

The logo for Rural Income Protection, featuring the word 'Rural' in a white serif font inside a blue chevron shape.

Rural

INCOME PROTECTION

POLICY WORDING

Rural / INCOME PROTECTION INSURANCE POLICY

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INTRODUCTION

WELCOME

Welcome to NZI. Thank you for selecting **us** as **your** insurer. This is **your** Rural Income Protection Policy Document.

It will tell **you** what **you** are insured for and what **you** are not insured for, as well as any obligations that **you** or **we** must abide by to ensure an enforceable policy. This policy document is a legal contract so please read it thoroughly and keep it in a safe place. If **you** need help with understanding **your** policy document, please contact **your** insurance broker.

AGREEMENT

You agree to pay **us** the premium described in the **schedule** and comply with this policy. In exchange, **we** agree to insure **you** as set out in this policy.

POLICY CONTRACT

This policy consists of the following parts:

1. **your** application for insurance, and any oral or written supporting statements or documents supplied by **you**, and
2. this policy wording (including any endorsements or warranties), and
3. the **schedule**.

INTERPRETING THIS POLICY

Certain words in this policy have a specific meaning. These words appear in **bold** and **you** will find the meaning listed in the 'Definitions' section at the end of this policy. The definitions apply to the plural and any derivatives of the bolded words.

You will also find examples and comments to make parts of this policy easier to understand. These examples and comments, which appear in *italics*, do not affect or limit the meaning of the section they refer to.

The headings in this policy are for reference only and do not form part of it. They are not to be used when interpreting the policy.

INSURED EVENTS

The following 'Insured Events' apply only when **you** have taken that item and it is specified in the **schedule**.

EVENT 1. DEATH COVER

1. Death

We will make a payment to **you**, if the **insured person** dies as a result of an **injury** that occurs during the **period of insurance**.

We will pay the sum insured shown in the **schedule** for 'Event 1'.

2. Funeral Costs

You are insured for funeral costs, in excess of any entitlement recoverable from any other organisation, if the **insured person** dies as a result of an **injury** covered by 'Event 1 Item 1' (above).

The most **we** will pay for funeral costs for the death of any one **insured person** is \$5,000.

EVENT 2. PERMANENT DISABLEMENT

1. Permanent Disablement

We will make a payment to **you**, if the **insured person** suffers permanent **total disablement** caused by an **injury** that occurs during the **period of insurance**.

We will pay for the types of permanent **total disablement** shown in the table below.

The most **we** will pay for each type of permanent **total disablement** is:

[the sum insured shown in the **schedule** for 'Event 1'] x [the corresponding percentage (shown below)].

Type of Permanent Disablement	% Payable
Permanent and incurable total disablement	100%
Permanent and total loss of sight in one or both eyes	100%
Permanent and total loss of speech	100%
Permanent and total loss of hearing in both ears	100%
Loss of use of any arm(s) and/or leg(s)	100%
Loss of use of both hands or both feet	100%
Loss of use of one hand	75%
3rd-degree burns or disfigurement by burns, covering more than 30% of body	60%
Permanent and total loss of hearing in one ear	35%
Loss of use of one foot	35%
Loss of use of a finger	15%
Loss of use of more than one finger, up to a maximum of 5 fingers	15% per finger
Loss of use of a toe	7.5%
Loss of use of more than one toe, up to a maximum of 5 toes	7.5% per toe

2. Damage to Teeth

You are insured for dental costs, in excess of any entitlement recoverable from any other organisation, if the **insured person** suffers loss or damage to teeth as a result of an **injury** covered by 'Event 2 Item 1' (above).

The most **we** will pay is \$2,500 for any **event**.

3. Rehabilitation Costs

You are insured for the costs of therapy, tuition or professional advice, in excess of any entitlement recoverable from any other organisation, that are incurred as part of a programme to:

3.1 assist the **insured person** to recover and return to their **occupation**, or

3.2 as part of a programme to retrain the **insured person** for a new occupation, provided that:

- (a) it is undertaken with **our** prior consent, and
- (b) it is undertaken with the support of the **insured person's** doctor, and
- (c) it is as a result of an **injury** covered by 'Event 2 Item 1' (above).

The most **we** will pay for any **event** is:

- (i) \$1,000 per calendar month, or
 - (ii) \$12,000 in total,
- whichever is the lesser.

4. Prosthetic Aids

You are insured for the cost of necessary Prosthetic Aids, in excess of any entitlement recoverable from any other organisation, which the **insured person** requires as a result of an **injury** covered by 'Event 2 Item 1' (above).

The most **we** will pay is \$2,500 for any **event**.

EVENT 3. TEMPORARY TOTAL DISABLEMENT (INJURY)

1. Temporary Disablement
We will make a payment to **you**, if the **insured person** suffers temporary **total disablement** caused by an **injury** that occurs during the **period of insurance**.
The most **we** will pay per week is:
 - 1.1 the sum insured shown in the **schedule** for 'Event 3', or
 - 1.2 the **insured person's earnings**,
whichever is the lesser.If the payment period exceeds 12 months, **we** will increase the payments made after the first 12 months by any percentage increase of the Consumer Price Index recorded in New Zealand over the first 12-month period.
2. Rehabilitation Costs
You are insured for the costs of therapy, tuition or professional advice, in excess of any entitlement recoverable from any other organisation, provided that:
 - 2.1 the costs are incurred as part of a programme to assist the **insured person** to recover and return to their **occupation**, and
 - 2.2 it is undertaken with **our** prior consent, and
 - 2.3 it is undertaken with the support of the **insured person's** doctor, and
 - 2.4 it is as a result of an **injury** covered by 'Event 3 Item 1' (above).The most **we** will pay for any **event** is:
 - (a) \$500 per calendar month, or
 - (b) \$6,000 in total,
whichever is the lesser.

EVENT 4. TEMPORARY PARTIAL DISABLEMENT (INJURY)

1. Temporary Partial Disablement
We will make a payment to **you**, if the **insured person** suffers temporary **partial disablement** caused by an **injury** that occurs during the **period of insurance**.
The most **we** will pay per week is 25% of the sum insured shown in the **schedule** for 'Event 3'.
If the payment period exceeds 12 months, **we** will increase the payments made after the first 12 months by any percentage increase of the Consumer Price Index recorded in New Zealand over the first 12-month period.
2. Rehabilitation Costs
You are insured for the costs of therapy, tuition or professional advice, in excess of any entitlement recoverable from any other organisation, provided that:
 - 2.1 the costs are incurred as part of a programme to assist the **insured person** to recover and return to their **occupation**, and
 - 2.2 it is undertaken with **our** prior consent, and
 - 2.3 it is undertaken with the support of the **insured person's** doctor, and
 - 2.4 it is as a result of an **injury** covered by 'Event 4 Item 1' (above).The most **we** will pay for any **event** is:
 - (a) \$500 per calendar month, or
 - (b) \$6,000 in total,
whichever is the lesser.

EVENT 5. TEMPORARY TOTAL DISABLEMENT (ILLNESS)

1. Temporary Disablement Payment
We will make a payment to **you**, if the **insured person** suffers temporary **total disablement** caused by an **illness** that occurs during the **period of insurance**.
You are not insured for any **illness** that occurs during the first 14 days of the first **period of insurance**.
The most **we** will pay per week is:
 - 1.1 the sum insured shown in the **schedule** for 'Event 5', or
 - 1.2 the **insured person's earnings**,
whichever is the lesser.If the payment period exceeds 12 months, **we** will increase the payments made after the first 12 months by any percentage increase of the Consumer Price Index recorded in New Zealand over the first 12-month period.
2. Rehabilitation Costs
You are insured for the costs of therapy, tuition or professional advice, in excess of any entitlement recoverable from any other organisation, provided that:
 - 2.1 the costs are incurred as part of a programme to assist the **insured person** to recover and return to their **occupation**, and
 - 2.2 it is undertaken with **our** prior consent, and
 - 2.3 it is undertaken with the support of the **insured person's** doctor, and
 - 2.4 it is as a result of an **illness** covered by 'Event 5 Item 1' (above).The most **we** will pay for any **event** is:
 - (a) \$500 per calendar month, or
 - (b) \$6,000 in total,
whichever is the lesser.

EVENT 6. MEDICAL EXPENSES

1. Medical Expenses
You are insured for **medical expenses** reasonably incurred as a result of an **injury** or **illness** covered by 'Events 1 – 5 or 7'.
The most **we** will pay is the sum insured shown in the **schedule** for 'Event 6'.

EVENT 7. EMPLOYMENT OF TEMPORARY STAFF

1. Employment of Temporary Staff
You are insured for the costs necessarily and reasonably incurred to employ temporary staff to replace the **insured person**, if the **insured person** suffers temporary **total disablement** caused by an **injury** or **illness** that occurs during the **period of insurance**.
You are not insured for any **illness** that occurs during the first 14 days of the first **period of insurance**.
The most **we** will pay is the sum insured shown in the **schedule** for 'Event 7'.
If the payment period exceeds 12 months, **we** will increase the payments made after the first 12 months by any percentage increase of the Labour Cost Index recorded in New Zealand over the first 12-month period.
2. Rehabilitation Costs
You are insured for the costs of therapy, tuition or professional advice, in excess of any entitlement recoverable from any other organisation, provided that:
 - 2.1 the costs are incurred as part of a programme to assist the **insured person** to recover and return to their **occupation**, and
 - 2.2 it is undertaken with **our** prior consent, and
 - 2.3 it is undertaken with the support of the **insured person's** doctor, and
 - 2.4 it is as a result of an **injury** or **illness** covered by 'Event 7 Item 1' (above).The most **we** will pay for any **event** is:
 - (a) \$500 per calendar month, or
 - (b) \$6,000 in total,
whichever is the lesser.

AUTOMATIC POLICY EXTENSIONS

A. CONTINUITY OF COVER

When an **injury** or **illness** occurs during the **period of insurance**, we will provide cover for 'Events 1-7' after the **period of insurance** expires provided that:

1. the subsequent 'Events 1-7' commences within 12 months of the **injury** or **illness** first occurring, and
2. the subsequent 'Events 1-7' is caused by the same **injury** or **illness**, and
3. the **insured person** was originally insured for the 'Event' from 'Events 1-7' that arises.

B. WORLDWIDE COVER

This policy covers the **insured person** in New Zealand, and anywhere else in the world provided the **insured person** does not leave New Zealand on a long-term or permanent basis. If the **insured person** intends to travel out of New Zealand for a period of six months or longer, **you** must tell **us**.

We may modify the terms of this policy depending on the **insured person's** travel and residency plans.

EXCLUSIONS

A. EVENTS NOT COVERED

You are not insured for **injury** or **illness** in connection with any of the following:

1. the **insured person's** suicide or attempted suicide, or
2. the normal effects of childbirth or pregnancy, or
3. any psychiatric or psychological conditions including mental stress, or
4. any sexually transmitted disease, or
5. Human Immunodeficiency Virus (HIV) and/or HIV-related illness, including: Acquired Immune Deficiency Syndrome (AIDS) or any mutant derivative or variations of HIV, or
6. the **insured person** being under the influence of any intoxicating liquor, narcotics or drugs (unless the drugs use has been prescribed by a medical practitioner).

B. ACTIVITIES NOT COVERED

You are not insured for **injury** or **illness** in connection with the **insured person's** participation in:

1. any professional sporting activities, including:
 - 1.1 training, or
 - 1.2 coaching, or
 - 1.3 participation in, or
2. air travel other than:
 - 2.1 as a fare-paying or ticket-holding passenger in an aircraft fully licensed for the carriage of passengers for hire or reward and operated by a regular airline or established charter service, or
 - 2.2 as a passenger in any top dressing or aerial survey plane, where the **insured person** is there for the purpose of directing the pilot, or
3. any criminal acts punishable by imprisonment, or
4. any:
 - 4.1 rodeo activities, polo, hunting on horseback, or
 - 4.2 microlite flying, sky diving, parachuting, hang gliding, paragliding, base jumping, bungee jumping, or
 - 4.3 mountaineering, rock climbing, abseiling, pot holing or caving, or
 - 4.4 martial arts, wrestling, boxing, or
 - 4.5 skiing or snowboarding outside designated ski fields, or while ski fields are closed, or
 - 4.6 motor vehicle racing, motorcycle racing and motor rallying, or
 - 4.7 diving below 30 metres unless a certified diving qualification is held and the dive is within the limits of that qualification, or
 - 4.8 ocean yachting where Customs clearance is gained or required to be gained on departure from New Zealand, power boat racing, white or black water rafting unless under the direct supervision of a licensed rafting company.

C. NUCLEAR

You are not insured for **injury, illness** or expense of any type in connection with:

1. ionising radiation or contamination by radioactivity from:
 - (a) any nuclear fuel, or
 - (b) any nuclear waste from the combustion or fission of nuclear fuel.
2. nuclear weapons material.

D. SEEPAGE, POLLUTION AND CONTAMINATION

You are not insured for **injury** or **illness** in connection with seepage, pollution or contamination.

E. TERRORISM

You are not insured for **injury, illness** or expense of any type in connection with an **act of terrorism**, including in connection with controlling, preventing, suppressing, retaliating against, or responding to an **act of terrorism**.

F. WAR

You are not insured for **injury, illness** or expense of any type in connection with any of the following, including controlling, preventing or suppressing any of the following: war, invasion, act of foreign enemy, hostilities or warlike operations (whether war is declared or not), civil war, mutiny, rebellion, revolution, civil commotion assuming the proportions of or amounting to an uprising, insurrection, military or usurped power.

G. CONFISCATION

You are not insured for **injury, illness** or expense of any type in connection with confiscation, nationalisation, requisition or destruction of, or damage to property by order of government, public or local authority (unless the order is given to control any accidental loss that is covered by this policy).

BASIS OF SETTLEMENT

A. LUMP SUM PAYMENTS – EVENTS 1 AND 2

1. Maximum Amount Payable
If as a result of an **event**, the **insured person** suffers multiple **injuries**, the most **we** will pay for that **event** is:
 - 1.1 the sum insured shown in the **schedule** for 'Event 1' if the **insured person** dies, or
 - 1.2 the highest individual percentage (as listed in 'Event 2') of the **injuries** sustained by the **insured person**.

B. WEEKLY PAYMENTS – EVENTS 3, 4, 5 AND 7

1. Only One Insured Event Can Be Claimed
We will only pay for one of 'Events: 3, 4, 5 or 7' for the same **event**.
2. Maximum Number of Weeks
The maximum period **we** will pay for under 'Insured Events 3, 4, 5 or 7' is 104 weeks.
3. Deferment Period
If any deferment period is shown in the **schedule**, **we** will not commence weekly payments until that period has expired.

C. RECURRENCE OF EVENTS

If the **insured person** suffers a recurrence of 'Insured Events 3, 4, 5 or 7', and:

1. the recurrence occurs within six months of the end of the previous period of **total disablement** or **partial disablement**, and
 2. the recurrence arises from the same **injury** or **illness** that **we** have already paid a benefit for,
- then,
- (a) no further deferment period is payable, and
 - (b) the previous period of **total disablement** or **partial disablement** will be deducted from the 104-week maximum period.

D. ACCIDENT COMPENSATION

The weekly benefit payable for 'Insured Events 3, 4 or 5' will be reduced by the amount of any compensatory payments (whenever received) under the Injury Prevention Rehabilitation and Compensation Act 2001.

MANAGING YOUR CLAIM

A. YOUR OBLIGATIONS

1. Medical Treatment
You must ensure that the **insured person**:
 - 1.1 obtains medical treatment from a registered doctor or hospital as soon as possible following the **injury** and/or **illness**.
 - 1.2 follows any medical advice and/or treatment provided.
2. Advise Us
If **you** become aware of any situation that is likely to give rise to a claim, **you** must contact **us** immediately.
3. Minimise the Loss
You must take all reasonable steps to minimise the claim and avoid any further loss arising.
4. Provide Full Information
When **you** make a claim **you** consent to **your** personal information in connection with the claim being:
 - 4.1 disclosed to **us**, and
 - 4.2 transferred to the Insurance Claims Register Limited.**You** must:
 - (a) give **us** free access to examine and assess the claim, and
 - (b) send any relevant correspondence or documents to **us**, and
 - (c) complete a claim form or statutory declaration to confirm the claim if **we** request it, and
 - (d) provide any other information or assistance that **we** may require at any time.
5. Be Truthful
If **your** claim is dishonest or fraudulent in any way, **we** may:
 - 5.1 decline **your** claim either in whole or in part, or
 - 5.2 declare this policy or all policies **you** have with **us** to be unenforceable from the date of the dishonest or fraudulent act.This is at **our** sole discretion.
6. Recoveries
You must not do or say anything that may prejudice **our** ability to take recovery action in **your** name.
7. Incurring Costs
All costs claimed for under this policy must be necessarily and reasonably incurred.
8. Medical Examinations
After **you** have made a claim, **we** may request that:
 - 8.1 the **insured person** has one or more medical examinations, and
 - 8.2 a post mortem examination is carried out if the **insured person** dies.If **we** request either of these, **we** will pay the costs.
9. Other Accident Insurance
 - 9.1 If any other accident insurance is available (either public or private), **you** must also make a claim under that insurance.
 - 9.2 **You** must tell **us** immediately if any other insurer (either public or private) declines (for any reason) a claim relating to an **injury** and/or **illness** by this policy.

B. MANAGING YOUR CLAIM

1. Subrogation

Once **we** have accepted any part of **your** claim under this policy, **we** may assume **your** legal right of recovery.

If **we** initiate a recovery **we** will include **your** deferment period, and any other uninsured losses suffered by **you**. Where **we** do this, **you** agree to pay **your** proportional share of the recovery costs, and subsequently the proceeds of the recovery will be shared on the same proportional basis, except that **we** will reimburse **your** deferment period first.

2. Reparation or Compensation

If any person is ordered to make reparation or compensation to **you** for an **event we** have fully compensated **you** for, then **you** must tell **us**. Any payments received must first reimburse **our** claims payment(s) up to the amount of any reparation or compensation received.

3. Death to be Presumed

If the **insured person** disappears, their death will not be presumed unless they have been missing for more than 12 months. However, if:

- (a) it can be reasonably assumed that the disappearance is due to death by **injury**, then **we** shall consider the disappearance to fall under 'Event 1', and
- (b) at any future date the **insured person** subsequently re-appears, **you** must return any payment **we** make.

GENERAL CONDITIONS

A. HOW WE ADMINISTER THIS POLICY

1. Cancellation and Modification

By You

You may ask **us** to cancel or modify this policy at any time. **We** must agree in writing to any modification before it will take effect.

By Us

We may cancel or modify this policy by advising **you** (or **your** Broker or Agent) by letter, fax or email. Cancellation or modification will take effect at 4.00pm, on the 30th day after the date of **our** advice.

We will refund the proportion of unused premium paid, calculated from the date of cancellation.

If **you** pay **your** premium by instalments, **you** must pay **us** any unpaid instalments that are due.

2. Other Insurance

You must notify **us** as soon as **you** know of any other insurance policy that covers **you** for any of the risks covered under this policy.

If **you** or anyone else who is covered under this policy can claim under any other insurance, **we** will only pay over and above the limit payable by the other insurances.

This condition does not apply to 'Events 1 and 2'.

3. Separate Insurance

If more than one person or entity is named as 'Insured' in the **schedule**, then all the parties are insured separately (as though a separate policy had been issued to each person/entity).

However, the maximum amount **we** will pay to all parties is the amount stated in each part of this policy.

4. GST

Where GST is recoverable by **us** under the Goods and Services Tax Act 1985:

- 4.1 all sums insured exclude GST, other than the benefit payable for Event 1 that is inclusive of GST, and
- 4.2 all sub limits exclude GST, and
- 4.3 all excesses include GST, and
- 4.4 GST will be added, where applicable, to claim payments.

5. Monthly/Quarterly Premiums

If **you** choose to pay the premium monthly or quarterly, then:

- 5.1 **you** must use the Deduction Authority **we** require, and
- 5.2 this policy is for the initial **period of insurance** starting on the 'From' date and ending on the 'To' date stated in the **schedule**.

The policy will be renewed for further monthly and quarterly **periods of insurance** (as indicated in the **schedule**) by payment of each monthly or quarterly premium due under the Deduction Authority.

6. Premium Adjustments

If the premium for this policy has been calculated based on estimated figures, then the premium is only a provisional premium for the **annual period**.

Within three months of the expiry of the **annual period**, **you** must tell **us** what the actual figures are. **We** will re-calculate **your** actual premium based on the actual figures.

The difference between the actual and the provisional premiums will either be payable to **us** or refunded to **you** depending on the outcome of the adjustment, but any refund will be limited to 50% of the provisional premium.

B. LAWS AND ACTS THAT GOVERN THIS POLICY

1. Acts of Parliament

Where this policy refers to any Act of Parliament, it also includes any subordinate legislation made under it, and any subsequent Acts or regulations.

2. Governing Law and Jurisdiction

The law of New Zealand applies to this policy and the New Zealand Courts have exclusive jurisdiction.

3. Insurance Law Reform Acts

The exclusions and conditions in this policy are subject to **your** rights under the Insurance Law Reform Acts 1977 and 1985.

C. YOUR OBLIGATIONS

1. Comply with the Policy

You (and any other person or entity **we** cover) must comply with the conditions of this policy at all times. If **you** fail to comply, **we** may not pay **your** claim.

2. Provide Accurate Information

You must make sure all statements and representations that are made to **us**, at any time, either by **you** or anyone else, are truthful and complete.

3. Reasonable Care

You must take reasonable care at all times to avoid circumstances that could result in a claim.

Your claim will not be covered if **you** are reckless or grossly irresponsible.

4. Change in Circumstances

You must tell **us** immediately if there is a material:

4.1 increase in the risk insured, or

4.2 alteration of the risk insured.

Once **you** have told **us** of the change, **we** may then cancel or alter the premium and/or terms of this policy.

If **you** fail to notify **us** about a change in the risk insured, **we** may:

(a) declare this policy unenforceable, or

(b) decline any subsequent claim either in whole or in part.

These actions will be taken from the date **you** knew, or ought to have known, of the increase or alteration in the risk insured.

Information is 'material' where we would have made different decisions about either:

(i) accepting your insurance, or

(ii) setting the terms of your insurance,

if we had known that information. If in any doubt, notify us anyway.

DEFINITIONS

The definitions apply to the plural and any derivatives of the words. For example, the definition of 'accident' also applies to the words 'accidental', 'accidentally' and 'accidents'.

act of terrorism

Includes any act, or preparation in respect of action, or threat of action designed to influence or coerce the government de jure or de facto of any nation or any political division thereof, or in pursuit of political, religious, ideological, or similar purposes to intimidate the public or a section of the public of any nation by any person or group(s) of persons whether acting alone or on behalf of or in connection with any organisation(s) or government(s) de jure or de facto, and that:

(a) involves violence against one or more persons, or

(b) involves damage to property, or

(c) endangers life other than that of the person committing the action, or

(d) creates a risk to health or safety of the public or a section of the public, or

(e) is designed to interfere with or disrupt an electronic system.

annual period

The **period of insurance**, but no more than 12 months. However, if:

(a) **you** pay the premium monthly or quarterly, or

(b) the **period of insurance** is for more than 12 months

the annual period is any one 12-month period calculated from the date this policy first started, and consecutively thereafter.

earnings

(a) Salary or Wages

The **insured person's** weekly pre-tax income (excluding commissions, bonuses, overtime payments and any allowances) averaged over:

(i) a period of 12 months before the disablement occurred, or

(ii) any shorter period that he or she has been employed.

(b) Self Employed

The **insured person's** weekly pre-tax income derived from their personal enterprise (after deducting all operating expenses from the business or practice) averaged over:

(i) a period of 12 months before the disablement occurred, or

(ii) any shorter period that he or she has been self-employed.

event

Any one **injury** or **illness** or any series of **injuries** or **illnesses** resulting from the same cause.

illness

Sickness or disease.

injury

A bodily injury caused solely and directly by violent, accidental, external and visible means, including exposure to the elements and medical misadventure.

insured person

The person named as 'Insured Person' in the **schedule**.

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loss of use	Either: (a) the physical severance of part of the insured person's body, or (b) permanent, incurable and total loss of use (including permanent paralysis) of part of the insured person's body.
medical expenses	All medical, surgical, hospital and nursing home expenses for inpatient or outpatient treatment provided they result from an injury or illness that entitled the insured person to a benefit payable under 'Events 1-5 or 7'.
occupation	The insured person's business or occupation as shown in the schedule or any other occupation that he or she is reasonably qualified for by education, training or experience.
partial disablement	An injury or illness to the insured person that results directly in their inability to engage in, perform, or attend to a substantial part of their occupation .
period of insurance	The period shown in the schedule , that specifies the start and end dates of this insurance contract.
schedule	The latest version of the Schedule we issued to you for this policy.
total disablement	An injury or illness to the insured person that results directly in their inability to engage in, perform, or attend to any part of their occupation .
we	NZI, a business division of IAG New Zealand Limited. <i>We may also use the words 'us', 'our' or 'company' to describe NZI.</i>
you	The person(s) or entity named in the schedule as 'Insured'. <i>We may also use the word 'insured' to describe you.</i>



NZI is a business division of IAG New Zealand Limited, a wholly owned subsidiary of Insurance Australia Group, Australasia's largest general insurer. Established in 1859, it is today one of the country's largest and longest-serving fire and general insurance brands, protecting tens of thousands of New Zealanders every year.

Through our broad range of commercial, personal, marine, professional risks and rural insurance products, we pride ourselves on helping people to achieve the best protection for their assets.

We partner with a network of skilled and experienced brokers and other insurance intermediaries who distribute our products. We pay remuneration to our brokers and intermediaries when they issue our policies, and when these policies are renewed or varied.

To find out more about the advantages of choosing NZI, talk to your broker or visit nzi.co.nz.

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