



Proposal Form

# BusinessGuard

## Trustees' Personal Liability Insurance

**Attention Is Drawn To The Proposer's Obligations At Law To Disclose All Material Facts Which Would Affect The Issuance Of The Proposed Insurance**

If there is insufficient space to complete the proposal, then please continue on separate pages.

1. Name and Address of Trust: \_\_\_\_\_

\_\_\_\_\_

2. Date Trust was established: \_\_\_\_\_

3. Names of Trustees for whom cover is required:

<u>Name</u>	<u>Occupation</u>	<u>Trustee/Management Experience (if any)</u>	<u>Qualifications</u>

4. Names and addresses of professional advisers to the trustees:

- (i) Accountants: \_\_\_\_\_
- (ii) Investment Managers: \_\_\_\_\_
- (iii) Solicitors: \_\_\_\_\_
- (iv) Others: \_\_\_\_\_



- 5. Please supply a copy of the audited Trust Account for each of the last three years together with a copy of the Auditors Report.
- 6. Please supply a copy of the Trust Deed and any amendments.
- 7. After inquiry, are any of the Trustees aware of:
  - (i) any circumstance that might result in a claim being made against them or any of them or any of them? Yes / No
  - (ii) any insurance of this nature being cancelled, or renewal refused by Underwriters? Yes / No
  - (iii) any claim ever being made against the Trustees in their capacity as such? Yes / No

If the answer to any of the above questions is YES, please provide details:

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- 8. Limit of Indemnity required (please tick):

- \$250,000
- \$500,000
- \$1,000,000
- \$2,000,000
- Other - please state

- 9. \* Excess desired (please tick):

- \$500 (minimum)
- \$1,000
- Other - please state

\* This applies to defence and claimant costs as well as indemnity payments

\* Premium discounts area available for higher excesses



## Declaration

I/We hereby declare that the information and answers given in this proposal are in every respect true and correct and that the Company is aware of all information that may be material in considering this proposal. I/We agree that this proposal and declaration shall be the basis of and incorporated in the insurance contract. I/We undertake to inform the Company of any material alteration to the above facts whether occurring before or after the completion of this insurance contract.

I/We authorise AIG Insurance New Zealand Limited to give to or obtain from other insurers or any insurance broker or other party any information relating to this insurance of any other insurance held by me/us or any claim made by me/us.

I/We understand that:

- \* AIG Insurance New Zealand Limited is collecting the information on this proposal to evaluate my/our insurance requirements.
- \* I/We am/are obliged to advise AIG Insurance New Zealand Limited of any information which may be material to its consideration of this application.
- \* Failure to provide any of this information may result in AIG Insurance New Zealand Limited refusing to provide the insurance.
- \* I/We have certain rights of access to and correction of this information.

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

**Note:**

1. Completion of this proposal does not bind the proposer nor AIG Insurance New Zealand Limited to complete this insurance.
2. This proposal should be completed and signed by the Chairman of the Board of Trustees or by an Authorised Officer of the Board of Trustees.



**AIG Insurance New Zealand Limited**

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