

Premises Pollution Liability

Proposal Form

Instructions

Please read the Important Information Section on page 5 before completing this form. Please contact us if you would like a hard copy of the relevant insurance policy or a summary of cover provided by Chubb.

New Proposal Re	enewal						
General Information							
Proposer's Company Name:	I						
Key Contact:							
Address:							
		State:			Postcode:		
Telephone:		Email:					
Website:							
Company Overview							
	Private Partnership ablished/number of years the compar		nt Venture n in business?	Other:			
Business Description:							
Is the company a member of	any professional organisations or as	sociations	?			Yes	No
Is the company owned or co	ntrolled by another company?					Yes	No
Does the company own any	subsidiaries?					Yes	No
Please provide a list below or	r as an attachement:						
Does the company's activitie Iran, Cuba, Syria, North Kore	es for coverage under this insurance in ea or North Sudan?	nvolve any	of the OFAC s	anctioned countries	, namely	Yes	No
Insured Entities							
Please list subsidiary, pre	decessor, acquired, parent, affilia	ated or m	nerged entitie	s for which covera	ige is realieste	ed:	
Name of Entity			Farmatian		lge is requeen		

Name of Entity	Date of Formation or Transaction	Professional	Percentage of Annual Gross Revenues Assigned to the Insured

Covered Locations

Company Name	Full Address	Current Land Use	Prior Land Use	Date Site Acquired	Size of Site (hectares or m ²
Fransportation					
Tansportation					
s transportation cove	rage required?				Yes N
	Iaterials, Chemicals or Fo		antities above 1,00	O litres or equivale	ent:
Please list below any l	Iaterials, Chemicals or F oodling to the state of the st	nicals or Fuels stored in qu	od of Storage	Details of any S	spill Containment ounded area, in seale
Please list below any l		nicals or Fuels stored in qu	od of Storage	Details of any S (e.g. stored in a b	spill Containment ounded area, in seal
Please list below any l		nicals or Fuels stored in qu	od of Storage	Details of any S (e.g. stored in a b	spill Containment ounded area, in seale
		nicals or Fuels stored in qu	od of Storage	Details of any S (e.g. stored in a b	spill Containment ounded area, in seale
Please list below any l		nicals or Fuels stored in qu	od of Storage	Details of any S (e.g. stored in a b	spill Containment ounded area, in seale
Please list below any l	oulk hazardous materials, Cher	nicals or Fuels stored in qu	od of Storage	Details of any S (e.g. stored in a b	spill Containment ounded area, in seale
Please list below any b Substance Environmental M	oulk hazardous materials, Cher	micals or Fuels stored in qu	od of Storage	Details of any S (e.g. stored in a b room, located or	spill Containment bunded area, in seal n hardstanding)
Please list below any b Substance Environmental M	oulk hazardous materials, Cher	micals or Fuels stored in qu	od of Storage	Details of any S (e.g. stored in a b room, located or	spill Containment bunded area, in seal n hardstanding)

Gross Revenues

Total Gross Revenues for Last Full Year of Account	\$
Estimated Gross Revenues for Current Year of Account	\$

Inception Date Please state desired date for policy inception: / / Limits of Liability and Self-Insured Retentions Please indicate requested limits and retention levels Limits of Liability Per Loss \$ Aggregate \$ Self-Insured Retention Per Loss \$ Previous Insurance

Claims

Within the past five (5) years have any claims been made or legal actions (including any regulatory proceedings) been brought against the proposer or other party to the proposed insurance?	Yes	No
Does the proposer or other party to the proposed insurance have knowledge of any pollution conditions at any of the proposed covered locations?	Yes	No
At the time of signing this application, are you aware of any circumstances that may reasonably be expected to give rise to a claim against any insured?	Yes	No

Within the past five (5) years has the proposer purchased this type of insurance coverage?

If Yes, please provide information regarding any such coverage and all available loss information.

If **Yes** to the three Claims questions above, please provide a brief description of the claim or circumstance (indicate the alleged incident, location, date, type of injury, etc.). Also, please provide a summary of any steps that may have been taken to avoid or mitigate the possibility of a similar loss occurring in the future.

*It is understood and agreed that if any such Claims exist, or any such facts or circumstances exist which could give rise to a Claim, then those Claims and any other Claims arising from such facts or circumstances are excluded from the proposed insurance unless otherwise affirmatively stated in the Policy.

Yes

No

Declaration

On behalf of the applicant, I/we declare that:

- a) I/we have read and understood Chubb's Financial Strength Rating, Duty of Disclosure and Privacy Statement in this form;
- all information provided (and where applicable, previously provided) is true and correct and I/we have made a fair presentation of the risk, by disclosing all material matters which I/we know or ought to know or, failing that, by giving the insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances;
- c) I/we undertake to inform the insurer promptly in writing of any material alteration to the facts declared that occurs prior to completion of the contract of insurance;
- d) I/we have obtained, and will obtain in the future, the consent to the disclosure and use of personal information from those persons whose personal information is supplied in relation to this form for the purposes of (i) underwriting the risks and (ii) administering and performing any resulting insurance contract.

This form must be signed by the applicant's Chairman of the Board, Managing Director, Chief Executive Officer or Chief Financial Officer.

Signed		
Name	Date	
Position		

Important Information

In this section "We", "Our" and "Us" means Chubb Insurance New Zealand Limited (Chubb). "You" and "Your" refers to Our customers and prospective customers as well as those who use Our website.

Duty of Disclosure

Your Duty of Disclosure

Before entering into a contract of insurance with Chubb, each prospective insured has a duty to disclose to Chubb information that is material to Chubb's decision whether to accept the insurance and, if so, on what terms. This includes material information about the insured, any other people and all property and risks insured under the policy. Information may be material whether or not a specific question is asked.

There is the same duty to disclose material information to Chubb before renewal, extension, variation or reinstatement of a contract of insurance with Chubb. You should also provide all material information when You make a claim or if circumstances change during the term of the contract of insurance.

It is important that each prospective insured understands all information provided in support of the application for insurance and that it is correct, as each prospective insured will be bound by the answers and by the information they have provided.

The duty of disclosure continues after the application for insurance has been completed up until the time the contract of insurance is entered into.

Consequences of Non-Disclosure

If an insured fails to comply with their duty of disclosure, Chubb may be entitled, without prejudice to its other rights, to reduce its liability under the contract in respect of a claim or refuse to pay the entire claim. Chubb may also have the right to avoid the contract from its beginning. This means the contract will be treated as if it never existed and no claims will be payable.

Financial Strength Rating

At the time of print, Chubb has an "AA-" insurer financial strength rating given by S&P Global Ratings. The rating scale is:

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AAA	BBB	CCC	SD or D
Extremely Strong	Good	Very Weak	Selective default or default
AA	BB	CC	R
Very Strong	Marginal	Extremely Weak	Regulatory Action
A	B		NR
Strong	Weak		Not Rated

The rating from 'AA' to 'CCC' may be modified by the addition of a plus (+) or minus (-) sign to show relative standings within the major rating categories. A full description of the rating scale is available on the S&P Global Ratings website.

Our rating is reviewed annually and may change from time to time, so please refer to Our website for Our latest financial strength rating.

Fair Insurance Code

We are a member of the Insurance Council of New Zealand (ICNZ) and a signatory to ICNZ's Fair Insurance Code (the Code). The Code and information about the Code is available at www.icnz.org.nz and on request.



Privacy Statement

This statement is a summary of Our privacy policy and provides an overview of how We collect, disclose and handle Your personal information. Our privacy policy may change from time to time and where this occurs, the updated privacy policy will be posted on Our website.

Chubb is committed to protecting Your privacy. Chubb collects, uses and retains Your personal information in accordance with the requirements of New Zealand's Privacy Act, as amended or replaced from time to time.

Personal Information Handling Practices

When do We collect Your personal information?

Chubb collects Your personal information (which may include health information) from You when You interact with Us, including when You are applying for, changing or renewing an insurance policy with Us or when We are processing a claim, complaint or dispute. Chubb may also (and You authorise Chubb to) collect Your personal information from other parties such as brokers or service providers, as detailed in Our privacy policy.

Purpose of Collection

We collect and hold the information to offer products and services to You, including to assess applications for insurance, to provide and administer insurance products and services, and to handle any claim, complaint or dispute that may be made under a policy.

If You do not provide Us with this information, We may not be able to provide You or Your organisation with insurance or to respond to any claim, complaint or dispute, or offer other products and services to You or Your organisation.

Sometimes, We may also use Your personal information for Our marketing campaigns and research, to improve Our services or in relation to new products, services or information that may be of interest to You.

Recipients of the Information and Disclosure

We may disclose the information We collect to third parties, including:

- contractors and contracted service providers engaged by Us to deliver Our services or carry out certain business activities on Our behalf (such as actuaries, loss adjusters, claims investigators, claims handlers, professional advisers including lawyers, doctors and other medical service providers, credit reference bureaus and call centres);
- intermediaries and service providers engaged by You (such as current or previous brokers, travel agencies and airlines);
- other companies in the Chubb group;
- the policyholder (where the insured person is not the policyholder);
- $\bullet \ \ insurance \ and \ reinsurance \ intermediaries, \ other \ insurers, \ Our \ reinsurers, \ marketing \ agencies; \ and$
- government agencies or organisations (where We are required to by law or otherwise).

These third parties may be located outside New Zealand. In such circumstances We also take steps to ensure Your personal information remains adequately protected.

From time to time, We may use Your personal information to send You offers or information regarding Our products that may be of interest to You. If You do not wish to receive such information, please contact Our Privacy Officer using the contact details provided below.

Rights of Access to, and Correction of, Information

If You would like to access a copy of Your personal information, or to correct or update Your personal information, want to withdraw Your consent to receiving offers of products or services from Us or persons We have an association with, please contact the Privacy Officer by posting correspondence to Chubb Insurance New Zealand Limited, PO Box 734, Auckland; telephoning: +64 (9) 3771459; or emailing Privacy.NZ@chubb.com.

How to Make a Complaint

If You have a complaint or would like more information about how We manage Your Personal Information, please review Our <u>Privacy Policy</u> for more details, or contact Our Privacy Officer at the details above.

You also have a right to address Your complaint directly to the Privacy Commissioner by telephoning 0800 803 909, emailing enquiries@privacy.org.nz or using the online form available on the Privacy Commissioner's website at www.privacy.org.nz.

About Chubb in New Zealand

Chubb is the world's largest publicly traded property and casualty insurance company. With operations in 54 countries and territories, Chubb provides corporate and commercial property and casualty insurance, personal accident and supplemental health insurance, reinsurance and life insurance to a diverse group of clients. As an underwriting company, we assess, assume and manage risk with insight and discipline. We service and pay our claims fairly and promptly. The company is also defined by its extensive product and service offerings, broad distribution capabilities, exceptional financial strength and local operations globally. Parent company Chubb Limited is listed on the New York Stock Exchange (NYSE: CB) and is a component of the S&P 500 index. Chubb maintains executive offices in Zurich, New York, London, Paris and other locations, and employs approximately 33,000 people worldwide.

Chubb's operation in New Zealand (Chubb Insurance New Zealand Limited) offers corporate and commercial property & casualty, group personal accident and corporate travel insurance products. Chubb in NZ also serves individuals with a substantial home and contents portfolio to protect, and individuals purchasing travel and personal accident insurance. It leverages global expertise and local acumen to tailor solutions to mitigate risks for clients ranging from large multinational companies to local corporates and SMEs, with all product offerings transacted through brokers.

More information can be found at www.chubb.com/nz.

Contact Us

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Company No. 104656 Financial Services Provider No. 35924

Chubb. Insured.