

reference:

BusinessPlan from Vero is a comprehensive insurance cover available to clients on a modular basis.

There are 8 types of cover (sections 1-7), which are all optional – you only need to complete the sections of cover your business needs and you only pay for what you need. Please also read and complete the Proposer details, the Summary section and the Important Notices and Declaration.

PROPOSER DETAILS

1. Name

2. Postal address

3. Contact details

Name of Contact

Business phone

Email

Website

4. Full description of Business Activities

5. ANZSIC code(s)

6. Interested Parties

Name	Address	Interest

7. Period of Insurance from / / to 4pm / /

8. Payment Options Fortnightly ☐ Monthly ☐ Quarterly ☐ Six monthly ☐ Yearly ☐

If by instalment give bank account

LIST OF SECTIONS IN THIS PROPOSAL

Contents

1. Material damage (page 2)

2. Business interruption (page 3)

3. Commercial motor (page 4)

4. Broadform liability (page 5)

5. Employers liability and Statutory liability (page 8)

6. Machinery breakdown (page 9)

7. Personal income (page 10)

8. Summary section (page 11)

9. Important notices and declaration (page 12)

NOTE: Employee fraud – cover is available, please complete separate proposal

OFFICE USE ONLY

1. Branch

3. Policy No.

BSP

5. Replacing Policy no.

2. Broker/Agency no.

4. Client No.

SECTION 1. MATERIAL DAMAGE

Situation and occupation of buildings. Complete this section if you would like to insure your buildings and their contents.

Item	Situation	Occupation
1		
2		

Situation 1			Situation 2	
	Indemnity Value	Replacement Value	Indemnity Value	Replacement Value
Buildings	\$	\$	\$	\$
Contents	\$	\$	\$	\$
Stock	\$		\$	
Specified Items	\$	\$	\$	\$
Total	\$	\$	\$	\$
Details of specified items:			Overall Total	\$

Details of Building

Year built: Town Water Supply Yes ☐ No ☐ If no, give details

Distance from nearest Fire brigade Full time or part time?

Construction: Walls: Brick/Concrete ☐ Wood ☐ Mixed ☐ Other
 Roof: Metal ☐ Asbestos ☐ Concrete ☐ Other
 Floor: Concrete ☐ Wood ☐ Mixed ☐ Other

What type of business activities adjoin your premises? Left
 Right
 To Front &/or behind

Fire Protection: None ☐ Fire Appliances Yes ☐ No ☐ Compliant Sprinklers Yes ☐ No ☐

If Yes, who is the certifying authority?

Heat/Smoke Alarm Yes ☐ No ☐ If Yes, is it connected to: Brigade ☐ Security coy ☐ Other

Security Intruder Alarm Yes ☐ No ☐ Audible Alarm Yes ☐ No ☐ Monitored Alarm Yes ☐ No ☐
 If Yes, is it monitored to: Your home or cellphone ☐ A security company ☐ A security company with patrol response ☐

Extensions with special limits

No.	Extensions	Standard Limit	Special Limit
	Capital Additions	\$ 0	
	Employees' effects	\$ 5,000	
	Money: Section A	\$ 5,000	
	Section B	\$ 1,000	
	Christmas carry	\$ 0	
	Property under construction	\$ 100,000	
	Protection costs	\$ 100,000	
MD007	Theft from locked vehicle	\$ 10,000	
MD034	Seasonal stock increase percentage	\$ 0%	% for the period
MD029	Transit	\$ 5,000	

Additional Extensions. Do you require this insurance to include the following additional extensions? Please tick the relevant boxes below:

No	Memorandum	No	Memorandum
MD003	Mortgagee redemption Yes <input type="checkbox"/> No <input type="checkbox"/>	MD027	Refrigerated goods (\$2,000 per cabinet, \$5,000 total) Yes <input type="checkbox"/> No <input type="checkbox"/>
MD021	Natural Disaster Extension Yes <input type="checkbox"/> No <input type="checkbox"/>	MD028	Theft Yes <input type="checkbox"/> No <input type="checkbox"/>
MD025	Stock declaration Yes <input type="checkbox"/> No <input type="checkbox"/>		

Voluntary excess. By electing a higher excess than our standard your premiums will reduce accordingly.

Item	Standard excess	Situation 1	Situation 2
Standard	\$ 500	\$	\$
Burglary	\$ 1,000	\$	\$
Theft (if theft extension above is selected)	\$ 2,500	\$	\$

SECTION 2. BUSINESS INTERRUPTION

Insurance against interruption to your business following a claim under Section 1 Material Damage.

Items No.	Items	Standard Limit
1	Gross Profit	\$
2	Wages - dual basis	\$
	100% for <input type="text"/> Weeks	
	and % for <input type="text"/> Weeks	
	Alternative period <input type="text"/> Weeks	
3	Wages in lieu of notice	\$
4	Payroll	\$
5	Additional increased costs of working	\$
6	Loss of rent receivable – property owners	\$
7	Accounts receivable	\$
8	Reinstatement of records	\$
9	Claim preparation costs	\$
10	Redundancy payments	\$
Indemnity Period <input type="text"/> months		Total sum insured \$ <input type="text"/>

Additional Extensions. Do you require this insurance to include the following Additional Extensions? Please tick the relevant boxes below:

No.	Memoranda	
BI028	Gross Revenue	Yes <input type="checkbox"/> No <input type="checkbox"/>
BI031	Natural disaster	Yes <input type="checkbox"/> No <input type="checkbox"/>

Calculation of Gross Profit sum insured – this does not form part of the proposal – completion is optional.

Part 1

Indemnity Period (longest period you might need to claim) months:

Date last financial year ended:

Part 2

1: Annual turnover (money paid or payable to you for goods sold or services provided by your business)	\$ <input type="text"/>
2: Plus Closing Stock (value of stock on the last day of your financial year)	\$ <input type="text"/>
3: Less Opening Stock (value of stock on the first day of your financial year)	\$ <input type="text"/>
4: Less Specified Expenses mentioned below. These expenses would reduce in the same ratio as the turnover during the period of interruption.	
(a) Purchases	\$ <input type="text"/>
(b)	\$ <input type="text"/>
(c)	\$ <input type="text"/>
(d)	\$ <input type="text"/>
Totals: \$ <input type="text"/>	\$ <input type="text"/>
Historical Gross Profit = (A) above less (B) above	\$ <input type="text"/>

Part 3

+ Allowance for trends (increases should be compounded):

(a) Growth between end of the last financial year and the start of the insurance year (less than 12 months) + <input type="text"/>	% = \$ <input type="text"/>
(b) Growth during period of insurance (generally 12 months) + <input type="text"/>	% = \$ <input type="text"/>
(c) Growth during the period of indemnity (up to 12 months) + <input type="text"/>	% = \$ <input type="text"/>
Adjustment for Indemnity Period that exceeds 12 months e.g. 18 month Indemnity Period x 1.5 or 24 month Indemnity Period x 2	= \$ <input type="text"/> (C)
Suggested Gross Profit Sum Insured \$ <input type="text"/> = (C) above (rounded)	= \$ <input type="text"/>

SECTION 3. COMMERCIAL MOTOR

Insurance of your vehicles

Note 1 You can select from three types of cover:

- (A) Comprehensive
- (B) Third party only
- (C) Third party, Fire & Theft

Note 2 Please provide the gross laden weight (in tonnes) for trucks and the cc rating for cars.

Note 3 You can select from five types of use for your vehicles:

- (1) Carriage of own goods
- (2) Carriage of goods for reward
- (3) Contracting (with driver)
- (4) Rental or hiring out
- (5) Other (describe)

Note 4 Sum insured = current market value + the value of all accessories + the value of signwriting, all excluding GST.

Item	Cover Note 1	Year	Make, model and type of vehicle	Gross laden weight or cc rating Note 2	Registration no.	Type of use Note 3	Sum Insured Note 4
1							\$
2							\$
3							\$
4							\$
5							\$
6							\$
Total Sum insured \$							

1. Please advise the address where vehicles are usually kept and region usually used in:

2. Are any vehicles subject to hire purchase or any financial encumbrance? Yes ☐ No ☐
If Yes, please give name and address of financier:

3. Have any vehicles been modified from manufacturer's standard specifications? Yes ☐ No ☐
If Yes, please give full details:

4. Are any vehicles used regularly for journeys exceeding 100kms or operated for more than 10 hours per day? Yes ☐ No ☐
If Yes, please give full details:

5. Are any hazardous goods carried? Yes ☐ No ☐
If Yes, please give full details:

6. Are any vehicles used, or intended to be used, airside at any airport? Yes ☐ No ☐
If Yes, please give full details:

Driver Details.

This part requests information on the drivers of your vehicles. You have an obligation to provide details of any new information as outlined in these questions that occurs after the proposal is completed and during any subsequent periods of insurance.

1. Do all drivers have current and correct classes of licence to drive the insured vehicle(s)? Yes ☐ No ☐

2. Have any drivers had any motoring accidents, convictions, infringements or prosecutions in the past 5 years or ever had any criminal convictions? If Yes, please give full details below.

(The information sought by this question is subject to the rights set out in the Criminal Records (Clean Slate) Act 2004.)?

3. Were any claims made in the last 5 years? If Yes, please give full details below. Yes ☐ No ☐

Date	Driver	Circumstances	Insurer	Cost /action taken (if applicable)

Previous insurance

Have any of the vehicles proposed for insurance been comprehensively insured during the last three years? Yes ☐ No ☐

If Yes, please give full details and attach confirmation from your previous insurer of your no claim history.

This will entitle you to a "no claim" discount for your vehicle(s).

Name of insurer	Branch	Period of insurance

Office Use. Blackboard notes.

SECTION 4. BROADFORM LIABILITY

Business operations

1. Please indicate the limit of indemnity you require \$1M ☐ \$2M ☐ \$5M ☐ \$10M ☐
2. Please indicate the excess you require. \$250 ☐ \$500 ☐ \$1,000 ☐ \$2,000 ☐
3. Please provide a complete description of your business operations, including subsidiaries. Outline all of the processes/activities in which you engage, with a breakdown of turnover for each process/activity:

Operation	Turnover last year	Est. turnover next year
	\$	\$
	\$	\$
	\$	\$

4. How many employees do you have?
5. What is your total annual wages cost? \$
6. Which of these capacities are you operating in? Manufacturer ☐ Retailer ☐ Contractor ☐ Wholesaler ☐ Property Owner ☐
7. Do you own the premises you operate from? Yes ☐ No ☐

Property owners. How many buildings do you own? **Please provide details below:**

Situation	Occupation

Motor trades. If you work on customer's motor vehicles complete below.

Details of work carried out	Workshop Turnover
	\$
	\$
	\$

Contractual liability

Do you have agreements other than lease liability under which you have:

- i) accepted liability which would not normally be your responsibility? Yes ☐ No ☐
- ii) given away your legal rights of recovery from other parties? Yes ☐ No ☐

If Yes to either of the above, please provide full details below and attach copies of the agreement:

Professional services

Do you provide professional, technical, consultancy, advisory or like services, either for a fee, or as part of your business? Yes ☐ No ☐

If Yes, please provide details below:

Work on customer's property

Do you undertake work on customer's property? Yes ☐ No ☐

If Yes, please complete details below. Specifically note if watercraft, aircraft, or any of their components are worked on.

Type of property worked on	Full details of work carried out	Annual Turnover
		\$
		\$

Off site business activity

1. Do you perform, or have work performed on your behalf away from your premises?

Yes ☐ No ☐

If Yes, please provide full details below:

Work Performed	Annual Turnover
	\$
	\$

2. Do you subcontract work?

Yes ☐ No ☐

3. Do you, your employees or directors travel overseas for business?

Yes ☐ No ☐

If Yes, please give details of countries visited and the reasons:

Use of heat

Does your business involve the use of blow torches, cutting or welding equipment, naked flames or other open heat source:

i) At your own premises? Yes ☐ No ☐

ii) Away from your own premises? Yes ☐ No ☐

If Yes to either please advise precautions taken to prevent fire damage and for (ii) only advise the location(s):

Details of substances used

1. Does your business use or store asbestos, synthetic mineral fibres, acids, chemicals, explosives, radioactive substances or other goods subject to Dangerous Goods regulations?

Yes ☐ No ☐

2. Do you discharge or dispose of trade waste, smoke, soot, fuels, liquids, gases or other substances into the atmosphere, sewers, water or elsewhere?

Yes ☐ No ☐

If Yes to either, please provide full details below including measures taken to prevent pollution of the environment:

Product details. Products means all goods supplied, sold, distributed, handled, manufactured, constructed, erected, installed, serviced, repaired, altered, renovated or treated by you. Please provide brochures or leaflets describing the products, and specimen labels if they bear formulae, directions, warnings or disclaimer.

1. Please give details of:

i) Your individual products or groups of products and their purpose of use (if not apparent). Specifically note if any products are used in vehicles, watercraft or aircraft;

ii) The length of time they have been manufactured or supplied by you

2. Will you supply any products you do not manufacture? If Yes:

Yes ☐ No ☐

i) do you retain rights of recovery against the manufacturers?

Yes ☐ No ☐

ii) do you alter, adapt, or change the form of any product which you do not manufacture?

Yes ☐ No ☐

If Yes to (ii) please provide details below including the product, purpose of use, source of supply and type of alteration, adaption or change:

iii) do you supply or sell products from overseas manufacturers or suppliers direct to overseas customers without the products entering New Zealand?

Yes ☐ No ☐

If Yes, provide details below including the product, purpose of use, source of supply, and customer's country:

Product design by staff

1. Are any of your products designed or formulated by your own staff?

Yes ☐ No ☐

If Yes please give details of staff involved, including their qualifications and experience:

2. Please attach any product brochure

Attached Nil

Discontinued / recalled products

Has any product been discontinued (during the past 5 years), withdrawn, recalled from use or found defective for safety reasons?

Yes ☐ No ☐

If Yes, please provide details below including reason why discontinued or recalled:

Quality control

1. Do you have a system of quality control relating to your products? If Yes, please describe below its basic features: Yes ☐ No ☐

2. Do you have a quality control manual? Yes ☐ No ☐

3. Do you have an ISO 9000 series approval? Yes ☐ No ☐

Export details. Our standard wording excludes liability for products exported to North America. However cover can be considered on application.

1. Do you supply or distribute products overseas? Yes ☐ No ☐

If Yes, please complete the details below and answer questions 2 and 3.

Country	Product/use	Turnover last year	Estimated turnover next year
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

2. Please list the countries in which you have a registered office, assets, legally authorised representatives or agents:

3. What steps are taken to ensure the products comply with all relevant industry, statutory, government, or other regulations of the countries to which the products are exported? Yes ☐ No ☐

Extensions and alterations required If you require alteration to the standard limit shown please indicate below:

No.	Extension	Standard Limit	Alternative Limit
Auto	Forest and Rural Fires Act	\$1,000,000	\$
Auto	Innkeepers Act	\$250,000	\$
Auto	Motor and watercraft repair	\$500,000	\$
Auto	Product recall	\$100,000	\$
Auto	Property in care custody and control	\$500,000	\$
Auto	Vibration and weakening of support	\$500,000	\$
PLB532	Exemplary damages	\$0	\$1,000,000
PLB537	Bailees liability	\$0	See below

a. Do you require liability cover for property held by you for reward? Yes ☐ No ☐

If Yes, please provide full details below including the limit required:

Type of property	Maximum Value	Limit Required
	\$	\$

b. Do you cover this property under any policy of fire insurance? Yes ☐ No ☐

Memoranda to be applied where required by nature of occupation.

No.	Memoranda	Yes
PLB507	Deep frying equipment warranty	
PLB510	Fire risk work away	
PLB525	Advice, design, formula or specification exclusion	

Office Use. Blackboard notes.

SECTION 5. EMPLOYERS LIABILITY AND STATUTORY LIABILITY

Scope of cover. These limits are for any one claim and any one period of insurance, (all costs included).

Voluntary excess. Our standard excess is \$500. By electing a higher excess your premiums will reduce accordingly.

1. Please indicate the limit of indemnity you require. Please tick the box or complete details.

Employers Liability	\$100,000 <input type="checkbox"/>	\$250,000 <input type="checkbox"/>	\$500,000 <input type="checkbox"/>	Other <input type="text"/>
Statutory Liability	\$100,000 <input type="checkbox"/>	\$250,000 <input type="checkbox"/>	\$500,000 <input type="checkbox"/>	Other <input type="text"/>

2. Please indicate the excess you require. Please tick the box or complete details.

Employers Liability	\$500 <input type="checkbox"/>	\$1,000 <input type="checkbox"/>	\$2,000 <input type="checkbox"/>	Other <input type="text"/>
Statutory Liability	\$500 <input type="checkbox"/>	\$1,000 <input type="checkbox"/>	\$2,000 <input type="checkbox"/>	Other <input type="text"/>

3. Number of employees, members or students 4. Number of buildings owned

5. Annual wages \$ 6. Annual turnover \$

7. Does your business involve the use, handling or manufacture of chemicals, toxic or hazardous substances or goods? If Yes, please provide full details below: Yes ☐ No ☐

8. Do you have written procedures or systems to ensure compliance with:

i) the Health & Safety in Employment Act? Yes ☐ No ☐

ii) any other legislation that affects your business? Yes ☐ No ☐

If No to either question, please advise below how you comply with legislation:

9. Are you already or have you previously been insured for Employers Liability and/or Statutory Liability? Yes ☐ No ☐

If Yes, please advise details below:

	Current/Previous insurer	Insured continuously since
Employers <input type="checkbox"/> Statutory <input type="checkbox"/>		
Employers <input type="checkbox"/> Statutory <input type="checkbox"/>		
Employers <input type="checkbox"/> Statutory <input type="checkbox"/>		

Previous History

10. Have you or any director or partner ever experienced any proceedings, notice, complaint or claim against you, whether insured or not, which had this insurance been in force would have resulted in a claim? Yes ☐ No ☐

11. Have you or any director or partner ever had a fine imposed? (Statutory Liability) Yes ☐ No ☐
(The information sought by this question is subject to the rights set out in the Criminal Records (Clean Slate) Act 2004.)

12. Have you or any director or partner received any request to appear or supply information to the Commerce Commission (Commerce Act 1986 (Section 98))? Yes ☐ No ☐

13. Are you aware, after enquiry, of any other circumstances not mentioned above that might give rise to a claim under the proposed insurance? Yes ☐ No ☐

If Yes to any of questions 10–13, please provide full details below:

SECTION 6. MACHINERY BREAKDOWN

Items to be Insured. The new replacement cost must include any packing, freight, customs duties or installation charges.

Item	Description	Makers name & serial number	Country of manufacture	Year of manufacture	New replacement costs
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
Total					\$

Additional Extension. Do you require the following additional cover?

No	Extension	Limit	Yes	No
MB251	Overseas air freight	\$5,000		

General Questions

1. Has the machinery been subject to any accidents or failures (insured or otherwise) within the last three years? Yes ☐ No ☐
If Yes, to either please give details below:

2. Do you have maintenance or service agreements? If Yes, please give details below: Yes ☐ No ☐

Type of equipment	Machine serviced	Maintenance company

Excess required

The minimum excess is \$250 or you can select a voluntary excess \$

Office Use. Blackboard notes.

SECTION 7. PERSONAL INCOME

Personal statement by the insured person. Complete this section if you would like to insure against loss of earnings if you are unable to work. If you answer Yes to any of the questions under the personal statement please provide a full explanation in the box below.

1. Please state your:

Full name:

Date of birth:

Height and weight: Weight (kg) Height (cm)

2. Are you presently insured with Vero, or any other insurance company for any accident or illness benefit? Yes ☐ No ☐

3. Has any insurance for you ever been refused, terms amended on renewal or a claim declined? Yes ☐ No ☐

4. Do you suffer from any:

i) chronic or recurring medical condition or complaint; or Yes ☐ No ☐

ii) permanent physical defect; or Yes ☐ No ☐

iii) impairment of sight or hearing? Yes ☐ No ☐

5. During the last 5 years, have you ever been confined to hospital or lost more than 5 consecutive days from working as a result of Accident or Illness? Yes ☐ No ☐

6. Do you regularly take any medication, prescription drugs or any other drugs or undergo regular treatment of any kind? Yes ☐ No ☐

7. Do you take part in any sporting or recreational activities that may expose you to injury or illness? Yes ☐ No ☐

8. Would the weekly benefit applied for below – when added to any other insurance or compensation to which you may become entitled e.g. ACC – exceed your average net weekly earnings over the past six months? Yes ☐ No ☐

9. Do you regularly travel outside New Zealand? If 'Yes', please give details of number of days, duration, and reason for trips. Yes ☐ No ☐

If you answered 'Yes', to any questions above please provide details:

10. Are you an employee or self employed?

11. Please state your occupation.

Benefits required

A (1)	Death by injury only; or	} Choose one only	\$ <input type="text"/>
A (1)-(27)	Death and schedule benefits as per percentage schedule		\$ <input type="text"/>
B	Disablement by injury (per week)		\$ <input type="text"/>
C	Partial disablement by injury (per week) –Automatically 25% of B		\$ <input type="text"/>
D	Disablement by illness (per week)		\$ <input type="text"/>
E	Medical expenses		\$ <input type="text"/>

Voluntary excess

Our standard excess for your personal income is that we will not cover you for the first seven days of your disability. You may select a longer stand down period and have your premiums reduce accordingly.

Total excess period (tick box) 7 days ☐ 14 days ☐ 28 days ☐

I declare that the answers given above are true and that I have declared all information which would affect the acceptance of this proposal.

Signature of Insured Person

Date

SECTION 8. SUMMARY SECTION

This section must be completed for all proposals.

1. Are you now or have you ever been insured for any of the types of risks proposed?

Yes ☐ No ☐

If Yes, please give the name of the Insurer, details of cover and dates:

Insurer	Cover	Date of cover

2. Has any Insurer, in respect of any risk you now wish to insure:

Yes ☐ No ☐

- ever declined a proposal;
- withdrawn, cancelled or refused to renew a policy;
- demanded an increased premium for renewal;
- imposed a penalty excess or restriction; or
- declined any claim in respect of insurance held by you, any director or partner, or any other company with which you or they have been associated?

If Yes, please give details:

3. Have you or any director or partner ever committed any criminal offence?

Yes ☐ No ☐

If Yes, please give details. (The information sought by this question is subject to the rights set out in the Criminal Records (Clean Slate) Act 2004.)

4. How long have you been in your current business?

5. Have you had any losses (whether insured or not) over the last 3 years incurred

Yes ☐ No ☐

by you or any director or partner in respect of any of the types of risks proposed? If Yes, please give details:

6. Have you had any losses (whether insured or not) **prior to the last 3 years and over \$20,000,**

Yes ☐ No ☐

incurred by you or any director or partner, in respect of any of the types of risks proposed?

If Yes, please give details:

SECTION 9. IMPORTANT NOTICES AND DECLARATION

Subject to average

Some sections of the policy may contain a provision making the section or parts of it subject to average. This provision will only apply if you are underinsured at the time of loss or damage and it means:

If the property insured under this policy is underinsured at the time of loss, the following rules apply:

- (a) If you suffer a total loss, the provision will have no effect;
- (b) If you suffer a partial loss, the maximum amount that you may recover will bear the same proportion to your actual loss as the amount for which the property is insured bears to the full value of the property;
- (c) Whatever your loss, in no case will you be entitled to recover more than the amount for which the property is insured.

"Example: your property is worth \$20,000. You insure it for \$10,000.

You suffer a loss of \$5,000. If your policy is 'subject to average', the maximum amount that you may recover will be \$2,500."

Duty of Disclosure

Subject to the rights set out in the Criminal Records (Clean Slate) Act 2004 ("Clean Slate Act"), you are under a duty to disclose all material information to Vero Insurance New Zealand Limited ("Vero") whether the information is asked for or not. Material information is information that might influence our decision to insure you and if so on what terms and/or premium. All information given must be complete and correct. If you have any doubt as to whether a fact is material then it should be disclosed.

The duty to disclose all material information occurs prior to the commencement of cover, if the contract is varied and prior to each renewal. Failure to disclose all material information may result in Vero avoiding your insurance policy. This means your policy would be deemed never to have existed and any claims would not be payable.

Privacy Act 1993

This proposal collects personal information in order to evaluate your insurance requirements for the purpose of deciding whether to issue insurance cover and if so on what terms. The information collected will be held by Vero, 48 Shortland Street, Auckland. Failure to provide any personal information requested may result in your application for insurance being declined.

Individuals have a right to request access to and correction of their personal information subject to the Privacy Act 1993.

Declaration

I/we declare that:

1. Subject to any rights I/we have under the Clean Slate Act, the information given is in every respect correct and complete and all material information has been disclosed to Vero.
2. This Proposal shall be the basis of the contract between me/us and Vero, and I am/we are willing to accept cover subject to Vero's policy terms, conditions, exclusions and any special terms they may require.

Fire Service Act 1975

3. In conformance with Section 48 (6) (b) (1) or 48 (6) (c) (1) of the Fire Service Act 1975, the indemnity value of the property listed and insured by the above policy is fair and reasonable in relation to the replacement value of the property.

I/we authorise:

1. Vero to give and obtain from other Insurance Companies, Insurance Brokers, the Insurance Claims Register Ltd or any other party any information relating to this or any other insurance held or previously held by me/us and any claim(s) made by me/us.
2. Vero to use my/our personal information to advise me/us of Vero's products and/or services.

I/we undertake:

1. To inform Vero immediately of any material events or changes in circumstances which occur after the commencement of this policy or after any renewal.

Signature

Name

Position