



www.artisanuw.co.nz



Important Notice

Your duty of disclosure

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you. You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- we know or should know as an insurer; or
- is common knowledge; or
- we waive your duty to tell us about

If you do not tell us anything

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both. If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Retroactive date

The proposed insurance may be limited by a Retroactive Date. If so, the policy will not cover any claims or circumstances arising from any events, services, activities, errors or omissions or conduct prior to the Retroactive Date.

Subrogation

Where you have prejudiced Artisan Underwriting Pty Ltd (including its Insurers or underwriters) rights to recover a loss from another party, this may have the effect of excluding or limiting our (Artisan's) or our Underwriters liability in respect of that loss.

Privacy Notice

We safeguard your privacy and the confidentiality of your personal information and are committed to handling your personal information responsibly. We comply with the Privacy Act 2020 (or as superseded or as amended from time to time), including the Information Privacy Principles (IPPs) set out in the Act. We have developed a Privacy Policy that outlines how we collect, store, use, and disclose your personal information. Please refer to our website below for a copy of our Privacy Policy.



6. Number of years in Continuous Business?

7. Please provide us with full details of all locations occupied for the purposes of conducting your business

Location	Occupied As	Age	Owned Or Leased?

8. Please provide us with your Estimated Annual Payroll (including directors, partners and principals)?

Services	Payroll	Number of Staff
Management / Admin / Clerical	\$	
Manufacturing / Physical Works	\$	
Working Away From Premises	\$	
Payments to Sub-Contractors/Contractors	\$	
Payments to Labour Hire Workers	\$	
Other Payments (Please Provide Details)	\$	



Part B – Activities, Products & Income

9. Please provide the following Turnover Details:

Business Services and Products?	Do you Import Manufacture or Distribute?	Actual Turnover for the Last 12 months	Estimated Turnover for the next 12 months
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

11. Do you have any products in your care, custody or control?

Products	Do you Import Manufacture or Distribute?	Exports	Destination
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

12. Do you have any products in your care, custody or control?

No ☐ Yes ☐ If Yes, please provide details (including max value any one item, total value etc)

13. Is any welding or hot works performed by you or on your behalf?

No ☐ Yes ☐ If Yes, please provide details;

14. Do you modify, re-label or re-package any of the products you import, store or distribute?

No ☐ Yes ☐ If Yes, please provide details;

15. Is there any advice, specifications, commissioning, or any other professional services provided to third parties?

No ☐ Yes ☐ If Yes, please provide details (inc For a Fee (\$) or No Fee);



Part C – Labour Hire

16. If you engage Labour Hire personnel, please provide further details below

Labour Hire Services (for example, Labour only, Labour and Materials etc)	Actual Payments to Labour Hire over the last 12 months?	Estimated Payments for Labour Hire for the next 12 months?

17. Do you assume any liability under any contracts, waive rights of subrogation or hold others harmless (other than lease liability)?

No ☐ Yes ☐ If Yes, please provide details (and attach contracts);



Part D – Quality Control/ Quality Assurance

18. Are you ISO9001:2000 (or whichever the latest ISO) Certified?

No ☐ Yes ☐ If Yes, please provide a copy of certification.

19. Do you have a formal process to undertake formal review and ensure compliance with all regulations and jurisdictions, including New Zealand (and any other) Standards applicable?

No ☐ Yes ☐ If Yes, please provide details?

20. Do you have a formal and documented recall process?

No ☐ Yes ☐ If Yes, please provide details?

21. Do you have a formal and documented process to ensure Quality Control and Quality Assurance for all your products and services (including ensuring compliance with relevant standards)?

No☐

Yes☐

If Yes, please provide details (including testing, record keeping, peer reviews and due diligence?)
22. What process do you have in place to ensure records of insurances of all contractors, subcontractors labour hire personnel and suppliers, remains current, active and adequate?



Part E – Insurance Details

23. Do you currently hold an active Public and Products Liability Policy?

No☐

Yes☐

If Yes, please provide details?

Name of Insurer	
Premium	\$
Limit of indemnity	\$
Excess	\$
Expiry Date	/ /
24. What Limit of Liability is required?

Limit of Liability	\$
Preferred Excess	\$
Period of Insurance / Required Inception Date	/ /



Part F – Claims and Circumstances

25. After full investigation and inquiry has any insurer ever declined, refused to renew, cancelled, or imposed special terms, increased excess imposed or any other special conditions imposed on any proposal, renewal or policy held by you?

No☐

Yes☐

If Yes, please provide details?

26. After full investigation and inquiry, in the last 7 years, have any claims been made or is there any pending claims against you, your businesses, your subsidiaries, your previous businesses or previous subsidiaries?

No ☐ Yes ☐ If Yes, please provide details (including testing, record keeping, peer reviews and due diligence?)

Date of claim or loss	Details of each claim or loss	Cost (if any) of claim paid or loss insured	Estimated outstanding loss
/ /		\$	\$
/ /		\$	\$

27. After full investigation and inquiry, are there any circumstances or situations that may give rise to a claim under the proposed Insurance, which are not mentioned above?

No ☐ Yes ☐ If Yes, please provide

Date of claim or loss	Details of each claim or loss	Cost (if any) of claim paid or loss insured	Estimated outstanding loss
/ /		\$	\$
/ /		\$	\$

28. Have you or any of your other directors, partners or officers, ever been declared bankrupt or been put into administration?

No ☐ Yes ☐ If Yes, please provide

29. Are there any other details or information which you aware of and which would better help us assess the nature of your risk?

No ☐ Yes ☐ If Yes, please provide



Part G – Declaration

Please Note: Signing the Declaration does not bind either you (the proposed insured) or the us (the Insurer) to execute this or any insurance whatsoever.

By signing this Declaration, you declare that all necessary inquiries into the accuracy of the responses given in this proposal have been made and the Insured confirms that the statements and particulars given in this proposal are true, accurate and complete and that no material facts have been omitted, misstated or suppressed. You agree that if any of the information changes between the date of this proposal and the inception date of the insurance to which this proposal relates, you will give immediate notice thereof to the Artisan Underwriting Pty Ltd (Artisan).

You acknowledge receipt of the Important Notice, Privacy Notice and Duty of Disclosure information contained in this proposal and confirm you have read and understood the content of them. You consent to Artisan Underwriting Pty Ltd collecting, using and disclosing personal information as set out in Artisan's Privacy Notice in this proposal and the policy.

If you have provided or will provide information to Artisan about any other individuals, you confirm that you are authorised to disclose the other individual's personal information to Artisan and give the above consent on their behalf.

The signatory below confirms that they are authorised by you (the insured and its subsidiaries, previous businesses, partners/principals/directors if applicable) to complete this proposal form and to accept quotation terms for this insurance on behalf of you (the Insureds and its subsidiaries, previous businesses, partners/principals/directors) behalf.

Signed	
Name of Partner(s) or Director (s)	
On behalf of	
Date	/ /



Contact Us



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UNDERWRITING