

# Chubb Elite Association Protector

## Proposal Form

### **Instructions to Proposer**

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Please read the Important Information Section below before completing this Proposal Form.

Please contact us if you would like a hard copy of the relevant insurance policy or a summary of cover provided by Chubb.

Please enclose with this Proposal Form:

1. The last Annual Report for the Association
2. The last Interim Statement (if applicable)
3. A copy of the Association's rules or founding document

Please answer all questions. When required, answer either "yes" or "no"

This proposal should only be completed after detailed enquiry of all the persons to be covered.

### **Important Information**

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In this section "We", "Our" and "Us" means Chubb Insurance New Zealand Limited (Chubb). "You" and "Your" refers to Our customers and prospective customers as well as those who use Our website.

### **Duty of Disclosure**

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#### **Your Duty of Disclosure**

Before entering into a contract of insurance with Chubb, each prospective insured has a duty to disclose to Chubb information that is material to Chubb's decision whether to accept the insurance and, if so, on what terms. This includes material information about the insured, any other people and all property and risks insured under the policy. Information may be material whether or not a specific question is asked.

There is the same duty to disclose material information to Chubb before renewal, extension, variation or reinstatement of a contract of insurance with Chubb. You should also provide all material information when you make a claim or if circumstances change during the term of the contract of insurance.

It is important that each prospective insured understands all information provided in support of the application for insurance and that it is correct, as each prospective insured will be bound by the answers and by the information they have provided.

The duty of disclosure continues after the application for insurance has been completed up until the time the contract of insurance is entered into.

#### **Consequences of Non-Disclosure**

If an insured fails to comply with their duty of disclosure, Chubb may be entitled, without prejudice to its other rights, to reduce its liability under the contract in respect of a claim or refuse to pay the entire claim. Chubb may also have the right to avoid the contract from its beginning. This means the contract will be treated as if it never existed and no claims will be payable.



These third parties may be located outside New Zealand. In such circumstances We also take steps to ensure Your personal information remains adequately protected.

From time to time, We may use your personal information to send You offers or information regarding Our products that may be of interest to You. If You do not wish to receive such information, please contact Our Privacy Officer using the contact details provided below.

***Rights of Access to, and Correction of, Information***

If You would like to access a copy of Your personal information, or to correct or update Your personal information, want to withdraw Your consent to receiving offers of products or services from Us or persons We have an association with, please contact the Privacy Officer by posting correspondence to Chubb Insurance New Zealand Limited, PO Box 734, Auckland; telephoning: +64 (9) 3771459; or emailing [Privacy.NZ@chubb.com](mailto:Privacy.NZ@chubb.com).

***How to Make a Complaint***

If You have a complaint or would like more information about how We manage Your Personal Information, please review Our [Privacy Policy](#) for more details, or contact Our Privacy Officer at the details above.

You also have a right to address Your complaint directly to the Privacy Commissioner by telephoning 0800 803 909, emailing [enquiries@privacy.org.nz](mailto:enquiries@privacy.org.nz) or using the online form available on the Privacy Commissioner's website at [www.privacy.org.nz](http://www.privacy.org.nz).

## Proposer Details

1. Name of Association:	
2. Primary/main address	
3. Additional address(es) (e.g. branches)	
4. Association web address:	
5. On what date was the Association established	

6. Provide full details of the activities of the Association including all professional services you are engaged in providing:

7. Please detail how the Association is structured:

8. Please provide the amount of the Association's gross income / fees for the following:

	New Zealand	Overseas
a) Current Financial year (Estimate)		
b) Last Financial year		

## Human Resources

9. Please provide the following detail:

	Full-time:	Part-time:	Casual:
a) Number of Employees			
b) Total Annual Payroll			
c) Number of volunteer workers			

10. In the last 2 years how many employees have been:

Dismissed:		Made Redundant:		Resigned:	
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11. Does the Association obtain and use external legal advice for hiring and terminating employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. When recruiting employees to positions of trust involving handling of stock, money or financial or treasury functions does the Company undertake independent checks into their employment history?	<input type="checkbox"/> Yes <input type="checkbox"/> No





