

Delta Insurance New Zealand Ltd. Level 3, 57 Fort Street, Auckland 1010. PO Box 106 276, Auckland 1143. Tel 09 300 3079 deltainsurance.co.nz

Professional Indemnity Insurance

Notice

This is a proposal form for a claims made policy. The policy will only respond to claims and/or circumstances which are first made against you and notified to Delta Insurance New Zealand Limited during the policy period.

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.

Applicant details

- 1 Name of applicant including trading names: _____
- 2 Names of subsidiaries: _____
- 3 Names of any other parties required to be insured (including their relationship with the applicant):

- 4 Postal address: _____
- 5 Website address: _____
- 6 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 full details:

Business details

- 1 Advise the number of years that the business has been operating: _____
- 2 Outline the nature of the business including a full description of your activities and in particular those activities where you provide professional advice, design or opinion which may be relied upon by a third party:

- 3 Categorise your business activities and provide the percentage of your total gross income for your last financial year by those categories:

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

Staff Details

- 1 Please provide details in respect of all principals, partners and directors:

Name

Professional qualifications

Years as a principal, partner, director of the business

- 2 Indicate the number of personnel in each applicable category:

Category	Number
Principals, partners and directors	
Qualified professionals	
Other technical staff	
Administrative and clerical	
Other (please describe)	

Financial information

- 1 Please provide total gross income split as follows:

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)	\$	\$	\$
Total	\$	\$	\$

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

- 3 Does any one client account for more than 25% of your annual income? Yes No

If Yes, please provide the following details:

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

Contractual agreements

- 1 Do you use a standard contractual agreement for the supply of your professional services? 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 details in a separate attachment.

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

Insurer	Expiry date
Limit	Premium
Excess	

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 ever been made against you, 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 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 \$10m \$15m Other:

2 Level of excess required: \$5,000 \$10,000 \$15,000 \$20,000 \$50,000 Other:

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 Insurance New Zealand Ltd 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 Insurance New Zealand Ltd 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 Insurance New Zealand Ltd 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 Insurance New Zealand Ltd 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 Insurance New Zealand Ltd refusing to provide the insurance.
- (c) I/We have certain rights of access to and correction of this information.

Signature of Principal, Partner or Director: _____

Full name of individual: _____ Date: / /