Accountants Professional Indemnity Insurance

Renewal declaration

NOTICE

This proposal forms the basis of any insurance contract entered into. Please complete it fully and carefully, remembering to sign the Declaration. If you have insufficient space to complete any of your answers please continue on a separate attachment.

You have an ongoing duty to disclose all material facts and failure to do so could prejudice future claims.

1. Name of Insured:

2. Policy/policies held:

- ○ Corporate liability
- ○ General liability
- ○ Directors and officers liability
- ○ Employers liability
- ○ Professional indemnity
- ○ Trustees liability
- ○ Statutory liability
- ○ Employment practices liability
- ○ Associations liability
- ○ Crime
- ○ Cyber liability (please complete a separate declaration)
- ○ Other (specify):

3. Number of staff including principals Last year: This year (estimate):

4. Total turnover/fees per region:

Region	Last financial year	Current financial year (estimate)	Next financial year (estimate)
New Zealand	$	$	$
Australia	$	$	$
Asia & Pacific Islands	$	$	$
UK & Europe	$	$	$
USA/Canada	$	$	$
Other (specify):	$	$	$
Total	**$ 0**	**$ 0**	**$ 0**

5. In the last 12 months have there been any material changes to:

(a) The business activities of the Insured? ○ Yes ○ No

(b) The financial position of the Insured? ○ Yes ○ No

(c) The capital structure of the Insured? ○ Yes ○ No

(d) The ability of the Insured to meet all financial obligations, including debt facilities and creditor accounts? ○ Yes ○ No

If the answer to 5 (a), (b), (c) or (d) is Yes, or if you are planning any changes, please attach full details.

6. Please state the approximate percentage of the Insured's fee income for the last financial year derived from the following professional services:

Activity Description	% of Income
Accounting Software	%
Account Prep / Bookkeeping	%
Audit (non-profit)	%
Audit (Private Companies)	%
Audit PLC's and Financial Institutions	%
Business Valuations	%
Company Secretarial	%
Corporate Advisory Services	%
Executorships / Trusteeships	%
Forensic Accountancy	%
Insolvency / Liquidations	%
Insurance Agency	%
Insurance Distribution	%
Investment Advice	%
Management Accounts	%
Management Consulting	%
Migration Agency	%
Mortgage Broking	%
Super fund administration	%
Taxation / GST	%
Other – Please specify	%

FUNDS TRANSFER:

7. Do you transfer funds of clients over $10,000 in Value? ○ Yes ○ No

8. Do you conduct independent and secondary verification of bank account details? ○ Yes ○ No

9. Do you obtain verbal confirmation with clients prior to the transferring of funds greater than $10,000? ○ Yes ○ No

DIRECTORSHIPS AND TRUSTEESHIPS:

10. Is any Partner or Director of your practice or any Employee on behalf of your Practice, acting as a Director of any other companies? ○ Yes ○ No

    If you have answered 'Yes' please give details of each Directorship or attach a schedule of appointments.

11. Do any Partners or Directors or Employees of your Practice act as Trustees? ○ Yes ○ No

    If you have answered 'Yes' please give details of each appointment or attach a schedule of appointments.

12. After enquiry of all Partners, Principals, Directors, Officers, Trustees and Senior Employees:

    (a) Have there been any claims made against you? ○ Yes ○ No

    (b) Are you aware of any circumstances which could give, rise to a claim under your liability policy with Delta Insurance New Zealand Limited (Delta), other than those disclosed on your last proposal/declaration form? ○ Yes ○ No

    If the answer to 12(a) or (b) is Yes, please attach full details.

You are reminded that:

(a) Any material changes to the business during the Period of Insurance must be advised immediately to Delta.

(b) This for must be completed by a person authorised to do so on behalf of the insured.

DECLARATION

On behalf of all proposed Applicants I/We declare and agree that all information provided in this proposal or attachments is true and correct in every respect and that all information that may be material in considering this proposal form has been fully and accurately disclosed to Delta in writing in a manner which would not mislead a prudent insurer.

I/We agree that this declaration shall be the basis of and incorporated in the insurance contract and that the insurance contract may be avoided (amongst other things) if any statement in this proposal is "substantially incorrect" or "material" as both terms are defined in the Insurance Law Reform Act 1977.

I/We undertake to inform Delta of any material alteration to the above information whether occurring before or after the completion of this insurance contract.

I/We understand that:

(a) I/We am/are obliged to advise Delta of any information which may be material to its consideration of this application. This information includes all information I/We know (or could reasonably be expected to know) which could influence the judgement of Delta whether or not to accept this application and (if accepted) on what terms, including cost and otherwise.

(b) Failure to provide this information may result in Delta refusing to provide the insurance.

(c) I/We have certain rights of access to and correction of this information.

Full name & title of individual:

Signature of Insured: Date:

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