Fire and Emergency New Zealand
Insurance information request

Providing information is voluntary. Any information provided will assist Fire and Emergency New Zealand in understanding the insurance arrangements associated with the entity identified in the accompanying letter.

1. Entity details	
Client number (from the letter issued)	
Entity name and trading name (if applicable)	
Name of main contact person	
Position (if applicable)	
Contact email(s)	

2. Insurance status – please tick one	
☐	Insurance currently in place with New Zealand based insurer or insurance intermediary
☐	Insurance currently in place with an offshore insurer
☐	No insurance in place – *if you select this option, go directly to **5. Additional information**.*

3. Insurance details – complete if insurance is currently in place	
Insurer name(s)	
Insurance broker or intermediary (if applicable)	
Policy number(s)	
Policy period	

4. Property and/or vehicles located in New Zealand covered by the policy or policies. Please provide a brief description, including the property type, approximate sum insured or policy limit, and number of vehicles covered (where applicable).

5. Additional information (optional)

I confirm that the information provided in this form is accurate to the best of my knowledge and belief.

Signature: **Date:**

Privacy statement

Fire and Emergency New Zealand collects the information requested in this form to assist in administering the Fire and Emergency levy under Part 3 of the Fire and Emergency New Zealand Act 2017, which provides for the levy regime. We may use the information provided to determine whether levy obligations exist and for related compliance, administration and operational purposes. We will manage the information in accordance with the Privacy Act 2020.

Return completed form to: Fire and Emergency New Zealand – email: FEL@fireandemergency.nz