

# ROUGHTON NELSON

Professional Insurance Brokers

## Client Declaration Authority

PLEASE READ BEFORE COMPLETING

The purpose of this form is to collect information about you and your insurance history in order for Insurers to accurately assess the risks associated with the insurance that is being arranged on your behalf. Please ensure that the information and answers provided are accurate and true in every aspect, as they can and will form the basis of the insurance contract entered into. Please note failure to accurately record the information may prejudice your rights for a claim at a later date. If in doubt please ensure you provide all information regardless of the age of the claim or circumstance. If there is insufficient room on this form please attach additional notes as required.

Broker Contact: \_\_\_\_\_

Client: \_\_\_\_\_  
 Dates of Birth: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Email: \_\_\_\_\_  
 Postal Address: \_\_\_\_\_  
 Phone No. Bus: \_\_\_\_\_ Pvt. \_\_\_\_\_ Fax No. \_\_\_\_\_  
 Accountant's Name: \_\_\_\_\_ Firm: \_\_\_\_\_  
 Solicitor's Name: \_\_\_\_\_ Firm: \_\_\_\_\_

1. Has any insurer :
- a) Declined any proposal for Insurance? Yes  No
  - b) Refused to renew any insurance? Yes  No
  - c) Demanded an increased premium? Yes  No
  - d) Imposed any special terms on renewals? Yes  No

If "Yes", please supply particulars \_\_\_\_\_  
 \_\_\_\_\_

2. Have you ever been found guilty of any criminal offence or is any prosecution pending? Yes  No

If "Yes", please supply particulars \_\_\_\_\_  
 \_\_\_\_\_

3. Claims / Losses

My/Our loss and claims history and driving convictions over the past five years are listed below :

**MOTOR VEHICLE ACCIDENT AND DRIVING CONVICTIONS**

Please include details for any person who will drive your vehicles

DRIVER	AGE	DATE	NATURE OF ACCIDENT/OFFENCE	AMOUNT OF LOSS

**ALL OTHER LOSSES AND/OR CLAIMS**

Please provide full details of all losses – Burglary, Fire, Refrigerated Goods etc.

TYPE	AGE	DESCRIPTION	INSURANCE COMPANY	AMOUNT OF LOSS

Name of Client: \_\_\_\_\_ Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

I / We agree all information given is true and correct.

I / We agree to accept any terms, exceptions, and conditions contained in the policy as modified or extended by an endorsement thereon.

I / We acknowledge that premiums charged to me will include a Broker's Administration and Service Charge and that Thorson Holdings Ltd trading as Roughton Nelson Insurance Brokers (RNL) will also be remunerated by means of Brokerage paid to them by the Underwriters.

**Privacy Act 1993 – Declaration**

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

This authority enables us to collect personal information about you.

The information is collected to evaluate the insurance you seek.

The intended recipients of the information are: -

- a. RNL
- b. The Underwriters of this insurance.
- c. The Reinsurers of this insurance.
- d. Any agent of the above.
- e. Insurance Claims Register Limited

If you refuse to provide the information, the underwriters may decline your proposal.

The information is being collected and held by RNL and the underwriters of this insurance.

You have the rights of access to, and correcting of this information, subject to the provisions of the Privacy Act 1993.

**Declaration**

I / We authorise RNL to act as our Insurance Brokers.

I / We authorise the disclosure of personal information held by any party regarding my/our previous insurance.

I / We agree to RNL and the underwriters of this insurance, releasing to other parties, personal information regarding this insurance.

Where practicable, all partners should sign this declaration. However, where partners are overseas, or in view of the number of partners, it is not reasonably practicable for all to sign, this proposal can be signed by one partner on behalf of the firm.

Signed by: .....

Date: .....

**Please Note Any Additional Information Here :** .....

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