Risk Management Scheme Application Form

MINISTRY OF EDUCATION
TE TĂHUHU O TE MĀTAURANGA

Please scan and email your completed form to RMS.Mailbox@education.govt.nz   A confirmation email will be sent

Please answer all questions giving full and complete answers.

If there is insufficient space, please attach additional information in order to provide a complete answer to any question.

School details

Name of school:

School number:

Postal address:

Contact: E-mail:

Position:

Telephone: Fax:

Total number of students:

Total Replacement Value of Contents: $

(a) Total number of actual full time staff (including Principal and teaching and non-teaching staff):

(b) Total number of part time staff (teaching and   non-teaching):

Are you satisfied as to the honesty and character of all employees who are handling money or accounts?   Yes ☐   No ☐

Loss details

Please advise full details of any loss, proceedings, notice, complaint or claim made against you, or fine imposed under legislation, whether insured or not, which, had this insurance been in force, could have resulted in a claim under the proposed insurance (including ACC claims).

Date of Loss	Details of any Loss, complaint or claim	Amount of loss

From what date would you like the insurance to c o m m e n c e ?   /   /

Declaration

The Board of Trustees of _____ declare

(a) We agree that the school's personal information may be used by the Insurers to advise us of other services provided by them.

(b) We authorise the disclosure of personal information held by any other party regarding our previous insurances.

(c) We agree to the Insurers releasing to other parties' information regarding this insurance.

(d) We hereby declare and warrant that the answers given in this proposal (and any attachments relating to it) are in every respect correct and   complete.

(e) We agree that this proposal, declaration (and any attachments to it) and any other information supplied to the Insurers in support of this proposal shall be the basis of the contract between us.

Name (print):

Authorised Signature (Chairperson):   Date: /   /

MARSH

Lumley