

# DECLARATION & AGREEMENT:

PLEASE CAREFULLY READ AND ANSWER THESE QUESTIONS FULLY

## 1. I / We declare that:

- All answers and information given apply to all persons to be covered under the policy(s), or any person who may benefit from the policy(s).
- All answers and information given are complete and correct.
- I / we understand that failure to disclose any material information to the Insurer may result in my/our application insurance being declined or the policy being avoided or cancelled, or a claim being declined. I/we acknowledge the fact that the duty to disclose material information is an ongoing duty.
- I / we agree that the information provided in this proposal forms the basis of the contract of insurance between me / us and the Insurer(s).
- I / we have read and understand the Insurer's Financial Strength Rating.
- I / we understand that services will be provided on Aon's standard terms of business which can be found at <https://www.aon.co.nz/About-Aon/Terms-of-Business>.
- I / we authorise the disclosure of personal information held by any other party regarding my / our existing and previous insurances.
- I / we agree to the releasing to other parties personal information regarding the insurance policy(s).

## 2. Have you or any members of your family, or any other person or entity to be covered under the policy(s) or any person who may benefit from the policy(s):

- Experienced any loss (whether or not a claim was made) for the type of insurance being applied for in the past 5 years and/or ever experienced any loss of \$5,000 or more to any property?

NO  YES  If you have selected YES, please provide full details below

- Had any insurer decline, cancel or refuse renewal of insurance, impose special conditions or terms on any policy, require withdrawal of a claim, or decline a claim?

NO  YES  If you have selected YES, please provide full details below

- Had circumstance or know of any further information that may affect the acceptance of this insurance? (This may include information or circumstance the insurer would want to know about and/or any unusual features of the subject matter of the insurance which might increase the likelihood of a claim under the policy, including but not limited to bankruptcy, having been through the No Asset Procedure, been engaged in any criminal activity, had any criminal convictions or acquittals, or have any criminal prosecutions pending).

*The information sought on criminal convictions, acquittals or prosecutions is subject to the rights set out in the Criminal Records (Clean Slate) Act 2004*

NO  YES  If you have selected YES, please provide full details below

## 3. Privacy Act 2020:

Pursuant to the Privacy Act 2020 the following is brought to your attention:

- The Quotation / Policy collects personal information about you.
- The information is collected to evaluate the insurance you seek, deciding whether to issue insurance cover, and if so on what terms.
- The intended recipients of the information are Aon New Zealand, the underwriters of the insurance, the reinsurers of this insurance, any agent of the above, and Insurance Claims Register Limited. Where we disclose personal information to third parties located outside New Zealand, you agree to this and acknowledge that they may be located in jurisdictions that may not have comparable data protection laws to those in New Zealand.
- The information is being collected and held by Aon New Zealand, Level 16, AMP Centre, 29 Customs Street West, Auckland.
- The collection of this information is required pursuant to the common law duty to disclose all material facts relevant to the insurance sought and is mandatory.
- The failure to provide this information may result in your application for insurance being declined, or if cover has already been issued and the insurer becomes aware of undisclosed material information the insurer may void the policy from the beginning.
- You have rights of access to, and correction of, this information. (Subject to the provisions of the Privacy Act 2020).

Signature of Applicant

Date

Signature of Joint Applicant

Date

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