

Forefront

Proposal Form

Completing the Proposal Form

- Please read the Important Information Section on page 7 before completing this form.
- Please contact us if you would like a hard copy of the relevant insurance policy or a summary of cover provided by Chubb.
- If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned. Include all requested underwriting information and attachments.
- The Directors' and Officers' Liability, Employment Practices Liability, Miscellaneous Professional Liability, Statutory Liability and Employers Liability coverage section of this policy is written on a claims made basis and will cover only claims first made during the policy period or any extended reporting period. The limits of liability will be reduced and may be exhausted by the payment of defence costs unless those defence costs are paid under the Umbrella Defence Costs coverage section.
- The Crime, Kidnap, Ransom and Extortion, and Cyber coverage section of this policy will cover loss first discovered during the policy period, if applicable.
- The Public and Products Liability coverage section of this policy is written on an occurrence basis and defence costs are in addition to the limit of liability.

A. Insureds Details

1. Name of Applicant(s):	
2. Year Established:	
3. Type of Organisation:	
	Other:
4. Principal Address:	

B. Cover Details

1. Period of Insurance:	Start Date:		End Date:	
2. Business Activities (including all subsidiaries):				
3. Website:				
4. Please provide the following information:		This Year	Last Year	
a) Revenue:				
i. New Zealand				
ii. Pacific Islands				
iii. Australia				
iv. Europe				
v. USA/Canada				
vi. Rest of the World				
Total:				
b) Total Assets				
c) Total Liabilities				
d) Net Assets				
e) Net Profit/(Loss) After Tax				

4. Please provide the following information:	This Year	Last Year
f) Total Number of Employees:		
i. Location of overseas employees by country		
ii. New Zealand		

5. Please select the classes to be insured from the following list:

Directors and Officers Liability	Employment Practices Liability	Crime
Statutory Liability	Kidnap, Ransom and Extortion	Cyber
Miscellaneous Professional Indemnity (Please complete Supplementary Addendum A)	General Liability	Employers Liability

C. Loss and Insurance History

1. Has any proposed Applicant been declined, had cancelled or non-renewed any insurance policies for any of the coverages for which they are applying?	Yes	No
2. Has any proposed Applicant suffered any loss, whether covered by insurance or not, that would have fallen within the scope of the proposed coverage?	Yes	No

If Yes, please provide details of suffered loss and attach claim reports if available:

Section	Date of Loss	Details of Loss	Amount of Loss	Status
				Open Closed
				Open Closed
				Open Closed
				Open Closed

3. Is any Applicant aware of any facts, circumstances, acts or omissions that may give rise to any future claims that would fall within the scope of the proposed coverage?	Yes	No
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If Yes, please provide details of circumstances and attach relevant information if available:

Section	Details	Potential Amount	Action

4. Is there other information that is relevant to the insurance cover?	Yes	No
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If so, please provide details.

D. Directors and Officers Liability

1. Does the Applicant wish to remove the Financial Impairment Exclusion? If Yes, to consider removing please attach the Applicant's audited or externally prepared Financial Statements for the past two (2) years.	Yes	No
2. Are there any facts or circumstances that might affect the ability of the Applicant to meet all its debts as and when they fall due?	Yes	No
3. Does any person or entity own more than 25% of the issued share capital of the Company?	Yes	No
4. Over the last twelve months has the Applicant undergone any merger and/or acquisition activity or change in ownership >50% of the issued share capital of the Company?	Yes	No
5. Does the Applicant undertake any sale, distribution, manufacture, installation of cladding products or participated in the design, certification or construction of any buildings where cladding products has been used?	Yes	No

Health and Safety at Work

1. Does the Applicant have a Health and Safety Plan in place?	Yes	No
2. Does the Applicant have effective hazard and incident reporting procedures?	Yes	No
3. Does the Applicant have a system that recognize contractors, volunteers, work experience students and labour hire employees as workers?	Yes	No
4. Does the Applicant have an audit program of its safety management system to ensure it remains effective and up to date in managing health and safety risks in the workplace?	Yes	No
5. Is the Applicant compliant with all statutory regulations relevant to the industry?	Yes	No

E. Employment Practices Liability

1. How many directors and/or employees left the Applicant in the last six (6) months?	
2. How many retrenchments or layoffs does the Applicant expect to incur within the next twelve (12) months?	
3. Does the Applicant have written employment procedures (eg Employee Handbook) that are available to each employee?	

F. Crime

Locations

1. Please list the number of locations in which the Applicant operates:	
a) New Zealand/Australia:	
Overseas:	
b) If any locations are overseas, please list the countries in which these locations reside:	

Supplier and Customer Controls

2. Does the Applicant verify new customer or supplier bank account information (including name, address and bank account number) prior to initiating any financial transaction with such supplier or customer?	Yes	No
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Funds Transfers and Deposits Controls

3. Are dual authorities required for all fund transfers, including deposits, transfers and withdrawals of the Applicant's funds?	Yes	No
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Inventory Controls

4. Is an independent physical count of stock, raw materials, work in progress and finished goods undertaken and is this count reconciled against stock levels on a quarterly basis?	Yes	No
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Social Engineering Fraud Controls

Social Engineering Fraud means the intentional misleading of an Insured Person*, through misrepresentation of a material fact which is relied upon by an Insured Person*, believing it be genuine.

* Please refer to the Chubb Forefront policy for the definition of Insured Person.

5. Does the Applicant have callback procedures with customers or suppliers to authenticate any fund transfer instructions greater than \$50,000 prior to transfer?	Yes	No
6. Does a Social Engineering Fraud risk management strategy exist and has the Applicant informed and alerted relevant staff at all locations of Social Engineering Fraud?	Yes	No

G. Cyber

1. Which of the following IT security controls does the Applicant have in place:		
Encryption of sensitive data	A Cyber Incident Response Plan	Data Backup and Recovery Procedures
Software Patching Procedures	Antivirus and firewalls	
2. Where applicable does the Applicant comply with the relevant PCI DSS obligations?		Yes No

H. General Liability

1. Does the Applicant undertake any work away from their own premises or work on Third Party property on their own premises?	Yes	No
2. Does the Applicant have any property of others in their physical or legal control?	Yes	No
3. Does the Applicant supply, sell, manufacture safety equipment?	Yes	No
4. Does the Applicant import toys, electrical items, or construction materials from China?	Yes	No
5. Does any of the applicants work involve cutting, welding, the use of naked flames or open heat sources?	Yes	No
6. Does the Applicant store, use, handle, manufacture or transport any acids, bulk liquids, chemicals, explosives, gases, or any flammable, hazardous, or toxic goods or substances?	Yes	No
7. Does the Applicant undertake any service or repair work for motor vehicles, watercraft or machinery?	Yes	No
8. Does the Applicant have ISO9001/HACCP accreditation?	Yes	No
9. Does the Applicant have quality control procedures in place?	Yes	No

I. Declaration

On behalf of the applicant, I/we declare that:

- a) I/we have read and understood Chubb's Financial Strength Rating, Duty of Disclosure and Privacy Statement in this form;
- b) all information provided (and where applicable, previously provided) is true and correct and I/we have made a fair presentation of the risk, by disclosing all material matters which I/we know or ought to know or, failing that, by giving the insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances;
- c) I/we undertake to inform the insurer promptly in writing of any material alteration to the facts declared that occurs prior to completion of the contract of insurance;
- d) I/we have obtained, and will obtain in the future, the consent to the disclosure and use of personal information from those persons whose personal information is supplied in relation to this form for the purposes of (i) underwriting the risks and (ii) administering and performing any resulting insurance contract.

This form must be signed by the applicant's Chairman of the Board, Managing Director, Chief Executive Officer or Chief Financial Officer.

Signed			
Name		Date	
Position			

Supplementary Addendum A - Miscellaneous Professional Indemnity Proposal

A. Name and Nature of Business

1. Complete the following information

Description of Professional Services provided by Applicant	% of Total Fees	Total Fees (prior year)	Total Fees (current year)	Total Fees (est next year)
	%	\$	\$	\$
	%	\$	\$	\$
	%	\$	\$	\$

2. Indicate details of current staff numbers:

a) Partners/principals/directors:	
b) Other qualified/technical personnel:	
c) Administration and clerical personnel:	

3. Does the Applicant engage consultants, sub-contractors or agents? If Yes:

	Yes	No
a) What percentage of the Applicant's total fees are derived from contractors?	%	
b) Are they required to carry their own Professional Indemnity insurance?	Yes	No
c) Does the Applicant enter any hold harmless agreement or otherwise waive any legal rights or entitlements which may be available against such consultants, sub contractors or agents?	Yes	No

B. Risk Management

1. Are written disclaimers included with any advice provided by the Applicant? If Yes, please provide an example.

Yes No

2. Are verbal reports or advice always confirmed in writing?

Yes No

If No, please advise what percentage of reports fall into this category:

%

3. Does the Applicant use standard written service agreements for all advice provided?

Always Sometimes Never

4. Does the Applicant provide warranties or guarantees?

Yes No

5. Does the Applicant ever assume liability for others by contract?

Yes No

6. Does the Applicant describe services in a brochure or promotional material? If Yes, please attach a sample.

Yes No

C. Prior Knowledge/Warranty

1. Has the Applicant or any person proposed for coverage given notice under the provisions of any prior or current Professional Indemnity insurance policy or similar insurance of facts or circumstances which might give rise to a claim being made against any such person?

Yes No

2. Have any loss payments been made on behalf of any Applicant or any person proposed for coverage under any Professional Indemnity insurance policy or similar insurance?

Yes No

3. Has there been or is there now pending against any person proposed for coverage under this Professional Indemnity insurance policy a claim against them in their capacity as such? It is agreed that any such claim is excluded from the proposed coverage.

Yes No

If the answer to any of the questions above is Yes, please provide details:

4. Is any person proposed for coverage aware of any facts or circumstances which:

a) he or she has reason to suppose might afford valid grounds for any future claim(s) such as would fall within the scope of the proposed coverage?	Yes	No
b) indicate the probability of any such claim(s)?	Yes	No

If Yes to either of the above questions, please provide details:

It is agreed that if such facts or circumstances exist, any claim, action or proceeding arising therefrom is excluded from the proposed coverage.

Important Information

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

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.

Financial Strength Rating

At the time of print, Chubb has an “AA-” insurer financial strength rating given by S&P Global Ratings. The rating scale is:

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AAA Extremely Strong	BBB Good	CCC Very Weak	SD or D Selective default or default
AA Very Strong	BB Marginal	CC Extremely Weak	R Regulatory Action
A Strong	B Weak		NR Not Rated

The rating from ‘AA’ to ‘CCC’ may be modified by the addition of a plus (+) or minus (-) sign to show relative standings within the major rating categories. A full description of the rating scale is available on the S&P Global Ratings [website](#).

Our rating is reviewed annually and may change from time to time, so please refer to Our website for Our latest financial strength rating.

Fair Insurance Code

We are a member of the Insurance Council of New Zealand (ICNZ) and a signatory to ICNZ’s Fair Insurance Code (the Code). The Code and information about the Code is available at www.icnz.org.nz and on request.



Privacy Statement

This statement is a summary of Our privacy policy and provides an overview of how We collect, disclose and handle Your personal information. Our privacy policy may change from time to time and where this occurs, the updated privacy policy will be posted on Our [website](#).

Chubb is committed to protecting Your privacy. Chubb collects, uses and retains Your personal information in accordance with the requirements of New Zealand’s Privacy Act, as amended or replaced from time to time.

Personal Information Handling Practices

When do We collect Your personal information?

Chubb collects Your personal information (which may include health information) from You when You interact with Us, including when You are applying for, changing or renewing an insurance policy with Us or when We are processing a claim, complaint or dispute. Chubb may also (and You authorise Chubb to) collect Your personal information from other parties such as brokers or service providers, as detailed in Our privacy policy.

Purpose of Collection

We collect and hold the information to offer products and services to You, including to assess applications for insurance, to provide and administer insurance products and services, and to handle any claim, complaint or dispute that may be made under a policy.

If You do not provide Us with this information, We may not be able to provide You or Your organisation with insurance or to respond to any claim, complaint or dispute, or offer other products and services to You or Your organisation.

Sometimes, We may also use Your personal information for Our marketing campaigns and research, to improve Our services or in relation to new products, services or information that may be of interest to You.

Recipients of the Information and Disclosure

We may disclose the information We collect to third parties, including:

- contractors and contracted service providers engaged by Us to deliver Our services or carry out certain business activities on Our behalf (such as actuaries, loss adjusters, claims investigators, claims handlers, professional advisers including lawyers, doctors and other medical service providers, credit reference bureaus and call centres);
- intermediaries and service providers engaged by You (such as current or previous brokers, travel agencies and airlines);
- other companies in the Chubb group;
- the policyholder (where the insured person is not the policyholder);
- insurance and reinsurance intermediaries, other insurers, Our reinsurers, marketing agencies; and
- government agencies or organisations (where We are required to by law or otherwise).

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.

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 or using the online form available on the Privacy Commissioner's website at www.privacy.org.nz.

Other Important Information

Subrogation

You may prejudice your rights with regard to a claim if, without prior agreement from us, you make agreement with a third party that will prevent us from recovering the loss from that, or another party.

Your policy contains provisions that either exclude us from liability, or reduce our liability, if you have entered into any agreements that exclude your rights to recover damages from another party in relation to any loss, damage or destruction which would allow you to sustain a claim under your policy.

Utmost Good Faith

Every insurance contract is subject to the doctrine of utmost good faith which requires that parties to the contract, including third parties, should act toward each other with the utmost good faith. Failure to do so on your part may prejudice any claim or the continuation of cover provided by us.

Not A Renewable Contract

Cover under your policy will terminate at expiry of the period of insurance specified in your policy document. If you wish to effect similar insurance for a subsequent period, it will be necessary for you to complete a new proposal form prior to the termination of your current policy so that terms of insurance and quotation/s can be agreed.

Change Of Risk Or Circumstances

It is vital that you advise us of any departure from your "normal" form of business (i.e. that which has already been conveyed to us). For example, acquisitions, changes in location or new overseas activities. Please refer to the territory clause of your policy and the sanctions limitations contained therein.

About Chubb in New Zealand

Chubb is the world's largest publicly traded property and casualty insurance company. With operations in 54 countries and territories, Chubb provides corporate and commercial property and casualty insurance, personal accident and supplemental health insurance, reinsurance and life insurance to a diverse group of clients. As an underwriting company, we assess, assume and manage risk with insight and discipline. We service and pay our claims fairly and promptly. The company is also defined by its extensive product and service offerings, broad distribution capabilities, exceptional financial strength and local operations globally. Parent company Chubb Limited is listed on the New York Stock Exchange (NYSE: CB) and is a component of the S&P 500 index. Chubb maintains executive offices in Zurich, New York, London, Paris and other locations, and employs approximately 33,000 people worldwide.

Chubb's operation in New Zealand (Chubb Insurance New Zealand Limited) offers corporate and commercial property & casualty, group personal accident and corporate travel insurance products. Chubb in NZ also serves individuals with a substantial home and contents portfolio to protect, and individuals purchasing travel and personal accident insurance. It leverages global expertise and local acumen to tailor solutions to mitigate risks for clients ranging from large multinational companies to local corporates and SMEs, with all product offerings transacted through brokers.

More information can be found at www.chubb.com/nz.

Contact Us

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