

Feral Action Network Insurance Scheme Membership 2026/27

Membership only; \$60.00 if no insurance is needed.

Insurance: **Underline** which you are undertaking, **fee includes membership fee.**

This insurance covers the individual named person only. **Ensure you fill out both forms and sign them.**

All prices GST inclusive

A; 1st July 2026 to 30 June 2027. \$420.00 for renewal paid before 31 July.

B; 1st July 2026 to 30 June 2027. \$450.00 **new members**, or renewal after 31 July,

C; 1st Oct 2026 to 30 June 2027 \$390.00

D; 1st Jan 2027 to 30 June 2027. \$310.00

Cover provided \$10 million Public Liability, \$10 million Product Liability, \$3 million Public Liability for Recreational Hunting, \$1 million Statutory Liability, with QBE Int. Ltd

Full name

Address

Postcode

Postal If different

Landline

Cell

Email

Trading as

Declaration

I am involved within the one or more of the following industries and would like to be part of the **NZ Feral Action Network Members Insurance Scheme**. *Control of all Introduced Invertebrate & Vertebrate Pests. Possum Skin & Fur Harvesting. Native Animal, Bird, Vegetation, Flora and Fauna Protection and Monitoring. Hut, Track, Fence Maintenance. Vegetation Control. Wilding Tree Control. Conducted on Conservation Estate, QE11 National Trust or Forestry Estates and Contracted Private lands. Kiwi Monitoring and Egg Collection conducted for the NZ Dept of Conservation. Pest, Weed and Truffle Detector dogs. (Endorsements required for the following) Weed Spaying on above estates using a maximum of 25 litre by backpack sprayers. This Policy also covers you for Public Liability while Recreational Hunting.*

I hunt Recreationally an average of days per year Date of Birth.....,

Signature.....

Date

All members must Fill in the No Claims Declaration Form and return both to The NZ Feral Action Network before QBE will start cover (allow 5 working days for this). For further inquiries contact; The Insurance Coordinator Tina Winder 021 0468448.

Payments can be made to **Feral Action Network Westpac 031567-0011004-00** please add your name or membership Number as reference. Emailed Applications and Declaration Forms are acceptable with QBE or post forms to **Ferac NZ. C/o T Winder 3167 Far North Rd Kaitia 0484**

Email. ferac.ins.nz@gmail.com

Please ensure that names, addresses are readable as we have had some that we struggled to read, we hope we have them correct, as Feral Action cannot be held responsible for any errors.

No Claims

Declaration



Important notice

This no claims declaration will form a key part of your ongoing contract of insurance with QBE, and it is important that all material facts continue to be fully, frankly and accurately disclosed. If you are completing this form electronically, please open it using the latest version of Adobe Reader. Upon completion, print out the form and sign the declaration.

Jurisdiction

Except where the parties agree otherwise, the laws of New Zealand apply to this form and any dealings between the parties arising from this form. The New Zealand courts have exclusive jurisdiction in relation to any disputes that may arise.

Insured		Broker	Rothbury	
Policy Number	800042885PUL	Policy Type	(eg PI, D&O, GL, EL, Stat)	GL, Stat

I/We confirm that:

- (i) There have been no material changes to the risk or to the information already provided to QBE for quotation purposes.
- (ii) After enquiry, we are not aware of any claims currently pending against us, or any other person or entity to be insured under this insurance, or of any circumstances, not already notified to QBE, which could give rise to a claim.

Declaration

I declare that all answers and statements in this renewal declaration are correct and complete in every respect, and agree that this declaration shall form the basis of, and be incorporated into, the contract of insurance which I have with QBE Insurance (Australia) Limited, New Zealand Branch.

Where this declaration is signed by the broker on behalf of the insured, the broker declares that he/she has the insured's permission to sign on the insured's behalf; that the answers and statements contained above have been provided by the insured and are true, correct and complete in every respect; that the insured understands QBE is entitled to treat this declaration as if it had been signed by the insured; and that a copy of the completed and signed declaration will be sent to the insured as soon as practicable.

Signed by applicant		Date (dd/mm/yyyy)	
Printed name		Phone	
Position		Mobile	
Email address			