

# Employment Disputes

Renewal declaration



## 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 Number		Expiry (dd/mm/yyyy)	

## A. Business details

1. Business activity			
2. Number of employees in New Zealand and Australia			
	Country	Current Financial Year	Next Financial Year (estimated)
	New Zealand		
	Australia		
	Total		
3. After enquiry, are you aware of any claim made against the company or any circumstance that could reasonably be expected to give rise to a claim against the company, other than already disclosed in either the original proposal form or in correspondence to QBE during the Period of Insurance?	Yes	No	
You are reminded that if any claim has been made, threatened or in any way intimated against you, or there is any circumstance or occurrence of which you are aware, or ought to be aware, which may give rise to a claim against you, and you have not notified QBE before your current policy expires, you may not have cover.			
If you are in any doubt about what should be reported as either a claim or circumstance, or notified as a material fact, you should contact your insurance broker.			
4. Can you confirm that there have been no material changes to the information already disclosed in either the original proposal form or in correspondence to QBE during the Period of Insurance?	Yes	No	

## Declaration

I/We declare, on behalf of all proposed insureds, that:

- All answers and statements in this proposal are correct and complete in every respect and there is no further information which may affect acceptance of the proposal.
- If accepted by QBE, this proposal and declaration, and any other material which I/we have provided to QBE, shall be incorporated into and form the basis of the contract of insurance.
- If any personal information is provided, I/We understand that:
  - This information will be collected, held, used and disclosed by QBE (either in New Zealand or overseas) in order to issue, administer and manage products and provide services, including claims investigation and administration, and for data analytics. Further details are set out in QBE's privacy policy available at <https://www.qbe.com/nz/about-qbe/privacy-and-your-personal-information>
  - If I/We do not provide the information requested, then QBE may be unable to provide products or services.
  - Where I/We have provided someone else's personal information, I/We confirm that I/We have obtained their consent to do so.
- QBE is authorised to disclose information received from me/us to its advisers, reinsurers and to other insurers. I/We authorise QBE to obtain, from any party, information that is, in QBE's view, relevant to this proposal.
- I/We understand that the insurance will not be in force until this proposal has been accepted and cover confirmed by QBE.  
Note: Signing this proposal and any supplementary questionnaires does not bind either the applicant or QBE to complete the contract of insurance.

Signed by applicant		Date (dd/mm/yyyy)	
Printed name		Phone	
Position		Mobile	
Email address			