
CERTIFICATE OF INSURANCE

LLOYD'S CERTIFICATE OF INSURANCE

effected through

Delta Insurance New Zealand Limited

Level 2, 204 Quay Street, Auckland, 1010. PO Box 106 276, Auckland 1143.

E-mail: underwriting@deltainsurance.co.nz

(hereinafter called the Coverholder)

THIS IS TO CERTIFY that in accordance with the authorisation granted under Contract UMR B60822022DELPL01 to the undersigned by certain Underwriters at Lloyd's, whose definitive numbers and the proportions underwritten by them, which will be supplied on application, can be ascertained by reference to the said Contract, and in consideration of the premium agreed, the said Underwriters are hereby bound, severally and not jointly, each for his own part and not one for another, their Executors and Administrators, to insure in accordance with the terms and conditions contained herein or endorsed hereon.

NAMED INSURED: Member Societies associated by deed with NZPA Services Limit t/a NZ Unions, in particular NZ Nurses Unit Incorporated t/a Nurses Professional Association of New Zealand (NPANZ)

POLICY NUMBER / WORDING: D44169/2023/PI/1 Delta MM 07/20

POLICY PERIOD: Inception Date: 30 May 2023
Expiration Date: 30 May 2024 (4:00 pm NZ Standard Time)

LIMIT OF LIABILITY:
Medical Malpractice Insurance Indemnity \$500,000 / Defence Costs \$500,000

UNDERWRITERS: Delta New Zealand Ltd for and on behalf of Certain Underwriters at Lloyd's

COVERHOLDER NOTICE TO INSURED:

Agent of the Underwriters

In effecting this Policy, any cover is accepted by DELTA INSURANCE NEW ZEALAND LIMITED (DELTA) acting under an authority given by the subscribing Underwriters and DELTA is acting as Agent of the Underwriters and not the Agent of the Insured.

IN WITNESS WHEREOF, the Underwriters have caused this Policy to be signed on the Schedule by a duly authorised representative of the Underwriters.



Authorised Representative

Policy schedule issued on 30 May 2023