Carriers Legal Liability Proposal



| Period of Insurance | From | То | at 12 midnight New Zealand time |
|---------------------|------|----|---------------------------------|

IMPORTANT NOTICES

Your duty of disclosure

Subject to the rights set out in the Criminal Records ("Clean Slate") Act 2004, you are under a duty to disclose all material information to Vero Marine whether the information is asked for or not. Material information is information that might influence our decision to insure you and if so on what terms and/or premium. All information given must be complete and correct. If you have any doubt as to whether a fact is material then it should be disclosed.

The duty to disclose all material information occurs prior to the commencement of cover, if the contract is varied, and prior to each renewal. Failure to disclose all material information may result in Vero Marine avoiding your insurance policy. This means your policy would be deemed never to have existed and any claims would not be payable.

Privacy Act 2020

This Proposal collects personal information in order to evaluate your insurance requirements for the purpose of deciding whether to issue insurance cover and if so on what terms. The information collected will be held by Vero Insurance New Zealand Limited, 48 Shortland Street, Auckland. Failure to provide any personal information requested by Vero Marine may result in your application for insurance being declined.

Individuals have a right to request access to, and correction of, their personal information, subject to the provisions of the Privacy Act 2020.

| YOUR DETAILS | | | | |
|------------------------|----------------------------|-------------------------|--------------------------------------|--|
| Have you been insured | d with Vero Marine before? | No Yes | If yes, what was your policy number? | |
| Carrier's name | | | | |
| Main base address | | | | |
| Coordinates: | Latitude | Longitude | | |
| NOTE: If there is more | than one base, please prov | ride details separately | in your covering email | |
| Website URL | | | | |

GOODS CARRIED

| TYPE | % BY VOLUME |
|---------------------|----------------|
| General merchandise | % |
| Fragile goods | % |
| Whitegoods | % |
| Bulk goods | % |
| Timber | % |

| TYPE* | % BY VOLUME |
|--------------------|----------------|
| Chilled foods | % |
| Frozen foods | % |
| Fruit / vegetables | % |
| Livestock | % |
| Office removals | % |
| Valuable cargo** | % |
| Wine and spirits | % |

| TYPE* | % BY VOLUME |
|------------------------------------|----------------|
| Aircraft, including helicopters | % |
| Dangerous goods (consumer) | % |
| Dangerous goods (industrial) | % |
| Hazardous substances (consumer) | % |
| Hazardous substances (industrial) | % |
| Household goods & personal effects | % |
| Tobacco / tobacco products | % |

^{*}These goods are usually excluded unless specifically agreed by your Vero Marine underwriter

^{**}Valuable Cargo means bullion, precious metal objects, precious stones, jewellery, bank notes, coins, bonds, negotiable instruments or securities of any kind, antiques, and works of art.





| OPERATION | | | | | | |
|---|--|--|--|--|--|--|
| Specific area of operation in New Zealand | | | | | | |
| Do you own your own vehicles/trailers? No Yes Number of owned vehicles/trailers | | | | | | |
| Description | | | | | | |
| NOTE: If more than one vehicle/trailer please provide details separately in your covering email | | | | | | |
| Number of: Employed drivers Owner-drivers Subcontractors | | | | | | |
| NOTE: Please provide separate details of any security checks undertaken when drivers are hired | | | | | | |
| Do you test your drivers for drugs/alcohol: when first employed? No Yes randomly? No Yes after an incident or issue? No Yes | | | | | | |
| Do you use technology to monitor driver behaviour, including fatigue, and vehicle speed? | | | | | | |
| If yes, please provide: technology name description of what you are monitoring when it is used frequency of use | | | | | | |
| Do you contract out carriage to other carriers? No Yes NOTE: Cover under this policy does NOT extend to contract carriers | | | | | | |
| Do you engage in contract carriage for another carrier? No Yes Yes | | | | | | |
| If yes, what procedures do you have in place to verify damage at the time you accept the goods? | | | | | | |
| Please advise types of transits: On what terms do you carry goods? | | | | | | |
| % Local carriage (metropolitan/around town) % of income at Limited Carriers Risk (LCR) | | | | | | |
| Line haul (journey including travel outside a radius % of income at Owner's Risk of 250km from the point of origin) | | | | | | |
| % of income at Declared Terms or Declared Value 100% Total 100% Total | | | | | | |
| LCR limit of liability required per vehicle/location NZD Policy standard is NZD 2,000,000 | | | | | | |
| LCR gross freight revenues: last 12 months actual NZD next 12 months estimated NZD | | | | | | |
| CONTRACTS | | | | | | |
| Do you Declared Term contracts? No Yes Revenue generated NZD | | | | | | |
| have any: Declared Value contracts? No Yes Revenue generated NZD | | | | | | |
| Contracts including bulk shipment contracts where freight is charged per unit carried e.g. by volume (per litre etc.) or by weight (per kg etc.) or by any unit less than the entire load? | | | | | | |
| Do these terms apply to all subcontractors? No Yes | | | | | | |
| NOTE: Please attach a copy of each contract in which you carry goods under these terms. These factors are materially important in analysing a carrier's legal liability. | | | | | | |
| Do you have standard terms and conditions for LCR contracts? | | | | | | |
| Have you updated your standard terms and conditions to the Contract and Commercial Law Act 2017? | | | | | | |



| CI | AIMS H | ISTORY | | | | | | |
|--|---|---------------------------|--|---------------------------|-----------|---------|-------|-------------------------|
| Ple | ase provid | e details of all claims o | or losses over the last five ye | ears. Please also attac | h a clai | ms pri | into | ut from vour insurer |
| Year Amount | | | Cause | | Rollover? | | | Deductible amount |
| | | | | | No | Yes | П | |
| | | | | | No | Yes | 靣 | |
| | | | | | No | Yes | | |
| _ | | | | | No | Yes | ╚ | |
| | | | | | No | Yes | | |
| | | | | | | | | |
| QI | JESTIOI | NNAIRE (these qu | uestions must be ans | wered) | | | | |
| 1. | Name of | current Insurer | | Policy expir | y/renev | val da | te | |
| 2. | In the las | t 10 years have you (i | e. any party you wish name | d in the policy schodul | o) boon | doela | aro d | |
| ۷. | | | ered into an arrangement w | | e) beei | i decid | ai eu | No Yes |
| 3. | Have vou | (i.e. anv partv vou wis | sh named in the policy sched | dule). ever : | | | | |
| | - | | d, cancelled, avoided, renev | | onditio | ns imp | oose | ed or No Yes |
| | | n declined? | ad activity or had any crimi | nal convictions or aca | u ittala | or bay | | |
| | | nal prosecutions pend | nal activity or had any crimi ling? | nai convictions, or acq | juiriais | or nav | e ar | ny No Yes |
| | [The | information sought by | this question is subject to the | e rights set out in the C | Crimina | Reco | rds (| (Clean Slate) Act 2004] |
| 4. | Is there o | ny further information | likely to affect Vero Marine | 's acceptance of this p | roposa | l? | | No Yes |
| lf v | ou bave a | swered "Yes" to any a | of the above questions, plea | see provide full details | and de | ntos in | VOI | ur covering email |
| | | | re of Insurance Company(s) | | | | | |
| | | | | | | | | |
| DI | CLARA | TION | | | | | | |
| By completing and submitting this proposal form, I/we declared that to the best of my/our knowledge and belief these particulars are true, complete and correct. Subject to any right I/we have under the Clean Slate Act, I/we have not withheld any information or any other material fact likely to affect the provision of cover by Vero Marine. | | | | | | | | |
| I/W | /e declare | | | | | | | |
| 1. | Subject to any right I/we have under the Clean Slate Act, the information given is in every respect correct and complete and all material information, including details of previous losses/claims, has been disclosed to Vero Marine. | | | | | | | |
| 2. | This proposal shall be the basis of the contract between Vero Marine and myself/ourselves; and I am/we are willing to accept cover subject to Vero Marine's policy terms, conditions, exclusions and any special terms they may require. | | | | | | | |
| 3. I/We are fully authorised to complete and sign this proposal on behalf of the person(s) named in the proposal. | | | | | | | | |
| I/We authorise: | | | | | | | | |
| 1. | . Vero Marine to give and obtain from other insurance companies, insurance brokers, the Insurance Claims Register Ltd or any other party any information relating to this or any other insurance held or previously held by me/us and any claim(s) made by me/us. | | | | | | | |
| 2. | | , , | sonal information to advise | • | | | | |
| | | | ne immediately of any mate henever the contract is vari | | s in circ | umsta | ince | s which occur after the |

This insurance will not be in force until this proposal has been accepted by Vero Marine



Signed by



Relationship to Proposer (if not signed by the Proposer)