

## Association Combined Liability Insurance - Renewal Declaration

**OUR REF:**

**RENEWAL DATE:**

Underwritten by Chartis Insurance New Zealand Limited

Entity Name: .....  
 Number of Paid Employees\*: ..... Gross Annual Income \$ ..... - See Note 2 Below  
 (\* Full Time Equivalent) (From most recent audited annual accounts)

**Please answer the following questions:**

**Yes No**

- |    |  |                          |                          |
|----|--|--------------------------|--------------------------|
| 1. | After enquiry of all Trustees and Board Members are you aware of any circumstance which could give rise to a claim, an investigation, examination, inquiry or other proceedings under this policy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Have there been any material changes to the Association since completion of the last proposal form?  | <input type="checkbox"/> | <input type="checkbox"/> |
- If you answered YES to the above question please give full details, please use a separate signed and dated sheet in order to provide a complete answer to the question:
- |    |   |                          |                          |
|----|---|--------------------------|--------------------------|
| 3. | Do you want to renew cover as expiring?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | It is confirmed that all details, other than the above appearing on our last Proposal Form dated _____ are still accurate in all respects |                          |                          |

If you answered No to Question 3 please complete a full proposal form.

**Declaration and Acknowledgment**

I/We hereby declare that the information and answers given in the application are true and correct and that all information that may be material in considering this application has been fully and accurately disclosed. I/We understand that the failure to provide this information may result in the application being declined, or the insurance contract being void from the beginning.

I/We undertake to inform Chartis of any material changes to the business or information provided herein whether occurring before or after the completion of the insurance contract.

I/We understand that this application and any other information supplied by me/us shall be the basis of and incorporated in the insurance contract.

I/We acknowledge that the premiums quoted and charged to me will include a Brokers Documentation Fee and also that the Broker will be remunerated by means of Brokerage paid to them by Chartis.

I/We understand the principles of the Privacy Act 1993, as expressed in the prior years completed proposal form, apply to this declaration

Signature: ..... Date: \_\_\_\_/\_\_\_\_/ 20\_\_\_\_

Full name of signatory and position: .....

**PLEASE NOTE:**

- This form to be completed and returned to Rosser Underwriting at least 14 days prior to renewal date above
- Where insured's Gross Annual income exceeds \$1,000,000 a copy of the most recent audited annual accounts to accompany return of this form.

