

SUREPAC LIABILITY - PROPOSAL FORM

Entity Name:

Entity Address (and Year Built, Security and Fire Protection):

Contact Person:

Website Address:

What is the primary source of income or funding?

Gross Income: \$

Current Assets: \$

Current Liabilities: \$

Total Assets: \$

Total Liabilities: \$

Latest financial year result: \$ (SURPLUS/DEFICIT)

When was Entity established:

Number of Trustees/Board members:

Number of paid employees full time equivalent:

Number of Volunteers:

ACTIVITIES/ OCCUPATION

Please fully describe the activities/occupation of the insured entity or entities?

Is the Entity able to pay all of its debts as and when they fall due?

Do you have a written a human resources manual or like?

- If yes, is this manual/guideline distributed to all staff?

Are duties segregated so that no individual can control any of the following activities from commencement?

- to completion without referral to others:
- (a) Signing cheques or authorising payments above \$5,000?
- (b) Issuing funds transfer instructions?
- (c) Opening new bank accounts?
- (d) Reconciling bank statements?
- (e) Awarding contracts following a tender?
- (f) Paying of wages/salaries?

Does the Entity have written procedures and/or control policies to ensure compliance with legislation that?

Is any income derived from outside New Zealand? (Please advise countries and income split)?

DISCLOSURE, DECLARATION AND ACKNOWLEDGMENT

- Has the Entity or any trustee or board member even been refused this type of cover, had a similar policy cancelled or had special terms imposed?
- Have there been any claims made against the Entity or its trustees or board members or employees which may have been covered under this policy if it were in force?
- Has any trustee or board member been employed or engaged by or otherwise involved with an entity that has been in receivership or liquidation?
- After enquiry has the Entity or any trustee or board member been involved in, or is there now pending against them, any criminal proceedings or any prosecution under the Fair-Trading Act, Companies Act, Commerce Act or any other NZ legislation or other similar overseas legislation?
- After enquiry of all trustees and board members are you aware of any circumstance which could give rise to a claim, an investigation, examination, inquiry, or other proceedings under this policy?
- Does the proposer have written procedures and/or controls to ensure full compliance with the Anti-Money laundering and countering financing of terrorism Act 2009?
- Has the business ever been subject to any investigation or audit in relation to money laundering or financing of terrorism?

This form must be signed by one of the following:

Owner, Partner, Chairman of the Board, Managing Director, Chief Executive Officer or Chief Financial Officer.

Signature:

Date:

Privacy Act Disclosure

- This declaration and proposal collects personal information about You;
- The intended recipient of the information is Rosser Underwriting Limited, (ROSSER) Level 4, 169 London Street, Hamilton, P O Box 9521, Hamilton.
- You have the right of access to and correction of this information which will be retained by ROSSER in accordance with the Privacy Act 1993.
- The collected information will be used to evaluate your insurance requirements and any claim You may make;
- You authorise ROSSER to receive and disclose information to insurers, reinsurers, brokers, agents, and any other party that is in Rosser's view relevant to the acceptance of this proposal and to service the policy in the event the contract is concluded.