

The New Zealand Association for Training and Development (NZATD) liability programme provides *comprehensive insurance coverage* across a wide range of liability risks at extremely competitive rates available to NZATD Members.

About JLT

JLT is the appointed advisor for NZATD in respect of providing the Association with the Liability Package outlined below. JLT is one of the world's largest brokers, in New Zealand JLT and its predecessors have been in operation since 1936.

The services we offer in New Zealand encompass the entire spectrum of risk and insurance and our education practice is an integral part of this. We have over 20 years experience in providing insurance and risk management services to the education sector. Visit our website at www.jlt.co.nz

Benefits

- Ease of arrangement – completion of one form
- Agreed policy wordings tailored specifically for the Associations requirement.
- Low cost premium
- Direct contact with experienced staff to give you quality advice
- Free phone number – 0800 111 644

How do I obtain cover?

- Complete the form as attached
- Email or fax to:
Natasha Clarke
Jardine Lloyd Thompson
natasha.clarke@jlt.co.nz
Phone: 03 366 4866 or 0800 111 644

Our clients' needs are of paramount importance. They influence everything we do and our aim is to give our clients' a competitive edge in their business.

JLT
Distinctive. Choice.

Solutions

What is Covered

The Liability package comprises protection in respect to:

Professional Indemnity

Cover:	Indemnification for claims as a result of breach of professional duty in the conduct of the practice, by reason of negligence by way of act, error or omission
Extensions:	Defamation Loss of Documents One Automatic Reinstatement Unintentional Breach of copyright (sub-limit \$500,000 any one claim and in the aggregate any one policy period)
Limit of Indemnity:	\$1,000,000 any one claim and in the aggregate per policy period
Excess:	\$1,000 each and every claim costs inclusive
Territory & Jurisdiction:	New Zealand

Public Liability

Cover:	Broadform indemnity for legal liability to third parties in respect of property damage and personal injury
Extensions:	Punitive & Exemplary Damages. Sub limit \$1,000,000 Care Custody & Control. Sub limit \$50,000 Forest & Rural Fires Act. Sub limit \$250,000
Limit of Indemnity:	\$1,000,000 per occurrence. In respect of products – in the aggregate per policy period
Excess:	\$250 per occurrence
Territory & Jurisdiction:	New Zealand
Products Territory:	New Zealand

Statutory Liability

Cover:	Indemnity for defence costs and fines arising out of an occurrence as a result of an allegation of a breach of any Act of Parliament other than an 'excluded' act
Limit of Indemnity:	\$500,000 any one claim and in the aggregate per policy period
Excess:	\$500 each and every claim costs inclusive
Territory & Jurisdiction:	New Zealand

Work Lawsafe - Legal Defence

Cover:	Legal defence costs following civil action for criminal charges or serious traffic charges occurring in or about work.
Limit of Indemnity:	\$50,000 any one claim and in the aggregate
Excess:	\$Nil, each and every claim costs inclusive
Territory & Jurisdiction:	New Zealand

Additional Cover

Employers Liability

Cover:	Indemnity for damages awarded against an employer for injury to an employee in the course of their employment to which the Accident Compensation Acts will not apply. Cover includes defence costs, e.g. stress, anguish, gradual injury (e.g. passive smoking, air conditioning) stroke – in the absence of physical sudden injury.
Limit of Indemnity:	\$500,000 any one claim and in the aggregate per policy period
Excess:	\$500 each and every claim costs inclusive

How much will the cover cost?

Quotation

Combined Package Premium

\$300 plus GST per individual insured (per person) plus a documentation fee of \$75 per policy

Additional Employers Liability cover

\$15 plus GST per employee

Renewal Date

The programme has an annual renewal date of 31 March. The cover can be effective from any date to provide seamless cover and to avoid any gaps. The first premium would be adjusted for the pro rata period and cover would be effective from the date specified.

Company or Entity?

If the individual operates as a limited liability company or similar, the entity will be noted as an additional insured but cover will apply only in respect of negligent act of the individual insured.

Retroactive Date

If the cover replaces a previous policy, please provide us with a copy of the policy schedule. We will arrange the retroactive date to match the retroactive date of your previous cover. If a previous policy schedule is not received the retroactive date will be the date this cover starts.

The Insurer

Vero Liability Insurance Ltd

In accordance with the Insurance Companies (Ratings and Inspections) Act 1994, we are required to provide you with the following information about the Insurer.

Vero Liability Insurance Ltd has an A+ claims payment rating given by Standard and Poor's (Australia Pty Ltd) on 6 January 2012 under the following rating guides:

Standard & Poor's (Australia) Pty Ltd

AAA	Superior
AA	Very Good
A	Strong
BBB	Good
BB	Marginal
B	Weak
CCC	Very Weak
CC	Extremely Weak
R	Regulatory Action

JLT Remuneration

Our remuneration in acting as your insurance consultants and advisors, for this policy, is by Commission or Brokerage paid by the Insurer and the documentation fee shown in the quotation.



Liability Programme Proposal

New Zealand Association for Training and Development



Phone: 03 366 4866 or 0800 111 644

Risks Insured	Limit of Indemnity	Excess
Professional Indemnity	\$1,000,000	\$1,000
General and Product Liability	\$1,000,000	\$ 250
Statutory Liability	\$ 500,000	\$ 500
Workplace Legal Defence	\$ 50,000	\$ NIL

Optional Cover

Employers Liability	\$ 500,000	\$ 500	Cover Required ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---------------------	------------	--------	------------------	------------------------------	-----------------------------

DATE COVER TO START:

PERIOD OF INSURANCE FROM 4pm on _____

TO: _____ 4pm, 31 March 20____

The Insured (Also specify if Sole Trader, Ltd Co, Partnership)			
Contact Name		Phone:	
Postal Address		Email:	
		Mobile:	
Physical Address		Web site:	
		No. of Locations	
Annual Turnover/Fees Last 12 months	\$	No. of Employees	
Qualifications			
Are you a member of New Zealand Association for Training and Development?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Description of Business If other than usual activities expected of a trainer or developer who is a member of the NZATD			
Have any claims been made against the organisation during the last five years? Or are you aware of any circumstances, which could give rise to a claim?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please describe briefly including date, description of matter and amounts involved.			
Has any Insurer Declined, or refused to renew any proposal for insurance?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If the answer is YES to the above, please supply particulars below:			

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.

Insured's Signature: _____

Title: _____ Date: ____ / ____ / ____

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