

BUSINESS OVERHEADS/EXPENSES UPDATE

SOVEREIGN

(please print clearly)

Claimant details

Policy Number

Mr/Mrs/Miss/Ms

Last Name

First Name(s)

Address

Street

Suburb

Town/City

Postcode

Phone number

E-mail Address

Telephone

Home ()

Business ()

Mobile ()

Since the last claim payment, please answer the following:

Can any of these expenses be recovered, reimbursed or indemnified from other sources?

Yes

No

Amount GROSS/NETT

\$

Name of Organisation/Provider

Have you undertaken any work (whether paid or unpaid)?

Yes

No

If Yes, please provide number of hours per week

Has your ownership interest in the business continued?

Yes

No

If No, date when ownership interest ceased

Has your ownership interest changed?

Yes

No

If Yes, what is the new ownership interest percentage?

Has your business continued to trade?

Yes

No

If No, date when business ceased to trade/placed into liquidation/receivership or voluntary administration

Where a Business Overheads Indemnity policy is held, please provide copies of all relevant receipts etc. for expenses incurred by the relevant business for the period since the last claims payment. Examples of expenses are:

Administration

ACC levies/Accounting fees

Advertising (Fixed term contracts in place prior to disablement)

Bank charges

Insurance premiums

Post Office Box

Interest

Subscriptions

Plant and Equipment

Cleaning and maintenance

Depreciation of business equipment

Equipment lease (Fixed term contracts in place prior to disablement)

Interest on business loan

Motor vehicle lease (Fixed term contracts in place prior to disablement)

Motor vehicle certification

Rates

Rent of business premises

Employees

Employee salaries (non profit generating)

Utilities

Gas

Power

Cellphone (line rental)

Telephone (line rental)

Internet (line rental)

Water

Declaration and Consent

This Business Overheads/Expenses Update form collects personal information about you for the purpose of assessing the insurance claim under your policy.

The intended recipient of this information is Sovereign Assurance Company Limited (“Sovereign”) and/or any of its related companies, their officers, their advisers, their agents and reinsurers and the information collected will be held at Sovereign’s head office, 74 Taharoto Road, Takapuna and by Sovereign’s data storage providers, including cloud-based data storage providers (whether in New Zealand or elsewhere). Sovereign will take reasonable steps to keep such information secure. Sovereign may be required to disclose personal information if disclosure is required by law, including laws of other jurisdictions, for example to government and regulatory authorities. Failure to provide the requested information or provision of incorrect information may result in your claim being declined or unable to be assessed and monthly payments not being made to you. You have the right to request access to, and correction of, your personal information at any time.

As part of a disability claim with Sovereign, I, the **Life Assured**, consent and give authority to Sovereign and any of its related companies and agents to seek from, and for all and any of the following, their officers and employees, to disclose to Sovereign, their advisers, reinsurers and to any legal tribunal before which any question concerning the insurance may arise, any medical or other personal information affecting such insurance which they may hold in respect of me:

- > Insurers (whether public or private);
- > Government departments, agencies, organisations and enterprises
- > Your adviser/broker/insurance agent
- > Accountants and other financial advisers
- > Banks and other financial institutions
- > any other person or organisation which Sovereign reasonably considers may hold information about me relevant to this claim.

I, the **Life Assured**, declare that all the answers to the questions in this claim form are true and complete and disclosed in the utmost good faith and that the financial information pertaining to me has been provided and disclosed to Sovereign. I understand that failure to provide full disclosure of all financial information that Sovereign would deem as relevant in the assessment of my claim under my policy(ies) would be considered to be material misrepresentation and as such Sovereign is entitled to use its legal remedies, should this occur. If any answer is not in my handwriting I declare that this has been written down at my direction.

I, the **Life Assured**, agree that a photocopy of this authority will be valid as an original.

Name			
Signature		Date	/ /

If you wish to fax your updates or any other information direct to the Sovereign Claims team, please use the freefax number 0800 500 196.

