TRUSTEES LIABILITY
PROPOSAL FORM

NZI PROFESSIONAL RISKS

YOUR DUTY OF DISCLOSURE

You must tell us all information you know (or could reasonably be expected to know) which would influence the judgement of a prudent underwriter whether or not to accept your application, and if it is accepted, on what terms and at what cost.

Examples of information you may need to disclose include:

- anything that increases the risk of an insurance claim;
- any criminal record;
- if another insurer has cancelled or refused to renew insurance, or has imposed special terms;
- any insurance claim you have made in the past.

Examples of information you do not need to disclose include:

- anything that reduces the risk of an insurance claim;
- anything we say you do not need to tell us about;
- anything that is common knowledge;
- anything you have already told us, or that we should be expected to know in the ordinary course of our business.

These examples are a guide only. If you are not sure whether you need to disclose a particular piece of information, please ask.

WHEN IN DOUBT – DISCLOSE. ALL INFORMATION WILL BE TREATED CONFIDENTIALLY.

Answer all questions. Blanks and/or dashes, or answers 'known to underwriters or brokers' are not acceptable and will delay consideration of this proposal.

If there is insufficient room to complete a question, please attach a signed and dated addendum. Any documents attached to the proposal form are part of this proposal. Where appropriate, please tick the yes or no box which best indicates your reply.

TRUST DETAILS

1. Full legal name of the Trust:

   _____

2. Principal address:

   _____

3. Type of Trust:

   Family Trust ☐ Superannuation Trust ☐ Charitable Trust ☐ Trading Trust ☐

   Other ☐ *Please specify.*

   _____

4. Date the Trust commenced activities (as referred to above) Date _____ /_____ /_____

5. Does the Trust have a website?

   No ☐ Yes ☐ *Please provide website address.*

   _____

6. Does the Trust issue any brochures or other material that describes its activities?

   No ☐ Yes ☐ *Please provide copies.*

7. Has the name of the Trust changed?

   No ☐ Yes ☐ *Please provide details.*

   _____

8. Has there been any significant (over 10% of the Trust's assets) acquisition, disposal or merger involving the trust's assets in the last 24 months?

   No ☐ Yes ☐ *Please provide details.*

   _____

   _____

9. Total assets of the Trust (as shown in the latest balance sheet) $ _____

10. Are you entitled to be indemnified from assets of the Trust?

    No ☐ Yes ☐

TRUSTEES DETAILS

11. Please provide details for each trustee of the Trust:

Name	Professional Qualifications	Date Appointed	Occupation

12. Please provide details of any outside directorship held by a trustee in an outside organisation for the purpose of representing the Trust for which cover is required:

Name	Outside Organisation	Non Profit Yes/No	Position held

TRUST INSURANCE DETAILS

13. Has any trustee ever been refused this type of insurance, or had a similar insurance cancelled or declined to renew, or had any special terms imposed?

No ☐ Yes ☐ *Please provide details.*

14. Does any trustee have a claim pending under a Trustee Liability (or similar) policy or would have had a claim pending if such a policy had been in place?

No ☐ Yes ☐ *Please provide details.*

15. Is any person proposed for insurance aware, after enquiry of any circumstances or incident which he/she believes might give rise to any future claim that may fall within the scope of such insurance?

No ☐ Yes ☐ *Please provide details.*

16. Has there been or is there now pending, any prosecution or inquiry of any kind in relation to the affairs of the Trust?

No ☐ Yes ☐ *Please provide details.*

_____

_____

LIMIT OF INDEMNITY DETAILS

17. Limit of Liability: $ _____

18. Excess: $ _____

19. (a) If currently insured, list details of existing insurer: _____

(b) Current limit of Liability: $ _____

(c) Annual Premium (including GST): $ _____

(d) Period of Insurance: From_____ /_____ /_____ To_____ /_____ /_____

OPTIONAL EXTENSIONS

Please confirm whether each of the following extensions is, or is not required:

20. Outside Directorships Cover – Other than Non Profit Organisations

(Provides indemnity to Trustees who currently represent the Trust's interests in an organisation other than a non-profit organisation as listed in question 11)

No ☐ Yes ☐ *Please provide the most recent audited consolidated accounts and any claim details for each organisation.*

21. Employment Practices Liability

No ☐ Yes ☐ *A separate addendum will need to be completed.*

22. Fidelity

Have you had any fidelity and/or dishonesty losses in the past 5 years?

No ☐ Yes ☐ *Please provide details.*

_____

DOCUMENTS TO BE ATTACHED

Please attach to this Proposal Form:

(i) the audited consolidated financial statements and annual reports of the Trust for the past two financial periods.

(ii) list of current companies (where the Trust owns more than 50% interest) if not detailed in the Annual Report.

Please indicate the total number of additional pages attached to this proposal _____

DECLARATION

I / We hereby declare that:

- The statements set forth herein are true and that we have provided all material facts.
- Enquiry has been made of all trustees and senior staff.
- Should any of the information given by us alter between the date of this proposal and the inception date of the insurance to which this proposal relates, we will give immediate notice thereof.
- I / We agree this proposal, together with any other information supplied by us, shall form the basis of any contract of insurance effected therefrom.
- I / We authorise NZI Professional Risks, a business division of IAG New Zealand Limited, to collect or disclose any personal information relating to this insurance to / from any other insurers or the Insurance Claims Register.

Who is required to sign the proposal form declaration:

Only one signature being that of a trustee is required (unless otherwise required by the Trust).

Name: _____ Signature: _____ Title: _____ Date: _____/_____/_____

Name: _____ Signature: _____ Title: _____ Date: _____/_____/_____

INSURANCE BROKERS DETAILS

It is important the signatory/signatories to the Declaration is/are fully aware of the scope of this insurance so that all questions can be answered. If in doubt, please contact your insurance broker since non-disclosure may affect an Insured's right of recover under the policy or lead it to being voided.

Insurance Broker's Name: _____

Account Number: _____

Address: _____

Phone: _____ Fax: _____

Contact Name: _____