

commercial general liability

For the purposes of your new contract of insurance for the next Period of Insurance you must complete the following questions:

the insured

Insured Name

Description of Business Activities

Turnover/ Fees

Last Year	Estimate this Year
\$ <input type="text"/>	\$ <input type="text"/>

Number of Employees

Last Year	Estimate this Year
<input type="text"/>	<input type="text"/>

turnover detail for products sold

	Last Year	Estimate this Year
New Zealand	\$ <input type="text"/>	\$ <input type="text"/>
Australia	\$ <input type="text"/>	\$ <input type="text"/>
USA/Canada	\$ <input type="text"/>	\$ <input type="text"/>
Elsewhere	\$ <input type="text"/>	\$ <input type="text"/>

past claims / incidents

After enquiry of all Partners, Principals, Directors, Officers, Trustees and Senior Employees:

- (a) Have there been any claims made against you? Yes No
- (b) Have any circumstances occurred or become known to you which may give rise to a claim against you other than those details disclosed on your last proposal/declaration form? Yes No

If the answer to either (a) or (b) is YES, please provide details

You are reminded that:

- Any material changes to the business during the Period of Insurance must be advised immediately to Vero Liability Insurance Limited.
- This form must be completed by a person authorised to do so on behalf of the Insured.

Insured's Signature: _____

Title: _____ Date: ____ / ____ / ____

Upon receipt of this completed declaration Vero Liability Insurance Limited reserves the right to request a full proposal form.