

## **Risk Management Scheme (contents and liability insurance)**

### ***Application to withdraw from the scheme***

We, the Board of Trustees, wish to withdraw from the Ministry of Education's Risk Management Scheme (contents and liability insurance).

School number \_\_\_\_\_

School name \_\_\_\_\_

Date of withdrawal \_\_\_\_\_

Name of new insurer \_\_\_\_\_

Copy of **letter of acceptance** from new insurer enclosed: *(please tick)*

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

*(Board of Trustees Chairperson)*

Name \_\_\_\_\_

**When completed, please send this form, together with the documentation requested above to:**

Risk Management Scheme  
Resourcing Division  
Ministry of Education  
PO Box 1666  
Wellington

Fax 04 463 8374