

# Accountants Liability

Renewal declaration



## Important notice

This renewal declaration will form a key part of your ongoing contract of insurance with QBE Insurance, and it is important that all material facts continue to be fully, frankly and accurately disclosed. If you are completing this form electronically, please open it using the latest version of Adobe Reader. Upon completion, print out the form and sign the declaration.

### Jurisdiction

Except where the parties agree otherwise, the laws of New Zealand apply to this form and any dealings between the parties arising from this form. The New Zealand courts have exclusive jurisdiction in relation to any disputes that may arise.

Insured		Broker	
Policy Number		Expiry (dd/mm/yyyy)	

## A. Applicant details

### Disclosure of relevant facts - your duty of disclosure

1. Name all entities requiring cover, including any service, administrative, nominee, subsidiary or newly created companies.

For any new entity created in the past 12 months, please state the services provided.

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2. Has there been any change in staff numbers in the past 12 months? Yes No  
If 'Yes', please provide details, continuing on a separate sheet if necessary.

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## B. Business details

1. Please detail the approximate percentage of fee income derived from the following activities:

(a) accounts preparation/bookkeeping	%	(g) receiverships/liquidations/bankruptcies	%
(b) taxation	%	(h) outside directorships/secretarial positions*	%
(c) trusteeships	%	(i) IT consulting	%
(d) audits*	%	(j) legal services	%
(e) investment advice/investment management*	%	(k) other (specify)	%
(f) financial planning and insurance broking*	%	<b>Total</b>	<b>100 %</b>

\* Please complete the relevant supplementary questionnaire for this activity and tick to indicate enclosure. Enclosed

2. Does the practice operate a Trustee Company? Yes No  
(a) If 'Yes', please note below the name of each Company and the date it was established.

Company name	Date established

If more space required, please attach a list and tick to indicate enclosure. Enclosed

(b) Please advise the total number of Trustee appointments held:

3.	Have you ever been involved in the promotion or creation of investment-gearred taxation schemes, wrap mortgages or other tax minimisation schemes?	Yes	No
If 'Yes', please provide full information on a separate sheet of your letterhead, and tick to indicate enclosure.		Enclosed	
4.	Have you ever been involved in the promotion of a non-contributory mortgage scheme?	Yes	No
5.	Are you a 'Reporting Entity' under the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 (and amendments thereto)?	Yes	No
If 'Yes', do you comply with the requirements of this legislation?		Yes	No
6.	Has the practice been subject of a review by the Peer Committee of the Chartered Accountants Australia and New Zealand (CAANZ) or any other independent review body in the past five years?	Yes	No
If 'Yes', has the practice been the subject of a review by the Peer Committee of NZICA or any other independent review body in the past five years and, if so, what was the result?			
7.	Has the practice ever sustained a loss through the fraudulent activity or dishonesty of an employee?	Yes	No
If 'Yes', please provide details			
8.	Is any member of the practice's staff able to transfer funds or sign cheques on his/her signature alone?	Yes	No

### C. Financial details

1.	Please detail your gross income/fees (excluding GST) for the following:				
		New Zealand		Overseas work/client	
(a)	current financial year (estimate)	NZD		NZD	
(b)	last financial year	NZD		NZD	

### D. Claims experience

1.	Has any partner, principal, director or staff member ever been subject to disciplinary proceedings for professional misconduct?	Yes	No
2.	During the last five years, have any claims for negligence or breach of professional duty been made against the practice, its predecessors, or any prior practice of any of the present or former partners, principals or directors, or have any circumstances been notified to insurers that might give rise to a claim?	Yes	No
3.	After enquiry, are any partners, principals, directors or senior staff aware of any claim or circumstance that might give rise to a claim?	Yes	No

If 'Yes', to D1, D2 or D3, please provide full details including dates, circumstances and where appropriate paid/estimated amounts and whether the matter is finalised or outstanding.

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### 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 contract of insurance which I have with QBE Insurance (Australia) Limited, New Zealand Branch. Where this renewal declaration is signed by the broker on behalf of the insured, the broker declares that he/she has the insured's permission to sign on the insured's behalf; that the answers and statements contained above have been provided by the insured and are true, correct and complete in every respect; that the insured understands QBE is entitled to treat this renewal declaration as if it had been signed by the insured; and that a copy of the completed and signed renewal declaration will be sent to the insured as soon as practicable.

Signed by applicant		Date (dd/mm/yyyy)	
Printed name		Phone	
Position		Mobile	
Email address			