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Barley Insurances Limited
 PO Box 1412
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 Auckland 1140

Association Combined Liability Insurance

Underwritten by American Home Assurance Company (New Zealand Branch) trading as AIG New Zealand

Entity Name:		Contact Person:	
Entity Address:			
Activities:			
Website Address:		Number of years operating:	
Gross Income:	\$.....	Number of Trustees/Board Members:	
Total Assets:	\$.....	Number of Paid Employees	
		F/T & P/T	
Total Liabilities	\$.....	Casual	
		Number of Volunteers:	
Latest financial year result	\$..... (SURPLUS/DEFICIT)	How many Trustees/BoardMembers/ Employees have left in the last 12 months:	
From where does the primary funding come?			

Please answer the following questions:

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1 Does the Association provide medical service or advice? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 (a) Does the Association have a written Human Resources manual or equivalent written management guidelines? | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) if yes, is this manual/guidelines distributed to all staff? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Are duties segregated so that no individual can control any of the following activities from commencement to completion without referral to others: | | |
| (a) signing cheques or authorising payments above \$5,000? | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) issuing funds transfer instruction? | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) opening new bank accounts? | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) reconciling bank statements? | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) awarding contracts following a tender? | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) paying of wages/salaries? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Does the Association have written procedures and/or control policies to ensure compliance with legislation that affects the Association's business activities? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Does the Association, use, handle, transport or manufacture any chemicals, hazardous or toxic substances or goods? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 Has the Association or any Trustee or Board member ever been refused this type of cover, had a similar policy cancelled or had special terms imposed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 Have there been any claims made against the Association or its Trustees or Board Members or Employees which may have been covered under this policy if it were in force? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 Has any Trustee or Board Member been employed or engaged by or otherwise involved in an entity that has been in receivership or liquidation? | <input type="checkbox"/> | <input type="checkbox"/> |

- 9 After enquiry has the Association or any Trustee or Board Member been involved in, or is there now pending against them, any criminal proceedings or any prosecution under the Fair Trading Act, Companies Act, Commerce Act or any other NZ legislation or other similar overseas legislation?
- 10 After enquiry of all Trustees and Board Members are you aware of any circumstance which could give rise to a claim, an investigation, examination, inquiry or other proceedings under this policy?

If you answered YES to Question 5-10 please give full details (if the space provided below is insufficient, please use a separate signed and dated sheet in order to provide a complete answer to the question):

Please tick the covers and circle limits required:

Yes	No						
✓	<input type="checkbox"/>	Association Liability	Limit of Indemnity	\$250,000	\$500,000	\$1,000,000	✓ \$2,000,000
<input type="checkbox"/>	<input type="checkbox"/>	Employment Practices Liability	Limit of Indemnity	\$250,000			
<input type="checkbox"/>	<input type="checkbox"/>	Fidelity Guarantee	Limit of Indemnity	\$100,000			
✓	<input type="checkbox"/>	Statutory Liability	Limit of Indemnity	\$250,000	\$500,000	✓ \$1,000,000	
<input type="checkbox"/>	<input type="checkbox"/>	Employer's Liability	Limit of Indemnity	\$250,000	\$500,000	\$1,000,000	
✓	<input type="checkbox"/>	Public Liability	Limit of Indemnity	\$500,000	\$1,000,000	✓ \$2,000,000	

Declaration and Acknowledgement

I/we hereby declare that the information and answers given in the application are true and correct and that all information that may be material in considering this application has been fully and accurately disclosed. I/We understand that the failure to provide this information may result in the application being declined, or the insurance contract being void from the beginning.

I/We undertake to inform American Home Assurance Company of any material changes to the business or information provided herein whether occurring before or after the completion of the insurance contract.

I/We understand that this application and any other information supplied by me/us shall be the basis of and incorporated in the insurance contract.

I/We acknowledge that the premiums quoted and charged to me will include a Brokers Documentation Fee and also that the Broker will be remunerated by means of Brokerage paid to them by American Home Assurance Company.

Privacy Act

Pursuant to the Privacy Act 1993 the following is brought to your attention:

1. This Application collects personal information about you.
2. The information is collected to evaluate the insurance you seek.
3. The intended recipient of the information is your Insurance Broker and American Home Assurance Company.
4. The information is being collected and held by your Insurance Broker and American Home Assurance Company.
5. You have rights of access to, and correction of, this information subject to the provisions of the Privacy Act 1993.

Signature: Date:

Full name of signatory and position: