



# Professional Indemnity Renewal Declaration

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

Policy No.

Expiry Date:  /  /

Name of Insured:

## BUSINESS DETAILS

Please provide a full description of your business activities:

  
  

	Current financial year	Next financial year (estimate)
Number of principals	<input type="text"/>	<input type="text"/>
Number of other staff	<input type="text"/>	<input type="text"/>
Annual wages/salaries	<input type="text"/>	<input type="text"/>

Total gross turnover/fees (excluding GST)

Country	Current financial year	Next financial year (estimate)
New Zealand	\$ <input type="text"/>	\$ <input type="text"/>
Australia	\$ <input type="text"/>	\$ <input type="text"/>
Asia and the Pacific Islands	\$ <input type="text"/>	\$ <input type="text"/>
USA / Canada	\$ <input type="text"/>	\$ <input type="text"/>
Other (specify)	\$ <input type="text"/>	\$ <input type="text"/>
<b>TOTAL</b>	\$ <input type="text"/>	\$ <input type="text"/>

## CLAIMS DETAILS

After enquiry of all Partners, Directors, Officers, Trustees and Senior Employees, have any claims been lodged within the last twelve months, or are there any claims currently pending against you, or are you aware of any circumstances which could give, rise to a claim under your Indemnity policies?

Yes

No

If Yes, please provide or attach full details.

  
  

## DECLARATION

On behalf of all proposed Insureds I/We declare and agree that:

- all information provided, in this proposal or attachments, is true and complete in every respect and that no material facts remain undisclosed;
- if this risk is accepted, such information will be incorporated into and form the basis of the contract of insurance;
- I/We understand that Insurers through their agent IUA require 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;
- Insurers through their agent IUA are authorised to disclose information to its advisers, reinsurers, other insurers and parties with a financial interest in the subject matter of this proposal;
- Insurers through their agent IUA are authorised to check details against the Insurance Claims Register and to place information on the Insurance Claims Register which other insurers can access;
- Insurers through their agent IUA are authorised to obtain from other parties any information which may be relevant to the acceptance of this risk;
- the signing of this proposal does not bind the Insurers to complete the contract and that no cover will be in force until confirmed by IUA.

Date:

Title:

Insured's Signature: