

1. Details of the individual proposer

Name

Address

Telephone

email

2. Do you own in whole or in part any practice/clinic/hospital etc?

YES

NO

If "Yes", please provide particulars:

3. What professional services do you provide?

General Podiatry

Surgery

Orthotics

Other

If "Other", please provide particulars:

4. Do you sell any products?

YES

NO

If "Yes", please provide particulars:

5. Have any claims been made against you during the last five years? Or are you aware of any circumstances, which could give rise to a claim?

YES

NO

If yes, please describe briefly including date, details and amounts involved:

6. Have any complaints been made to the Podiatrists Board of New Zealand against you during the last five years?

YES

NO

If yes, please describe briefly including date and details:

DECLARATION

I/We hereby declare that the information and answers given in this proposal are in every respect true and correct and that Vero Liability Insurance Limited is aware of all information that may be material in considering this proposal. I/We agree that this proposal and declaration shall be the basis of and incorporated in the insurance contract. I/We undertake to inform Vero Liability Insurance Limited of any material alteration to the above facts whether occurring before or after the completion of this insurance contract. I/We authorise Vero Liability Insurance Limited to obtain from other insurers or any insurance broker or other party any information relating to this insurance or any other insurance held by me/us or any claim made by me/us.

I/we understand that:

- Vero Liability Insurance Limited is collecting the information on this proposal to evaluate my/our insurance requirements.
- I/we am/are obliged to inform Vero Liability Insurance Limited of any information which may be material to its consideration of this application.
- Failure to provide any of this information may result in Vero Liability Insurance Limited refusing to provide the insurance.
- I/we have certain rights of access to and correction of this information.

Signed:

Date:

Note: Completion of this proposal does not bind the proposer or Vero Liability Insurance Limited to complete this insurance.