

Cover Type	Option 1	Option 2	Option 3	Other
General & Products Liability	☐ $1,000,000	☐ $2,000,000	☐ $5,000,000	☐ $
Statutory Liability	☐ $1,000,000	☐ $2,000,000		☐ $
Employers Liability	☐ $1,000,000	☐ $2,000,000		☐ $

Section 2 – Applicant Details

4. **Names of all entities to be insured:**

5. **Postal address of head office:**

Street Address:

Suburb:	Town/City:	Postcode:

6. **Website address:**

7. **Date business incorporated in New Zealand:** (DD/MM/YY) / /

8. **Company Number or NZBN Number:**

9. **Number of locations:** NZ: Overseas:

If overseas, provide country and region below:

10. **Have you or any director / partner / manager of the business ever:**

a) Had Insurance declined or cancelled	Yes ☐	No ☐
b) Has an insurer refused or not invite renewal	Yes ☐	No ☐
c) Had any non-standard or adverse terms, conditions or restrictions imposed by an insurer (excluding standard policy endorsements)	Yes ☐	No ☐
d) Had any activity specific excess imposed by an insurer	Yes ☐	No ☐
e) Had a claim rejected under a policy of insurance	Yes ☐	No ☐
f) Been declared bankrupt or placed into receivership or Liquidation	Yes ☐	No ☐
g) Been charged with or convicted of a criminal offence	Yes ☐	No ☐

If 'Yes', to any of the above, please give details:

Section 3 – Business Details

11. **Business Description:**

12. **Turnover Details:**

Country	Actual Turnover (Last 12 months NZD)	Estimated Turnover (next 12 months NZD)
New Zealand	$	$
Australia	$	$
Asia	$	$
Pacific Islands	$	$
USA & Canada	$	$
UK & Europe	$	$
Total:	$ 0	$ 0

13. **Number of Staff including Working Directors:** Full-time: Part-time:

14. **Do you use or employ Subcontractors:** Yes ☐ No ☐

If 'Yes', please provide full details below:

15. **Please describe all business activities you carry out away from your premises including retailing, contracting, repairing, maintenance, building, servicing and installation:**

16. **Do you provide professional advice, design, specification or consultancy services to others?** Yes ☐ No ☐

If 'Yes', please provide full details below:

Care Custody and Control

17. **Do you have any property of others in your physical or legal control?** Yes ☐ No ☐

If 'Yes', please provide full details below:

18. **Do you charge a fee for holding this property for others?** Yes ☐ No ☐

If 'Yes', have you got a Bailees Insurance policy in place? Yes ☐ No ☐

Hotwork

19. **Does any of your work involve the use of naked flames or open heat sources, including but not limited to cutting or welding?** Yes ☐ No ☐

If Yes, please provide full details below:

Type of Hotwork	Where work is carried out	Annual Turnover
		%
		%
		%

Hazardous substances

20. **Do you use, store, handle, manufacture or transport any acids, chemicals, gases, inflammables, explosives, toxic or hazardous substances or materials?** Yes ☐ No ☐

If 'Yes', please provide full details below:

21. **Are they used, stored and transported in accordance with applicable laws and legislation?** Yes ☐ No ☐

Contractual Agreements

22. **Do you use a standard contractual agreement for the supply of your goods or services?** Yes ☐ No ☐

If 'Yes', please provide a copy of the standard contractual agreement.

23. **Do you use a standard contractual agreement when engaging independent consultants or contractors?** Yes ☐ No ☐

If 'Yes', please provide a copy of the standard contractual agreement.

Product Manufacturing, Distribution or Sale

24. **Please provide details of all products you manufacture, sell, supply, handle, treat, install or distribute:**

(Please attach any product brochures, catalogues or other applicable material.)

Product Details	Annual Turnover
	%
	%
	%

25. **Do you custom design (on customer request) any products that you manufacture or sell?** Yes ☐ No ☐

26. **Do you operate and maintain any Quality Control procedures?** Yes ☐ No ☐

If 'Yes', please provide full details below or copies of manuals you have in place:

27. **Have you ever withdrawn or recalled any products?** Yes ☐ No ☐

If 'Yes', please provide full details below:

28. **Is your business, now or in the past, involved in the manufacture, distribution or sale of the following goods?**

a) Aircraft or aircraft component parts Yes ☐ No ☐

b) Chemicals Yes ☐ No ☐

c) Dangerous goods including liquid or gas fuels Yes ☐ No ☐

d) Ethical drugs Yes ☐ No ☐

e) Fertilisers, Pesticides or fungicides Yes ☐ No ☐

f) Radioactive material or any product containing asbestos Yes ☐ No ☐

g) Watercraft exceeding 8 metres in length Yes ☐ No ☐

If 'Yes', to any of the above, please give details:

Product Importing

29. **Please provide details of all Products you import:**

(Please attach product brochures, catalogues or other applicable material)

Product Details	Country of Origin	Annual Turnover
		%
		%
		%

Do you have current licenses, permits and/or registration statuses required to import the Products above? Yes ☐ No ☐

Product Exporting

30. **Please provide details of all Products you export:**

(Please attach product brochures, catalogues or other applicable material)

Product Details	Export Destination	Annual Turnover
		%
		%
		%

Do you have current licenses, permits and/or registration statuses required to export the Products above? Yes ☐ No ☐

31. **Do you export any products or goods to USA or Canada?** Yes ☐ No ☐

If 'Yes', please provide full details below:

Service and Repair

32. **Do you service or repair motor vehicles?** Yes ☐ No ☐

If 'Yes', please describe the work carried out and the type of vehicles worked on:

Work carried out / Vehicle type	Annual Turnover
	%
	%
	%

33. **Do you service or repair watercraft?** Yes ☐ No ☐

(Note: The Policy excludes Watercraft over 8 metres in length)

If 'Yes', please describe the work carried out and the type of watercraft worked on:

Work carried out / Watercraft type	Annual Turnover
	%
	%
	%

Section 4 – Statutory & Employers Liability

34. **Does the business have written procedures and/or systems to ensure compliance with any legislation that affects your business?** Yes ☐ No ☐

35. **Have you ever had any penalty or premium loading imposed under any ACC Legislation?** Yes ☐ No ☐

If 'Yes', please provide full details below:

36. **Does the business regularly review Health & Safety procedures to ensure compliance with legislation?**	Yes ☐	No ☐
37. **Are any of your products or services subject to any legislation governed by the Financial Markets Authority?**	Yes ☐	No ☐

If 'Yes', please provide full details below showing how you are compliant:

Section 5 – Claims History

38. **Have any claims for the type of insurance requested in this proposal ever been made against you or have any circumstances ever occurred which would have resulted in a claim under the proposed insurance had the policy been in force in the last 5 years?**	Yes ☐	No ☐

If 'Yes', please provide full details for each matter in a separate attachment including the date notified, the name of the insurer, details of the allegations, details of the amounts claimed, details of any amounts paid and the current status of the claim.

39. **Have you ever been subject to any regulatory investigations, disciplinary action, or prosecuted in relation to any actual or alleged breach of legislation?**	Yes ☐	No ☐

If 'Yes', please provide full details in a separate attachment.

40. **Are there any claims, investigations and/or enforcement actions currently pending against you, or are you aware, after enquiry, of any circumstances that could give rise to a claim, investigation and/or enforcement action under the proposed insurance?**	Yes ☐	No ☐

If 'Yes', please provide full details for each matter in a separate attachment including the name of the claimant or potential claimant, a description of the allegations and an estimate of the amount of potential liability.

Declaration

On behalf of all proposed Applicants

I/We declare and agree that we understand our duty of fair presentation of the risk and that all information provided in this proposal or attachments is true and substantially correct in every respect and that every material circumstance I/We know, or ought to know, has been fully and accurately disclosed to Agile Insurance Group NZ Limited which constitute a fair presentation of the risk for which insurance is sought.

I/We agree that this declaration shall be the basis of and incorporated in the insurance contract and that the insurance contract may be avoided (in certain circumstances and amongst other things) if there is a breach of the duty of fair presentation of risk.

I/We undertake to inform Agile Insurance Group NZ Limited of any material alteration to the above information whether occurring before or after the inception of this insurance contract.

I/We understand that:

a) I/We am/are obliged to advise Agile Insurance Group NZ Limited of any information which is material to its consideration of this application. This information includes all information I/We know (or ought to know), following a reasonable search of information and reasonable enquiries within the business, which could influence the judgement of Agile Insurance Group NZ Limited in deciding whether or not to accept this application and (if accepted) on what terms, including cost and otherwise.

b) Failure to provide this information may result in Agile Insurance Group NZ Limited refusing to provide the insurance.

c) I/We have certain rights of access to and correction of this information in accordance with the policy terms and conditions and Agile's privacy policy

Signed by:

Name of Partner(s) or Director(s):	On behalf of (insert name of firm):
Signature:	Date: (DD/MM/YY) / /

If completing electronically, print out the completed form and attach a manual signature.