

# Liability Declaration

## Contractors Mobile Plant & Liability



NTI New Zealand Ltd Level 7, PWC Tower, 188 Quay Street, Auckland  
 PO Box 106-635, Auckland 1143, New Zealand Tel: (09) 909 0550 Fax: (09) 919 2034

### Important Notice

This Declaration will form the basis of your policy of insurance and as such it is important that all material facts are fully, frankly and accurately disclosed. If you are in any doubt as to whether a fact may be material, you should disclose it to ensure that your cover is not prejudiced. Please remember to sign and date this form.

Name of Insured Policy No.

#### 1. Please provide full details of your business:

Description of each activity you are involved in	No. of employees (incl. working directors)	Annual Turnover	
		Last 12 months	Next 12 months
		\$	\$
		\$	\$
		\$	\$
		\$	\$
<b>TOTAL</b>		\$	\$

#### 2. Please provide details of any anticipated changes in your business activities in the next 12 months or any changes in the last 12 months:

#### 3. Please state the number of Mobile Plant items (self-propelled) used in the business: (excluding on-road trucks, utilities and cars)

#### 4. Is any plant item used for hazardous activities eg. underground, over water, in or adjacent to rivers, streams, lakes, coastal waters or tidal estuaries?

 Yes  No

If yes provide full details:

#### 5. Are you aware of any event that might give a rise to a claim under any Section of the insurance policy? (This includes any breach of the Health and Safety in Employment Act 1992, Resource Management Act 1991 or Building Act 1991?)

 Yes  No

If yes provide full details:

#### 6. Has any Insured faced any criminal or serious traffic charges and/or been convicted of any criminal and or serious traffic offences?

 Yes  No

If yes provide full details:

#### DECLARATION

I declare that all answers and statements in this declaration are correct and complete in every respect. This declaration shall form the basis of and be incorporated into the policy of insurance which I have with NTI New Zealand Limited (NTI) as authorised agents for IAG New Zealand Limited as insurer. I am/we are willing to accept cover subject to NTI New Zealand Limited's policy terms, conditions, exclusions and any special terms they may require.

Signed By Proposer

Date            /            /