
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 B60822023DELPL01 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:

Individual Members of NZ Nurses United Incorporated

POLICY NUMBER / WORDING:

D44169/2024/PI/1

Delta MM 07/20 R0923

D44169/2024/PI/1

PI 06-14 R0423

POLICY PERIOD:

Inception Date: 30 May 2024

Expiration Date: 30 May 2025 (4:00 pm NZ Standard Time)

LIMIT OF LIABILITY:

Medical Malpractice Insurance

\$500,000 Two reinstatements

Professional Indemnity

\$500,000 Two reinstatements

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.


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Delta Insurance New Zealand Limited

Authorised Representative

Policy schedule issued on 31 May 2024