

# PROFESSIONAL INDEMNITY INSURANCE PROPOSAL

## NOTICE

This proposal form is for a claims made policy. The policy will only respond to claims which are first made against **You** and notified during the policy period.

Before **You** enter into a contract of insurance with an insurer, **You** have a duty to disclose to the insurer every matter that **You** know, or could reasonably be expected to know, is material to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

**You** have the same duty to disclose those matters to the insurer before **You** renew, extend, vary or reinstate a contract of general insurance.

**You** are required to advise **Us** in writing of any changes to material facts that may affect the insurance as soon as possible. However, **Your** duty does not require **You** to disclose facts:

- That diminishes the risk undertaken by the insurer;
- That is common knowledge;
- That **Your** insurer knows or, in the ordinary course of his/her business, ought to know; and
- As to which compliance with **Your** duty is waived by the insurer.

### Who needs to tell Us

**You** must answer **Our** questions in this way for **You** and for anyone else **You** wish to be covered by the Policy.

### Non-Disclosure

If **You** fail to comply with **Your** duty of disclosure, the insurer may be entitled to reduce their liability under the contract in respect of a claim or may cancel the contract.

If **Your** non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

If **You** have insufficient space then please continue on a separate attachment.

## APPLICANT DETAILS

1. Name Insured:

2. Names of subsidiaries::

3. Principal Address:

4. Postal address:

5. Website:

6. Year established:

7. During the past five years has the name been changed, any other business been purchased, any merger or consolidation taken place or has the nature of the business changed significantly?

YES  NO

If Yes, please provide details:

## BUSINESS DETAILS

1. Please provide a detailed description of your **Professional Business** which is to be covered by this policy:

2. Please provide the percentage of your total gross income for each activity from your last financial year:

Activity	Details of activities	Percentage
(i)		%
(ii)		%
(iii)		%
(iv)		%
(v)		%
(vi)		%
<b>Total</b>		<b>100%</b>

## FINANCIAL INFORMATION

1. Please provide total gross income split by region and financial year:

Country	Last financial year (actual)	Current financial year (projected)	Next financial year (estimate)
New Zealand	\$	\$	\$
Australia	\$	\$	\$
Pacific Islands	\$	\$	\$
Asia	\$	\$	\$
UK & Europe	\$	\$	\$
USA & Canada	\$	\$	\$
Other (please specify)	\$	\$	\$
<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

2. What percentage of your fee income is paid to subcontractors or consultants?

• Please describe what work is sub-contracted out

3. Does any one client account for more than 25% of your annual income?

YES  NO

4. Please provide the following details of your 3 largest contracts:

Name of principal	Details of contract including services provided	Duration	Fees earned

## STAFF DETAILS

1. Please provide the number of employees in each category:

Category	Number
Principals, partners and directors	
Qualified professionals	
Other technical staff	

2. Please provide details in respect of all principals, partners and directors:

Name	Qualifications	Date Qualified	Years as Principal, Partner or Director

## CONTRACTUAL AGREEMENTS

1. Does any one client account for more than 25% of your annual income?

YES  NO

a If yes, please provide a copy

b If no, do you ever provide contractual guarantees or agree to hold another party harmless

YES  NO

2. Do you use a standard contractual agreement when engaging independent consultants or contractors?

YES  NO

3. Do you ensure that independent consultants or contractors maintain their own professional indemnity insurance?

YES  NO

## INSURANCE HISTORY

1. Have you ever had any insurance declined or cancelled, renewal refused, special conditions imposed or a claim rejected? YES  NO

If Yes, please provide full details:

2. Please provide details of your current professional indemnity coverage:

Insurer  Expiry date   
Limit  Excess  Premium

## CLAIMS HISTORY

1. Has any partner, principal, director or staff member ever been the subject of disciplinary proceedings for professional misconduct? YES  NO

If Yes, please provide full details:

2. Have any claims for professional negligence ever been made against any party who is to be insured by this policy? YES  NO

If Yes, please provide full details of for each matter including the date notified, the name of the insurer, details of the allegations, details of the amounts claimed, details of any amounts paid and the current status of the claim.

*If a current loss summary is available from your present and past insurers please attach a copy.*

3. Are you, or any partner, principal, director or employee, after enquiry, aware of any claims or circumstances which might result in claims against you or your predecessors in business or any present or former partner, principal, director or employee of the business? YES  NO

If Yes, please provide full details for each matter including the name of the claimant or potential claimant, a description of the allegations and an estimate of the amount of potential liability.

## COVER REQUIRED

1. Limit of indemnity required: \$1M  \$2M  \$5M  Other

2. Level of excess required: \$2,000  \$5,000  \$10,000  \$20,000  Other

## DECLARATION

I / We declare that all information provided in this proposal form are true and correct, and that no material facts have been misstated or omitted after enquiry with all applicants. The information provided will form the basis of any insurance contract and that the contract may be avoided if any statement in this proposal is substantially incorrect or material to the contract.

I / We agree that if any of the information provided in this proposal form changes between the date of this proposal and the inception date of the insurance policy then I / We will give notice thereof.

Authorised Signature

Full name of individual

Position