

REPs Insurance Declaration Form

This section applies to those who register at a level with insurance included.

NOTE: Contractors to facilities are not normally covered by any facility's workplace insurance.

Name: Date of birth:

IMPORTANT: YOU MUST COMPLETE SECTIONS A TO F OF THIS INSURANCE FORM

A	List activities you undertake e.g (Personal Training, Aerobics Classes) <i>See note 1 below.</i>	<input type="text"/> <input type="text"/>
B	Have you had any previous claims in respect to the insurance being applied for?	<input type="checkbox"/> No <input type="checkbox"/> Yes (provide details in space below)
C	What was your total income in the last completed financial year? (excl GST) if you have just started business please tick "just started"	<input type="checkbox"/> Under \$50,000 <input type="checkbox"/> Just Started
D	Over \$50,000. Please write actual amount.	\$ <input type="text"/>
E	Have you ever been subject to disciplinary proceedings for professional misconduct?	<input type="checkbox"/> No <input type="checkbox"/> Yes (provide details in space below)
F	Are you aware of any claims, or circumstances which may result in claims against you?	<input type="checkbox"/> No <input type="checkbox"/> Yes (provide details in space below)

NOTE 1. These activities must be within your role as an exercise professional, and within the scope of your knowledge, competency and skill.

NOTES:

Insurance Agreement:

On behalf of all proposed Insureds I/We declare and agree that:

- a) All information provided, in this proposal or attachments, is true and complete in every respect and that no Material Facts remain undisclosed;
- b) If this risk is accepted, such information will be incorporated into and form the basis of the contract of insurance;
- c) I/We understand that Lumley requires this information in order to evaluate this proposal and that the Privacy Act 1993 entitles me/us to have access to, and request the correction of, any information retained;
- d) Lumley is authorised to disclose information to its advisers, reinsurers, other insurers and parties with a financial interest in the subject matter of this proposal;
- e) Lumley is authorised to check details against the Insurance Claims Register and to place information on the Insurance Claims Register which other insurers can access;
- f) Lumley is authorised to obtain from other parties any information which may be relevant to the acceptance of this risk;
- g) The signing of this proposal does not bind either party to complete the contract and that no cover will be in force until confirmed by Lumley.

I/We agree to accept the terms, exceptions and conditions contained in the Professional Indemnity Insurance policy as modified or extended by any endorsements thereon or the policy schedule or on any certificate of insurance issued to me/us by Lumley in lieu of a policy.

I/We agree that REPs reserves the right to change insurer at any time. This may result in changes to the terms and conditions of the cover, but REPs will ensure the level of cover is comparable.

Lumley, a business division of IAG New Zealand Limited

Signed: Date: