

# ROOFSURE LIABILITY PROPOSAL FORM

**AUSTINSURE**  
BE SURE OF YOUR INSURANCE

Insured name:	Contact name:
Address:	
Phone number:	Fax number:
Email address:	
Current renewal date:	Current Insurer:
Current Broker:	Current Limit of Indemnity:

## Combined Liability

1. Please provide a full description of your business activities and operations and a breakdown of the turnover for each activity or operation (If a landlord, advise details of your tenants business).

Description of business or industrial activity	Annual turnover LAST financial year	Estimated turnover THIS financial year
	\$	\$
	\$	\$

2. Please provide details of employee numbers (full-time equivalent) for past and forthcoming year.

	Last year	Estimated this year
Number of Employees (FTE) including LBPs		
Number of LBPs		

## Management Liability

### Financial Information

3. In the past five years, has there been (or is there now proposed) any change in the financial position or capital structure that may materially affect the performance of the Company? ☐ Yes ☐ No
4. Is any Director or Officer of the Company aware of any facts or circumstances which may affect the ability of the Company to meet its debts as and when they fall due? ☐ Yes ☐ No
- IF YES, please explain on a separate sheet.

### Employment Practices Liability

5. Please advise total number of Retrenchments (if any) occurred in the last twelve (12) months: \_\_\_\_\_
6. Does the Company have written employment procedures (e.g. Employee Handbook) that are available to each employee? ☐ Yes ☐ No

### Employee Theft

7. Does the Company segregate duties so that no one individual can control any of the following activities from commencement to completion without referral to others (ie Financial Controllers, Directors)? ☐ Yes ☐ No
- a. Signing cheques, preparing cheque requisitions, reconciling bank statements or issuing funds transfer instructions above \$5,000? ☐ Yes ☐ No
- b. Refund of Monies or return of goods above \$5,000? ☐ Yes ☐ No
8. Is there an annual independent physical count of stock that is reconciled against inventory records? ☐ Yes ☐ No

## Claims Information/Circumstances

9. During the past five years have you, or any other entity to be insured under this insurance, had any loss, proceedings, notice, complaint, claim or prosecution made against you, or any fine imposed under any legislation? (Includes all matters, irrespective of whether any insurance was in force and irrespective of any policy excess. Also include any ACC or Workers Compensation claims.) ☐ Yes ☐ No

IF YES, please provide details below or attach prior insurers claims experience(s):

Date of loss	Description of loss	Amount of loss/claim
		\$
		\$

10. Within the last five years, has the Company discovered any losses from employee dishonesty, burglary, robbery, disappearances, destruction or forgery? ☐ Yes ☐ No

IF YES, please provide full details below or provide details on a separate sheet:

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11. After enquiry, are there any claims currently pending against you, or any other person or entity to be Insured under this insurance, or are you aware of any circumstances, which could give, rise to a claim under the proposed insurance? ☐ Yes ☐ No

IF YES, please provide full details below or provide details on a separate sheet:

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## Declaration

### AFTER INQUIRY

The undersigned declares that the statement and particulars in this Proposal Form are true and that no material facts have been misstated or suppressed after enquiry. The undersigned agree that 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 declaration relates, the undersigned will give immediate notice thereof. The undersigned agrees that this proposal, together with any other information supplied by us shall form the basis of any contract of insurance effected thereon.

TO BE SIGNED BY THE INSURED FOR WHOM THIS INSURANCE IS INTENDED FOR

Signature Date:

Name

Position

IT IS IMPORTANT THE UNDERSIGNED OF THE DECLARATION ABOVE IS FULLY AWARE OF THE SCOPE OF THIS INSURANCE SO THAT THESE QUESTIONS CAN BE ANSWERED CORRECTLY. IF IN DOUBT PLEASE CONTACT THE BROKER OR AGENT, SINCE NON-DISCLOSURE MAY AFFECT AN ASSURED'S RIGHT OF RECOVERY UNDER THE POLICY.

We recommend that you keep a record of all information supplied for the purpose of entering into an insurance contract (including copies of this Proposal Form and correspondence).

### PLEASE RETURN THE COMPLETED FORM TO

Austinsure Limited  
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North Shore 0755  
Phone: +64 9 414 7185  
Fax: +64 9 414 7187  
info@austinsure.co.nz

