

# Combined Liability

## Renewal declaration



### How to complete this form

Print out the form and complete by hand. Please remember to sign and date this form.

**Please note:** This renewal declaration will form a key part of your ongoing contract(s) of insurance with Ando Insurance Group Limited and it is important that all material facts continue to be fully, frankly and accurately disclosed.

### Policyholder

Name	<input type="text"/>
Website	<input type="text"/>
Description of Occupation/ Business activities	<input type="text"/>

Do you undertake operations away from your premises?  Yes  No

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

If Yes, please provide full details including nature of work & turnover associated

Number of staff including principals Last year (actual)  This year (estimate)

Total turnover and/or total fees (for consultancy, professional advice, design or opinion which may be relied upon by a third party)

Location	Actual turnover last 12 months	Estimated turnover for next 12 months	Actual fee income last 12 months	Estimated fee income next 12 months
New Zealand	\$	\$	\$	\$
Australia	\$	\$	\$	\$
Asia	\$	\$	\$	\$
Pacific Islands	\$	\$	\$	\$
United Kingdom & Europe	\$	\$	\$	\$
USA / Canada	\$	\$	\$	\$
	\$	\$	\$	\$
<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

## Policyholder cont.

Are you currently able to meet your debts as they fall due?  Yes  No

If No, please provide all relevant details when submitting this form to your broker.

Has there been or are there likely to be any material changes to:

- a) The business activities of the Company  Yes  No
- b) The financial position of the Company  Yes  No
- c) The capital structure of the Company  Yes  No

If the answer to a), b), or c) is Yes, or if you are planning any changes, please provide all relevant details when submitting this form to your broker.

After enquiry of all Partners, Principals, Directors, Officers, Trustees and Senior Employees:

- a) Have there been any claims made against you?  Yes  No
- b) Are you aware of any circumstances which could give rise to a claim against You?  Yes  No

If the answer to a) or b) is Yes, please provide all relevant details when submitting this form to your broker (including quantum and current status).

## Bailees Liability

Total Bailees turnover Last year (actual) \$  This year (estimate) \$

Location of premises	Type of store/warehouse e.g. coolstore, general storage etc	NZD\$ values held per location:		
		Minimum	Average	Maximum
		\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
		\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
		\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
		\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
		\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<b>Total</b>		\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Please list the commodities stored:

Please attach further details if more than five properties exist.

Please attach your current conditions of storage.

Will all goods held be stored on these conditions?  Yes  No

## Carriers Liability

Please confirm your gross freight revenue for	Last year (actual)	\$		This year (estimate)	\$		
Type of Carriage							
Town	%	Courier	%	Bulk	%	Line haul	%
Other (please specify):							

### Important:

- Any material changes to the business during the Period of Insurance must be advised immediately to Ando Insurance Group Limited.
- This form must be completed by a person authorised to do so on behalf of the Policyholder.
- If this application is for Directors and Officers, Trustees or Associations Liability then you **must** attach a copy of your latest consolidated financial report.

### Declaration

On behalf of all proposed Policyholders I/We declare and agree that:

- all information provided, in this renewal declaration or attachments, is true and complete in every respect and that no Material Facts remain undisclosed;
- if this risk is accepted, such information will be incorporated into and form the basis of the contract of insurance;
- I/We understand that Ando Insurance Group Limited requires this information in order to evaluate this proposal and that the Privacy Act 2020 entitles me/us to have access to, and request the correction of, any information retained;
- Ando Insurance Group Limited is authorised to disclose information to its advisers, reinsurers, other insurers and parties with a financial interest in the subject matter of this proposal;
- Ando Insurance Group Limited is authorised to check details against the Insurance Claims Register and to place information on the Insurance Claims Register which other insurers can access;
- Ando Insurance Group Limited is authorised to obtain from other parties any information which may be relevant to the acceptance of this risk;
- the signing of this declaration does not bind either party to complete the contract and that no cover will be in force until confirmed by Ando Insurance Group Limited.

<input type="checkbox"/>	I have read and accept these conditions* (please tick)		
Signature(s) of Insured*		Date*	

**Need help?**  
Call us on 09 377 1432