



DUTY OF DISCLOSURE

This proposal is to be completed by the Applicant or an Authorised Officer of the Applicant.

The information provided to the Company in this Proposal will be the basis of any contract of insurance entered into.

You must disclose to TLC Insurance Limited (on behalf of the Vero Liability Insurance Limited) all information which is material to it in deciding whether to issue insurance cover to you, and if so on what terms and/or premium. This includes but is not limited to any circumstances or conduct which might lead to a claim being made against you.

If there is insufficient space to complete the proposal, please attach additional sheets. WHEN IN DOUBT DISCLOSE.

Applicant Details

Form section for Applicant Details containing fields for Name, Address, Website, Email, Contact Person, Phone Number, Broker/Agent, Number of Locations, Number of Employees, and Annual Turnover.

Business Details

Form section for Business Details containing questions about business activities, products, exports, and property, with Yes/No checkboxes.

Do you own or operate any unmanned aerial vehicle (UAV), remotely piloted aerial systems (RPAS) or drone (howsoever called), for commercial use or aerial photography, which has a gross take-off weight not exceeding 15 kilograms? Yes No

Do the Insured's Directors/Officers/Partners/Proprietors regularly review Health & Safety risk assessment and compliance? Yes No

If No, please advise

Is the Business currently able to meet its debts as they fall due? Yes No

If No, please advise

Have there been any employment disputes, past or present, that have resulted in a claim being made against the employer? Yes No

If Yes, please advise

Have any form of restructuring or redundancy processes occurred in the last 12 months, or are any planned in the next 12 months? Yes No

If Yes, please advise

Past Claims

Have any claims for any type of insurance requested in this proposal ever been made against the Applicant or any Partner or Director of the Applicant or have any circumstances ever occurred which would have resulted in a claim under the proposed insurance had the policy been in force? Yes No

If Yes, please describe below all losses or circumstances paid or now reserved (whether or not resulting in claims) occurring during the past five years:

Year of Loss	Description of Loss	Number of Claims	Amount Paid	Amount Outstanding
			\$	\$
			\$	\$
			\$	\$

Declaration

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

- the information and answers given in this proposal are in every respect true and correct and that Vero Liability has been made aware of all information that may be material in considering this proposal.
- this proposal and declaration shall be the basis of and incorporated in the insurance contract.
- I/We warrant that we will notify Vero Liability of any material alteration to the above facts whether occurring before or after the completion of this insurance contract.
- Vero Liability is authorised to give to or obtain from any other insurers or any insurance broker or other party any information relating to this insurance or any other insurance held by me/us or any claim made by me/us.

I/We understand that:

- Vero Liability is collecting the information on this proposal for the purpose of conducting its business, providing quality insurance products and services, evaluating our insurance requirements and deciding whether to issue insurance cover and if so on what terms.
- failure to provide any of this information may result in Vero Liability refusing to provide the insurance.
- this information will be held by Vero Liability at 23-29 Albert Street, Auckland.
- I/We have certain rights of access to and correction of this information.

Signed:

Title:

Date:

If this proposal form is being completed electronically, please print the completed form to sign and date

TLC Insurance, PO Box 7006, Tauranga 3148 | Ph: 0800 852 467 | Fax: 0800 852 329 | Email: forms@tlicinsurance.co.nz