

# Public and Products Liability

## Proposal Form

### Instructions

Please read the Important Information Section on page 10 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.

|                                   |  |
|-----------------------------------|--|
| Broker                            |  |
| Name of Proposer                  |  |
| Principal Locations               |  |
| Website Address                   |  |
| Full Description of your Business |  |

### Section 1 - Coverage Requirements

|                     |      |  |    |      |  |
|---------------------|------|--|----|------|--|
| Limit required      | NZ\$ |  | or | NZ\$ |  |
| Deductible required | NZ\$ |  | or | NZ\$ |  |
| Policy period       | from |  | to |      |  |

### Section 2 - Business Details

|  |      |             |                               |  |              |
|--|------|-------------|-------------------------------|--|--------------|
| Total actual turnover for last financial year    | NZ\$ |             | (include all group companies) |  |              |
| Total estimated turnover for next financial year | NZ\$ |             |                               |  |              |
| Total number of employees                        |      | and payroll | NZ\$                          |  | Balance date |
| Number of years in business                      |      |             | Number of locations           |  |              |

### Section 3 - Subsidiary Companies

List all subsidiaries to be covered by the proposed insurance, together with details of the business carried out by these subsidiaries. Turnover detailed below forms part of total turnover declared above.

| Subsidiary name and main address | Describe the business activities and provide employee and payroll numbers | Actual turnover last financial year |  | Estimated turnover next financial year |  |
|----------------------------------|---|-------------------------------------|--|--|--|
|                                  |   | \$                                  |  | \$                                     |  |
|                                  |   | \$                                  |  | \$                                     |  |
|                                  |   | \$                                  |  | \$                                     |  |
|                                  |   | \$                                  |  | \$                                     |  |

### Section 4 - Contractors in Australia

Do you engage contractors or sub-contractors either through a labour hire company or otherwise?  Yes  No

Do you have a Health and Safety Induction Programme in place at all locations?  Yes  No

| Subsidiary Name | State | Total No. of Employees | Total Payroll | Percentage of total payroll paid to contractors |            |
|-----------------|-------|------------------------|---------------|---|------------|
|                 |       |                        |               | Manual  | Non-Manual |
|                 |       |                        |               |   |            |
|                 |       |                        |               |   |            |
|                 |       |                        |               |   |            |

## Section 5 - Premises

| Address | Your activities at this location | Owned or Leased |
|---------|----------------------------------|-----------------|
|         |                                  |                 |
|         |                                  |                 |
|         |                                  |                 |
|         |                                  |                 |

a) Do you store any dangerous goods or hazardous substances at any of your premises?  Yes  No

b) Do you discharge any dangerous or toxic substances into the atmosphere, any water course or elsewhere?  Yes  No

c) Has the land on which your premises are located ever been:  Yes  No

i) registered by either a local authority or government as a contaminated site?  Yes  No

ii) used for waste disposal or hazardous processes (e.g. chemical manufacture, etc)?  Yes  No

If yes to any of the above, provide details, including the required licenses and consents held:

## Section 6 - Care, Custody or Control

Include full details of all property owned by others and on what basis (leasing, servicing, bailment, etc) it is in your care, custody or control.

| Description of property | Basis | Approximate Value |
|-------------------------|-------|-------------------|
|                         |       |                   |
|                         |       |                   |
|                         |       |                   |

Is there any other insurance policy in place to cover this property?  Yes  No

|  |          |  |       |  |
|--|----------|--|-------|--|
| If yes, who is the insurer and when is the policy due? | Insurer: |  | Date: |  |
|--|----------|--|-------|--|

If you are a Bailee, a separate Proposal should be completed.

## Section 7 - Your Operations

a) Do any of your operations include cutting or welding or processes involving heat?  Yes  No

b) Do you work on motor vehicles, aircraft or watercraft?  Yes  No

|   |      |  |
|---|------|--|
| Provide details including the turnover generated. | NZ\$ |  |
|---|------|--|

c) Provide details of all work undertaken away from your premises including contracting, servicing, maintenance, installation, construction, building, erection.

d) Do you engage subcontractors? If yes, provide details below  Yes  No

e) Are subcontractors required by your contract to provide their own Public Liability Insurance?  Yes  No

If yes, provide details below (ie. Number, activity, payroll etc)

## Section 8 - Professional Services

Do you carry on any professional, technical, design, consultancy, advisory or similar services as an ancillary service to your business?  Yes  No

If yes, provide details:

Do you charge a fee for these services?  Yes  No

Amount of fees

NZ\$

Do you have a separate Professional Indemnity policy?  Yes  No

If yes, who is the insurer and when is the policy due?

Insurer:

Date:

## Section 9 - Contractual Liability (Attach a copy of your standard Terms/Conditions of Trade)

Do you have any agreements (other than lease or rental agreements) under which you:

a) have accepted liability which would not normally be your responsibility at law?  Yes  No

b) have given away your rights of recovery from other parties?  Yes  No

c) have limited your liability to the value of your products?  Yes  No

If yes to any of the above, provide details below and attach copies of agreements:

## Section 10 - Products Liability (This includes all products manufactured, constructed, erected, repaired, serviced, treated, sold, supplied or distributed by you).

**If you export, Appendix B should be completed.**

Describe all of your products and enclose brochures or catalogues:

a) Are your products intended component parts of another product?  Yes  No If yes, provide details:

b) Do you manufacture to the design, formulae, plans or specifications of others or to your own design?  Others  Own.

If others, provide details:

c) Provide details of any discontinued products no longer made, sold, or distributed by you or any subsidiary for which this insurance is proposed:

## Section 10 - Products Liability (continued)

d) Will you supply any products you do not manufacture?  Yes  No If yes, provide details:

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e) Do manufacturers indemnify you for any defects in their products?  Yes  No

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f) Do you alter or change the form of products which you do not manufacture?  Yes  No

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If yes, provide details of the products, purpose of use and the source and details of any alteration you make to it:

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g) Provide details of any products that are used in any motor vehicle, aircraft or watercraft:

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h) Do you have a Product Recall or Incident Management Plan established to handle a recall if one becomes necessary?  Yes  No

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If you require a quote for Product Recall Expense, Appendix C should be completed.

## Section 11 - Imports

Supply details of all imported goods including the use of such goods and the country of origin.

| Goods and Use | Country of Origin | Value |
|---------------|-------------------|-------|
|               |                   |       |
|               |                   |       |
|               |                   |       |

Do suppliers indemnify you for any defects in the goods they supply?  Yes  No If yes, provide details:

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## Section 12 - Quality Control Procedures

Do you have a formalised quality management system?  Yes  No

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Has your quality management system been certified to the ISO9000 series or equivalent?  Yes  No

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If not certified, provide details of quality management systems and indicate who is responsible:

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| Name | Position | Qualifications relevant to position |
|------|----------|-------------------------------------|
|      |          |                                     |

**Section 13 - Prior Insurance and Losses**

Provide details of liability insurance during the last 10 years including the name of the Insurer(s):

Has any Insurer ever declined to insure you, cancelled or refused to renew your insurance, or imposed special terms or conditions on you?  
 Yes  No. If yes, provide details including the name of the Insurer:

Provide details of any losses, complaints or claims made against you in the last 10 years (whether insured or not) which would have been the subject of indemnity under the proposed insurance. Use a separate sheet if necessary.

Are there any claims pending against you or are you aware after investigation of any circumstances which could give rise to a claim under the proposed insurance?  Yes  No If yes, provide details:

**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;
- b) 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 |  |      |  |

## Appendix A- Employers & Statutory Liability

1. a) How many buildings do you own? \_\_\_\_\_ lease or rent? \_\_\_\_\_

b) Do you have current Warrants of Fitness for the buildings which you own?  Yes  No

2. Do you have written procedures/manuals and/or systems to ensure compliance with legislation that affects your business?  Yes  No

If No, advise how you comply with such legislation?

3. In respect of the Fair Trading Act do you have:

a) A Fair Trading Act compliance programme in place?  Yes  No

b) Is the programme reviewed and checked annually?  Yes  No

4. Health and Safety Legislation

a) What review and procedures have been undertaken/put in place to ensure compliance with the increased exposure from the Health & Safety at Work Reform Bill? Please provide detail:

b) A hazard identification system in place?  Yes  No

c) A Health and Safety manual and training system in place?  Yes  No

5. Do you need/or have you ever applied for a Resource Consent and/or Certificate of Compliance under the Resource Management Act 1991?  Yes  No

6. Have you ever been involved in proceedings in connection with, received compliance notices or been fined for breaches of any Act of Parliament or Amendments?  Yes  No

7. a) Have you had any previous claims or complaints against you which could have been subject to indemnity under this proposed insurance?  Yes  No

b) Are you, or any of the Company's Directors or Officers, aware of the existence of any circumstances from which you could reasonably expect a claim to arise in the future?  Yes  No

**If the answer to 4, 5 or 6 is YES, please provide full details on a separate sheet.**

8. Who in your Company has overall responsibility for ensuring compliance with the Acts of Parliament referred to in this application:

| Name | Position |
|------|----------|
|      |          |

9. Limit of Insurance required NZ\$ \_\_\_\_\_

## Declaration

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

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- 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;
- 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;
- 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 |      |

## Appendix B - Exporters Liability

1. Please provide full details of your exports split into product type and value in NZ\$ to each export destination.

| Destination    | Products | Actual last year | Estimate this year |
|----------------|----------|------------------|--------------------|
| New Zealand    |          | \$               | \$                 |
| Australia      |          | \$               | \$                 |
| USA            |          | \$               | \$                 |
| Canada         |          | \$               | \$                 |
| United Kingdom |          | \$               | \$                 |
| Rest of Europe |          | \$               | \$                 |
| Japan          |          | \$               | \$                 |
| Rest of Asia   |          | \$               | \$                 |
| Rest of World  |          | \$               | \$                 |
|                | Totals   | \$               | \$                 |

2. a) Please state the first year you exported any products

(b) Please state the first year you exported any products (either directly or in-directly) into the USA or Canada

3. Are instructions supplied with your product and are they written in language(s) used by the end-user(s)?  Yes  No If yes, which languages?

4. Do your products meet the manufacturing/safety standards established in the countries exported to?  Yes  No  
If yes, provide details of the standards your products meet.

5. List your major vendors/distributors by name, location and turnover. If they contractually require you to name them as a Vendor on your policy, please provide details.

6. Are you in anyway represented in the USA or Canada by either direct representation, parent company, subsidiary, sales office or by any other party holding Power of Attorney on your behalf?  Yes  No. If yes, provide details.

7. If you do not export products directly into the USA or Canada, or any of their territories or possessions, are you aware of any circumstances where your products may be re-directed to those countries.  Yes  No. If yes, provide details.

## Declaration

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

- 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;
- 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;
- 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 |  |      |  |

## Appendix C - Product Recall Expense

1. List the locations of your manufacturing facilities or plants:

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2. Do all your products conform in all respects with the requirements of any statute, or the regulations of any government department or agency?  
 Yes  No

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3. Advise the type of packaging and shelf life of your products:

| Product | Packaging Description | Average Shelf Life |
|---------|-----------------------|--------------------|
|         |                       |                    |
|         |                       |                    |
|         |                       |                    |

4. Are your products batch produced or is it a continuing process?

a) If batch produced, what is your average batch size?

b) If a continuing process is used, what is your average size run?

5. Does your coding system allow for the following identification?

|                  |                    |
|------------------|--------------------|
| Product Name     | Shelf expiry date  |
| Manufacturer     | Serial Number      |
| Part Number      | Suggested Use      |
| Batch Number     | Directions for Use |
| Manufacture Date | Warnings Needed    |
| Producing Plant  | Other              |

6. Do you maintain computerised control systems for:

a) Product Inventory?  Yes  No

b) Sales to and identity of:  Yes  No

i) Wholesalers and/or Distributors?  Yes  No

ii) Retailers  Yes  No

7. a) Do your wholesalers and/or distributors maintain records of the final retail outlets of your products?  Yes  No If yes, provide details.

b) How long are these records kept?

years

8. Do any of your products become part of other companies products?  Yes  No. If yes, provide details.

9. If any of your products are sold to be repackaged under another name, to whom are they sold and what is their eventual name.  Yes  No. If yes, provide details.

10. Do you indemnify or hold harmless by contractual agreement any suppliers of components or raw materials?  Yes  No If yes, provide details.



## Appendix C - Product Recall Expense (continued)

11. Advise the method of distribution of your products:

|   |  |
|---|--|
| a) How transported (truck, rail, etc):  |  |
| b) Type of packaging (drums, bulk, etc):  |  |
| c) Detail the steps to the end-user: (eg. manufacturer/wholesaler/retailer etc) |  |

12. a) Do you have a Product Recall or Incident Management Plan established to handle a recall if one becomes necessary?  Yes  No

Attach a full copy of your Product Recall or Incident Management Plan.

b) If you do not have such a plan and it becomes necessary to recall any of your products, what methods would be used to secure the return of such products? **Provide details on a separate sheet.**

c) Provide a breakdown of the costs you could incur, in the event of a Recall - include the cost of the recalled product, any loss of income, the advertising expenses, freight/transportation costs, etc.

|                           |      |  |
|---------------------------|------|--|
| Estimated maximum cost in | NZ\$ |  |
|---------------------------|------|--|

13. Have any of your products ever been recalled for any reason?  Yes  No If yes, provide the following details:

a) The product(s) involved.

b) The reason for the recall and the steps taken to prevent a recurrence.

c) The date the recall was initiated and the date closed.

d) Methods used to effect the recall.

e) A breakdown of the costs involved - including the cost of the recalled product plus any loss of income, the advertising expenses, freight/transportation costs, etc.

|               |      |  |
|---------------|------|--|
| Total cost in | NZ\$ |  |
|---------------|------|--|

14. Do you, or any of your Directors or Officers, have knowledge or information of any circumstances which might give rise to a claim under the proposed policy?  Yes  No

|                         |      |                                       |
|-------------------------|------|---------------------------------------|
| 15. Limit required      | NZ\$ | each loss and in the annual aggregate |
| 16. Deductible required | NZ\$ | each loss                             |

## Declaration

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

- 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;
- 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;
- 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

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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

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### 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

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

| The rating scale is:    |                |                      |   |
|-------------------------|----------------|----------------------|---|
| AAA<br>Extremely Strong | BBB<br>Good    | CCC<br>Very Weak     | SD or D<br>Selective default or default |
| AA<br>Very Strong       | BB<br>Marginal | CC<br>Extremely Weak | R<br>Regulatory Action                  |
| A<br>Strong             | B<br>Weak      |                      | NR<br>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

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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](http://www.icnz.org.nz) and on request.



## Privacy Statement

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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);
- 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](mailto: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 [Privacy Policy](#) 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](mailto:enquiries@privacy.org.nz) or using the online form available on the Privacy Commissioner's website at [www.privacy.org.nz](http://www.privacy.org.nz).

## About Chubb in New Zealand

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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](http://www.chubb.com/nz).

## Contact Us

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Company No. 104656  
Financial Services Provider No. 35924

Chubb. Insured.<sup>SM</sup>