



PROFESSIONAL INDEMNITY RENEWAL DECLARATION

Level 1, 3 Morton Street, Freemans Bay, Auckland 1010
P.O. Box 99 481, Newmarket, Auckland 1149
www.tai.co.nz

APPLICANT DETAILS

Policy Number: Inception Date: / /

Named Insured:

Address:

BUSINESS DETAILS

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

FINANCIAL INFORMATION

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

Country	Current Financial Year	Next Financial Year
New Zealand	\$	\$
Australia	\$	\$
Pacific Islands	\$	\$
Asia	\$	\$
UK & Europe	\$	\$
USA & Canada	\$	\$
Other (please specify)	\$	\$
Total	\$	\$

CLAIMS DETAILS

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 attach full details.

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

Date:

 / /