Your Declaration & Authority To Proceed With Insurance Cover

To effect or continue cover it is essential that you sign and return this declaration and authority to us. You should provide this along with your premium payment or monthly Instalment document.

Our Insurance Report, herein, is based on the information you have supplied. Please ensure that you have carefully read all Duty of Disclosure questions and information attached with this Insurance Report prior to signing the declaration and authority.

Insured Name	Our Reference	Policy Details
Body Corporate 66502	P300035029/28	Commercial Package

Duty of Disclosure

As your financial advice provider we are required to provide a Duty of Disclosure notice to you on behalf of the Insurer. Should you need any clarification in respect of this notice or your obligations please do not hesitate to contact us.

Your Duty of Disclosure requires you to tell us of any information that may affect the Insurer's decision to provide insurance cover and/or on what terms and conditions. Each person(s) or entity named as the Insured has this Duty of Disclosure. If you do not tell us about any information which may be relevant to the Insurer, this may result in the refusal and/or reduction of claims and/or cancellation of the insurance policies. (For further information on your Duty of Disclosure, refer to Important Notices).

These are your Duty of Disclosure questions as we currently have them recorded. Please check that these are correct as this information will be shared with your Insurer(s) and form part of your contract of insurance.

Insured Name: **Body Corporate 66502**

1. Has any Insurer ever refused a proposal you have made for insurance, or have you ever had a policy cancelled, renewal refused or special terms imposed:	No
2. Have you or any other insured party ever withdrawn a claim, or had a claim declined by an insurer:	No
3. Have you or any other insured party ever been declared bankrupt, been placed in receivership or liquidation, or been sued for unpaid debts:	No
4. Subject to the Criminal Records (Clean Slate) Act 2004, have you or any other insured party been convicted, charged, or have a prosecution pending for any criminal offence:	No
5. Have you or any other insured party ever experienced a loss, whether insured or not, in excess of $5,000 or had 3 or more claims in the past 5 years.	No
6. Are you aware of any circumstances, other than those mentioned above, which could influence the Insurers decision to accept the risk of insurance, or which could alter the terms of such decision:	No
7. Do you authorise us to give to, or obtain from, Insurers or any other reference service including the Insurance Claims Register Ltd, information relating to the insurance held by you, or any claims in relation thereto:	Yes
8. I/We agree the Privacy Policy Statement is acceptable:	Yes

Privacy

We are committed to protecting your privacy in accordance with the Privacy Act 2020 and the New Zealand Information Privacy Principles. We maintain a Privacy Statement and Privacy Collection Notice which outlines how we collect, disclose and handle your personal information. You can review our Privacy Statement on our website https://insuranceadvisernet.co.nz/privacy-statement or by contacting us. Our Privacy Collection Notice forms part of our Statement of Services.

We only collect personal information relevant to us providing you with the recommendations and advice contained within this Insurance Report. The information collected has been used to evaluate the insurance you are seeking and is required pursuant to the common law duty to disclose all material facts relevant to the insurance sought.

You have the right to access and correct this information, subject to the provisions of the Privacy Act 2020.

Disclaimer

Risk exposures vary widely from business to business. The risk comments, views and advice in this Insurance Report are intended as a guide only. While all reasonable efforts have been made to ensure the information and advice provided in this Insurance Report is accurate, we make no representations and give no warranties that the information is free from errors or omissions. We take no responsibility for the accuracy of any information supplied by third parties.

To the full extent permitted by law, we accept no responsibility and shall have no liability for any errors, omissions or other inaccuracies in the information provided in this Insurance Report, or for any loss or damage suffered or incurred (directly or indirectly) by any person, as a result of using the information in this Insurance Report.

This Insurance Report report is prepared and provided on a confidential basis for use only by the recipient and should not be reproduced or forwarded to any other person without the prior written consent of us. We have no obligation to update any advice given and you should review your risk needs regularly (we are happy to assist on request).

Solvency of Insurers

Insurance Companies in New Zealand are regulated by the Reserve Bank under the Insurance (Prudential Supervision) Act 2010. Whilst every precaution is used in only recommending quality Insurers with a credit rating of A- or better, we only use publicly available information when assessing Insurers and cannot guarantee or otherwise warrant the solvency of any particular Insurer.

Authority To Proceed

In respect of the recommendations and advice that has been provided, I/we acknowledge:

- This Insurance Report accurately reflects our discussions to date;
- It is in accordance with the scope of advice as agreed with the Financial Adviser;
- Any limitations on the nature and scope of the advice provided has been explained by the Financial Adviser;
- Any particular circumstances and/or assumptions upon which the Financial Adviser based the advice is valid and correct;
- There has been opportunity to discuss, ask questions and clarify the advice provided;
- Any risks and/or consequences of following the advice have been explained by the Financial Adviser;
- I/we understand what the advice provided means sufficiently to determine whether or not to follow the advice provided.

Please select one of the following:

☐ I/we accept the recommendations made and authorise you to proceed with the implementation of the recommendations; or

☐ I/we do not accept the recommendations made and do not wish to proceed with the advice documented in this Insurance report; or

☐ I/we authorise you to proceed with the implementation of the recommendations subject to the alterations listed below:

The Report Recommendation	Client Alteration

Declaration:

I/we hereby declare;

1. I/We hereby declare that all the answers and statements made in this Declaration and Authority to Proceed and as shown in the Insurance Report, are true and accurate in every respect and no information has been withheld which is likely to affect an Insurer's decision on this insurance and/or on what terms and conditions.
2. I/We have read and understood all the information contained in the Insurance Report and this declaration, including the Duty of Disclosure obligations.
3. I/We agree this Insurance Report is a summary and is not the policy wording and that I/we have been recommended to read the policy wording.
4. I/We undertake to advise of any material alteration of the information disclosed whether occurring before or after the insurance cover commences.
5. I/We acknowledge that the Financial Advice Provider and the Financial Adviser are not responsible and cannot be held liable for the insolvency or liquidation of any Insurer mentioned in this Insurance Report.
6. I/We acknowledge that the Insurer reserves the right to decline any application for insurance.
7. I/We acknowledge that this declaration will be relied on by the Insurer in accepting this application for insurance.
8. I/We authorise the Financial Advice Provider, Financial Adviser and Insurer to give and obtain from other Insurance Companies, Insurance Brokers, The Insurance Claims Register Ltd or any other party any information relating to this or any other insurance held or previously held.
9. I/We acknowledge having read and understood how my personal information is used in accordance with the Privacy Statement and Privacy Collection Notice.

_____	_____	____/____/_____
Insureds Name	**Insureds Signature**	**Date**

DISCLOSURE STATEMENT

1. The following information has been supplied to Capital Commercial (2013) Limited ("Bayleys") to be made available for distribution on the vendor's behalf to potential purchasers to assist purchasers with their due diligence and to use at the purchaser's discretion.
2. Bayleys and the Vendor do not warrant the accuracy or completeness of the information and recommends that all recipients undertake their own due diligence, obtain their own reports to their satisfaction and seek independent advice prior to committing to purchaser.