



# CHARTERED ACCOUNTANTS 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"/>
Policy No.	<input type="text"/>	Expiry Date	<input type="text"/>

### PRACTICE DETAILS

Total Gross Income/Fees (excluding GST) for your last financial year	<input type="text" value="\$"/>
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Please detail the approximate percentage of your fee income derived from the following fields of work

(a) Audit	<input type="text"/>	%
(b) Company Directorships / Secretarial positions	<input type="text"/>	%
(c) Superannuation fund management or Trusteeship	<input type="text"/>	%

If there are any changes to the practice that have taken place in the past twelve months or any other matters that are material to the risk, then you must disclose these matters to us below:


### CLAIMS DETAILS

Has any current or former Partner, Director or staff member ever been subject to disciplinary proceedings for professional misconduct, or are any such proceedings pending? (If "Yes" please attach full details.)

Yes    No  

After enquiry, is any current or former Partner, Principal, Director or staff member aware of any claims or circumstances which might give rise to any claims, other than matters disclosed in the proposal form dated? (If "Yes" please attach full details.)

Yes    No  

### 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	<input type="text"/>	Date	<input type="text" value="/ /"/>
Printed name	<input type="text"/>	Position	<input type="text"/>



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QBE INSURANCE (INTERNATIONAL) LTD  
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