



Professional Indemnity Insurance Proposal Form

Certain Underwriters at Lloyd's and/or Companies (Insurers) acting through their agent
International Underwriting Agencies Ltd ("IUA") PO Box 7238, Wellesley Street, Auckland 1010

AUCKLAND

P: +64 9 914 6440 F: +64 9 302 7694
Level 9, 52 Swanson Street, Auckland 1010, New Zealand
PO Box 7238, Wellesley Street, Auckland 1141

CHRISTCHURCH

P: +64 3 313 8435 F: +64 3 310 7685
Unit 11, 6-8 Cone Street, Rangiora 7400, New Zealand
PO Box 774, Rangiora 7440

IMPORTANT

This is a proposal form for a claims-made Certificate.

The Certificate will only respond to claims and/or circumstances which are first made against you and notified to International Underwriting Agencies Limited during the Certificate period. The Certificate will not provide cover for:

- (a) Events that occurred prior to the retroactive date of the Certificate (if specified).
- (b) Claims made after the expiry of the Certificate period (or extended reporting period if available) even though the Wrongful Act giving rise to the claim may have occurred during the Certificate period.
- (c) Claims notified or arising out of facts or circumstances notified under any previous Certificate or noted on the current proposal form or any previous proposal form.
- (d) Claims made, threatened or intimated prior to the commencement of the Certificate period.
- (e) Facts or circumstances in your knowledge prior to the Certificate period which you knew had the potential to give rise to a claim under the Certificate.

This proposal forms the basis of any insurance contract entered into. Please complete it fully and carefully, remembering to sign the Declaration. If you do not have enough room, please attach additional sheets.

Duty of Disclosure

You have an ongoing duty to disclose all Material Facts and failure to do so could prejudice future claims. Material Facts are those which may influence a prudent insurer in deciding whether or not to insure you, on what terms, and at what premium.

Applicant details

Name of applicant including trading names, names of subsidiaries and any parties required to be insured:

Postal address:

Website address:

Email address:

Contact person:

Fax no:

Administration and staff

Please provide the following details in respect of all current principals, partners and directors:

Name	Professional qualifications	Year qualified	Number of years as a Partner, Principal or Director

Please provide the following details in respect of all former principals, partners and directors:

Name	Date left this business	Reason for Leaving

Indicate the number of personnel in each applicable category:

	Employees		Contractors	
	Full time	Part time	Full Time	Part time
Principals, partners and directors				
Qualified professionals				
Administrative and clerical				
Other (describe)				

Financial information

What is the date of your financial year-end?

Please provide gross fees or income (including fees paid to subcontractors) as follows:

Country	Last Financial year	Current financial year (estimate)	Next financial year (estimate)
New Zealand	\$	\$	\$
Australia	\$	\$	\$
Asia and the Pacific Islands	\$	\$	\$
United Kingdom & Europe	\$	\$	\$
USA/Canada	\$	\$	\$
Other (specify)	\$	\$	\$
Total	\$	\$	\$

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

Please provide details of the five largest contracts undertaken during the past five years:

Name	Description of contract	Duration	Your major responsibilities	Fees earned
(a)				\$
(b)				\$
(c)				\$
(d)				\$
(e)				\$

Contractual agreements

Do you have standard terms upon which you supply your professional services?
Yes No

If **Yes**, please attach copies of any liability exclusion clauses, disclaimers or hold harmless provisions.

Will you or have you entered into contracts with hold harmless provisions which provide that you will indemnify the other party against all claims or demands?
Yes No

If **Yes**, please provide details:

When engaging independent consultants or contractors, do you ensure that those consultants:

(a) Maintain their own professional indemnity insurance? Yes No

(b) Are bound by contract to accept full responsibility for their own actions?
Yes No

Insurance history

Have you ever had any insurance declined or cancelled; renewal refused; special conditions imposed; excess imposed; or claim rejected? Yes No

If Yes, please provide details:

Please provide details of your current professional indemnity coverage:

Current insurer:

Expiry date:

Limit of indemnity: \$

Excess: \$

Premium: \$

Cover required

Limit of indemnity required: \$ \$ \$

Level of excess required: \$ \$ \$

Optional extension:

Do you require cover for partners, directors or principal's previous business? Yes No

If **Yes**, please provide the following details in respect of each partner, principal and director:

Name	Names of previous firms	Details of any claims made against previous firms

Declaration

On behalf of all proposed Insured's I/We declare and agree that:

- a) all information provided, in this proposal or attachments, is true and complete in every respect and that no Material Facts remain undisclosed;
- b) if this risk is accepted, such information will be incorporated into and form the basis of the contract of insurance;
- c) I/We understand that International Underwriting Agencies requires this information in order to evaluate this proposal and that the Privacy Act 1993 entitles me/us to have access to, and request the correction of, any information retained;
- d) International Underwriting Agencies is authorised to disclose information to its advisers, reinsurers, other insurers and parties with a financial interest in the subject matter of this proposal;
- e) International Underwriting Agencies is authorised to check details against the Insurance Claims Register and to place information on the Insurance Claims register which other insurers can access;
- f) International Underwriting Agencies is authorised to obtain from other parties any information which may be relevant to the acceptance of this risk;
- g) The signing of this proposal does not bind either party to complete the contract and that no cover will be in force until confirmed by International Underwriting Agencies.

Insured(s) signature:

Title:

Date: