



# BUILDING CERTIFIERS RENEWAL DECLARATION

### IMPORTANT NOTICE

This renewal declaration will form a key part of your ongoing contract(s) of insurance with QBE Insurance (International) Limited and it is important that all material facts continue to be fully, frankly and accurately disclosed.

**PLEASE REMEMBER TO SIGN AND DATE THIS FORM.**

### JURISDICTION

Except to the extent otherwise provided in any subsequently issued policy, the content and use of this form and any agreement entered into pursuant to this form or any dealing in relation to or arising from this form are governed by the laws of New Zealand and in relation to those matters, the parties submit to the jurisdiction of the courts of New Zealand.

Name of Insured	<input type="text"/>	Name of Broker	<input type="text"/>
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Policy No.	<input type="text"/>	Expiry Date	<input type="text"/>
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### BUSINESS DETAILS

Please provide the following information:

Building Activity	No. Certificates	Annual Turnover
LAST year		\$
THIS CURRENT year		\$
NEXT year (estimate)		\$

Please specify the percentage of income and number of certificates from the following types of residential dwellings:

Residential	Percentage Income	No. Certificates
Individual, single storey, brick/weatherboard type	%	
Monolithic style cladding	%	
Multi-unit apartment complexes (two stories and below)	%	
High rise apartments (more than two stories)	%	
<b>TOTAL</b>	<b>100%</b>	

Please specify the percentage of income and number of certificates from the following types of commercial buildings:

Commercial	Percentage Income	No. Certificates
Below four stories	%	
Above four stories	%	
<b>TOTAL</b>	<b>100%</b>	

Please tell us of any other form our work undertaken, providing your own description of building type.

Residential	Percentage Income	No. Certificates
	%	
	%	
	%	
	%	
<b>TOTAL</b>	<b>100%</b>	



Over the past twelve months, have there been any changes in your business activities? Yes  No

If Yes, please provide full details.

**CLAIMS DETAILS**

Has any current or former Insured Person ever been subject to disciplinary proceedings for professional misconduct, or are any such proceedings pending? Yes  No

If Yes, please attach full details.

After enquiry, is any current or former Insured Person or member of staff aware of any claims or circumstances which might give rise to any claims, other than matters disclosed in the proposal form dated: \_\_\_\_/\_\_\_\_/\_\_\_\_ Yes  No

If Yes, please attach full details.

**DECLARATION**

I declare that all answers and statements in this renewal declaration are correct and complete in every respect and agree that this Declaration shall form the basis of and be incorporated into the policy of insurance which I have with QBE Insurance (International) Limited.

Signed  Date

Printed name  Position



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QBE INSURANCE (INTERNATIONAL) LTD  
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