

Combined Liability Renewal declaration

This form is used to apply for renewal of your General, Statutory and Employers Liability insurances.

Important notice

This renewal declaration will form a key part of your ongoing contract of insurance with QBE Insurance, and it is important that all material facts continue to be fully, frankly and accurately disclosed. If you are completing this form electronically, please open it using the latest version of Adobe Reader. Upon completion, print out the form and sign the declaration.

Jurisdiction

Except where the parties agree otherwise, the laws of New Zealand apply to this form and any dealings between the parties arising from this form. The New Zealand courts have exclusive jurisdiction in relation to any disputes that may arise.

Insured				Broker			
Policy Type	GL	SL	EL	Policy Number		Expiry	dd / mm / yyyy
Registered Entity or Company Number				Website			

Renewal details

1. Please provide a full description of business activities including all products sold and services provided.
(Highlight any changes or anticipated changes.)

2. Please advise the date of your financial year end.

dd / mm / yyyy

3. Turnover Details:

Region	Business activities (products sold/services provided)	Actual turnover last financial year	Estimated turnover current financial year
New Zealand		NZD	NZD
Australia		NZD	NZD
North America*		NZD	NZD
UK/Europe		NZD	NZD
Rest of the World		NZD	NZD
Total		NZD	NZD

*Also complete a 'North America Exposure' Supplementary Questionnaire.

Enclosed

4. Employee Details:

- (a) number of employees (including principals).
- (b) payroll.

Last financial year	Next financial year
NZD	NZD



QBE Insurance (Australia) Limited
ABN 78 003 191 035 - Incorporated in Australia
PO Box 44, Auckland 1140
Phone 64 9 366 9920 | Fax 64 9 366 9930 | www.qbe.co.nz

01 of 02
COL RD 0318

5. Do you have any locations, or any contracts to work, outside New Zealand? Yes No

If 'Yes', please complete an 'Overseas Operations' Supplementary Questionnaire.

Enclosed

6. Reporting Entity

(a) Are you a Reporting Entity under the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 (and amendments thereto)? Yes No

(b) If 'Yes', do you comply with the requirements of this legislation? Yes No

7. After enquiry, are there any claims currently pending against you, any other person or entity to be insured under this insurance, or are you aware of any circumstances not already notified to QBE that could give rise to a claim? Yes No

If 'Yes', please provide full details.

Declaration

I declare that all answers and statements in this renewal declaration are correct and complete in every respect, and agree that this declaration shall form the basis of, and be incorporated into, the contract of insurance which I have with QBE Insurance (Australia) Limited, New Zealand Branch.

Where this renewal declaration is signed by the broker on behalf of the insured, the broker declares that he/she has the insured's permission to sign on the insured's behalf; that the answers and statements contained above have been provided by the insured and are true, correct and complete in every respect; that the insured understands QBE is entitled to treat this renewal declaration as if it had been signed by the insured; and that a copy of the completed and signed renewal declaration will be sent to the insured as soon as practicable.

Signed by applicant

Date

dd / mm / yyyy

Printed name

Phone

Position

Mobile

Email address

PRINT