

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

Architects 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 Name of subsidiaries:
- 3 Name of any other parties required to be insured (including their relationship with the applicant):
- 4 The applicant is a: company partnership sole trader limited partnership
- 5 Postal address:
- 6 Website address:
- 7 Please advise the number of years the business has been operating:

Staff Details

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

Name	Age	Qualifications	Date qualified	Years as partner/ principal/director

- 9 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)	

Business Details and Financial Information

10 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	\$	\$	\$

11 Please state the approximate percentage of the Insured's fee income for the last financial year derived from the following types of consulting work:

	Professional services provided by the Insured	The percentage of this service that relates to services provided by consultants or sub-contractors
Architecture Residential (standalone structures)	%	%
Architecture Residential other (flats, units, town houses comprising 3 or more dwellings)	%	%
Architecture Commercial	%	%
*Architecture Schools	%	%
Architecture Industrial	%	%
Interior design	%	%
Drafting	%	%
Landscape architecture	%	%
Soil testing/Site investigations	%	%
Town planning	%	%
Work in respect of piling, underpinning or dewatering	%	%
Work in respect of dams, bridges, mines, tunnels or offshore projects, harbours, jetties	%	%
Heritage consulting or work in relation to buildings subject to a preservation order	%	%
Modular designs (where design is used more than 5 times)	%	%
Pre-purchase inspection reports	%	%
Construction management	%	%
Project management	%	%
Quantity surveying	%	%
Project co-ordination	%	%
Insurance valuations	%	%
Structural engineering design	%	%
Peer review	%	%
Expert evidence	%	%
Commercial fit-outs	%	%
Other activities (please specify):	%	%
Total		

***Architecture Schools** if you have inserted a percentage under "Architecture Schools" above please also advise whether your practice:

- (a) Recommended the use of any cladding product? Yes No
- (b) Was contracted to provide construction management or observation services? Yes No
- (c) Issued practical completion certificates? Yes No

12 What percentage of your professional services relate to **Remedial Works**? %

If you have included a percentage, please provide full details:

- 13 Are you planning to carry out work over the next 12 months in **Special Housing Areas**? Yes No
 If the answer is **Yes**, please provide full details:

Weathertightness Issues

- 14 Has your firm ever designed or worked on multi-unit condominium type apartments (high or low rise)? Yes No
 If **Yes**, please advise the following:

Project name	Value	Completion date	Developer	No. of dwellings	Height (m)	Main construction / material used
	\$					
	\$					
	\$					
	\$					
	\$					

- 15 Has your firm designed flat-roofed, Mediterranean-style, single dwellings with exterior monolithic sealed claddings using stucco or fibre cement, or EIPS (Exterior Insulation and Finish Systems - multi-layered exterior wall systems, using foam and plaster)? Yes No
 If **Yes**, please detail approximate numbers designed in each of the last five years and % of total commissioned for private clients, builders or developers.

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

- 17 Does the Insured engage in manufacture, construction, erection or installation, or act as principal in connection with any contract involving manufacture, construction, erection or installation? Yes No
 If **Yes**, what percentage of the Insured's fees relates to such contracts? %

- 18 Please provide the following information on the five largest contracts undertaken during the last five years:

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

- 19 During the past five years has the name been changed, any other business purchased, any merger or consolidation taken place or has the nature of the business changed significantly? Yes No
 If **Yes**, please provide full details:

Contractual Agreements

- 20 Do you use a standard contractual agreement for the supply of your professional services? Yes No

- 21 Do you use standard NZIA terms of engagement when engaging independent consultants or contractors? Yes No

- 22 Do you ensure that independent consultants or contractors maintain their own professional indemnity insurance? Yes No

- 23 Does the firm, or any partner/principal/director of the firm, engage in or have any interest in any firm engaged in real estate development, manufacture, construction, erection, supply or any form of contracting? Yes No
 If **Yes**, please provide full details including name of the firm, nature of business and the firm's involvement:

- 24 Do you establish periodic meetings with clients to review the progress or status of a project? Yes No
 If **No**, please explain why:

- 25 Do you maintain internal logs or diaries to document compliance with terms of a project? Yes No
 If **No**, please explain why:

Insurance history

- 26** 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.

- 27** Please provide details of any current Professional Indemnity insurance coverage that you have in place:
- Current insurer: _____ Expiry Date: _____
- Limit of indemnity: \$ _____ Excess: \$ _____ Premium: \$ _____

Claims history

- 28** 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:

- 29** 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 under any Professional Indemnity policies? 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.

- 30** 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

- 31** Limit of indemnity required: \$1m \$2m \$5m \$10m \$15m Other:
- 32** 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: / /