

Renewal Declaration

Section 1 - Applicant Details

1. Association Name:

Section 2 - Employment Practices Liability

1. Please advise the total number of:

Employees

Retrenchments occurred in the last twelve (12)
months

- | | | | |
|----|---|-----|----|
| 2. | Does the Association have written employment procedures (e.g. Employee Handbook) that are available to each employee? | Yes | No |
|----|---|-----|----|

Section 3 - Employee Theft

- | | | | |
|----|---|-----|----|
| 1. | Does the Association segregate duties so that no one individual can control any of the following activities from commencement to completion without referral to others (ie Financial Controllers, Directors)? | | |
| a. | Signing cheques, preparing cheque requisitions, reconciling bank statements or issuing funds transfer instructions above \$5,000? | Yes | No |
| b. | Refund of Monies or return of goods above \$5,000? | Yes | No |
| 2. | Is there an annual independent physical count of stock that is reconciled against inventory records? | Yes | No |

Section 4 - Financial Information

1. Please provide the Association's Gross Consolidated Turnover (average of last 2 years): NZD
2. In the past 3 years, has there been (or is there now proposed) any change in the financial position or capital structure that may materially affect the performance of the Association? Yes No
3. Is any Director or Officer of the Company aware of any facts or circumstances that may affect the ability of the Association to meet its debts as and when they fall due? Yes No

If YES, to any of the above please provide full details and attach separately.

The policy contains an Insolvency Exclusion, on receipt and review of financial statements we may consider removing this exclusion.

Section 5 - Claims Information / Circumstances

1. Within the last three years, has the Association discovered any losses from employee dishonesty, burglary, robbery, disappearances, destruction or forgery? Yes No

If YES, please provide further detail: (if more space is needed, please provide separately)

2. Is the Proposer aware, after enquiry, of any circumstances or incidents which may give rise to a claim? Yes No

If YES, please provide further details:

Declaration

AFTER INQUIRY

I declare that the statements and particulars are true and that I have not misstated or suppressed any material facts.

I agree that this Addendum, together with the Proposal and any other information supplied by us shall form the basis of any contract of insurance effected thereon, and I undertake to inform the insurer of any material alteration to these facts whether occurring before or after completion of such contract of insurance. I acknowledge that I have read and understood the "Notice to Insured" on the first page of the Proposal. I agree that the Underwriters may use and disclose our personal information in accordance with the "Privacy Statement" at the beginning of this Proposal. I am authorised to complete the above information on behalf of the Insured named in the Proposal.

TO BE SIGNED BY PARTNER / DIRECTOR OR PRINCIPAL OR EQUIVALENT

Full Name:

Position:

Signature:

Date:

Helping you do more

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