



PACIFIC INTERNATIONAL

Pacific International Insurance Limited
PO Box 19-410 Avondale
Auckland New Zealand

Telephone: (64 9) 820 3433
Fax: (64 9) 820 3434
Email: insurance@pacificintins.com

NOTIFICATION OF CLAIM OR CIRCUMSTANCE OUT OF WHICH A CLAIM MAY ARISE

This form must be completed by a Partner/Director/Principal of the Insured. All questions must be answered as fully as possible using additional pages if necessary.

*****Copies of all relevant documentation must be attached*****

1. Your Details (The Insured)

Your name:
Name of Your Firm:
Policy No:.....

2. Details of Person(s) Claiming Against You (Claimant)

Full Name:
Address:
.....
Phone:

3. Details of Claim

When did you perform the work out of which the claim may arise?
Who within your firm actually performed the work?
On what date did you first become aware of the matter complained of or the circumstances that might give rise to this claim?
On what date was the allegation of negligence or the intimation of a claim first made against you?
.....
Was the first intimation verbal or in writing? (If in writing please provide a copy.)
If verbal please give a 'first person' account of the conversation. Eg "I was told" (Use a separate page if necessary)

.....
.....
.....
.....

What are your comments on the claimant's allegations? *(Use a separate page if necessary)*

.....
.....
.....
.....

What is the amount claimed?

What are your comments on the amount of the claim and what is your estimate of your potential monetary liability to the claimant? *(Use a separate page if necessary)*

.....
.....
.....
.....

What were you contracted (asked) to do?

.....
.....
.....

Was your contract (quote) in writing? If 'Yes', please attach a copy. If not, please provide full details.

.....
.....
.....

Please provide full details of your treatment and/or inspection procedures. *(Use a separate sheet if necessary)*

.....

.....
.....
.....
.....
.....
.....

Please advise the brand name, the manufacturer, the active ingredient(s), the dilution rate, and the application rate for all chemicals, if any, used

.....
.....
.....

I, (*print name in full*), a Partner/Director/Principal of the Insured firm declare the above answers to be true AND acknowledge that Pacific International may make its decision on indemnity having regard to these answers. I acknowledge that in accordance with the terms of the policy with Pacific International I shall bear the cost of the policy excess and agree to payment within 14 days from the date of their request. I further acknowledge that, in accord with the terms of the policy, Pacific International shall be entitled to take over and conduct the defence or settlement of this claim.

Signature Date//



PAPERWORK CHECKLIST

PLEASE ENSURE YOU ENCLOSE THE FOLLOWING PAPERWORK WHEN RETURNING YOUR COMPLETED CLAIM FORM.

	Paperwork Required	<input checked="" type="checkbox"/>
PRE-PURCHASE TIMBER PEST REPORT (AS 4349.3)	<input type="checkbox"/>	
PRE-PURCHASE BUILDING INSPECTION REPORT (AS 4349.1)	<input type="checkbox"/>	
PRE- CONSTRUCTION PAPERWORK		
All paperwork issued :-		
Proposals	<input type="checkbox"/>	
Plans	<input type="checkbox"/>	
Certificates of Installation or equivalent	<input type="checkbox"/>	
POST-CONSTRUCTION PAPERWORK		
All paperwork issued :-		
Inspection Report	<input type="checkbox"/>	
Treatment Proposal	<input type="checkbox"/>	
Certificate of Termite Treatment or Equivalent	<input type="checkbox"/>	
Exterra Proposal & Site Plan	<input type="checkbox"/>	
Sentricon Proposal & Site Plan	<input type="checkbox"/>	
URBAN and/or COMMERCIAL WEED PAPERWORK	<input type="checkbox"/>	
AGRICULTURAL PEST and/or WEED PAPERWORK	<input type="checkbox"/>	
FUMIGATION PAPERWORK	<input type="checkbox"/>	
OPERATORS LICENCE OR EQUIVALENT	<input type="checkbox"/>	

THE REQUESTED PAPERWORK MUST BE THE PAPERWORK YOU COMPLETED AT THE TIME THE WORK WAS CARRIED OUT RELATING TO THE CLAIM. WE ALSO REQUIRE YOU TO SUPPLY COPIES OF ANY DOCUMENTS, FILE NOTES AND RECORDS THAT MAY ASSIST US TO RESOLVE THIS MATTER.