

# Professional Indemnity

Proposal



## Important notice

### Material facts

'You' (this includes every person or entity to be insured under this insurance) are under a duty to disclose all material facts that could influence QBE Insurance's decision to accept this insurance and, if so, on what terms. You need to disclose facts both known to you and those which you could have been reasonably expected to know about. If you are in any doubt as to whether or not a fact may be material, you should disclose it to ensure that any cover granted is not prejudiced.

### Non-disclosure/misstatement

If you fail to comply with your duty of disclosure, QBE may be entitled to avoid the contract altogether, and therefore decline to pay any claim.

### 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.

### How to complete this form

- You must answer all questions fully and, if you are completing this form by hand, please ensure you write clearly.
- If you are completing this form electronically, please open it using the latest version of Adobe Reader. Use your mouse/trackpad to take the cursor to the next editable field. Boxes can be ticked either by using your mouse/trackpad or by hitting 'enter'. Upon completion, please print out this form and sign the declaration.
- The signed form should then be posted, or emailed, to your broker.

Broker	Company	Individual
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## A. Applicant details

1. Please provide the full name of all entities to be insured (it is essential that you specify the names of all entities including service, administrative or nominee companies and subsidiaries that you wish to be covered by this policy)

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2. Principal address of company

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3. Physical address of branch offices or other locations

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4. Website address

Name of all partners/principals/directors	Qualifications	Date Qualified	Years in this business	Years in previous business(es)

**A. Applicant details**

6. Please list the professional bodies or associations to which any partner, principal or director belongs.

7. Please supply total numbers of

(a) partners/principals/directors		(e) non-technical administration staff	
(b) professional qualified staff		(f) clerical staff - typists, receptionists, etc	
(c) other technical staff		(g) other staff (please specify below)	
(d) trainee staff			
		(h) Total all personnel	

**B. Cover required**

1. Limit of Indemnity	NZD		
2. Excess	NZD (each and every claim)		
3. Period of Insurance	From 4pm (dd/mm/yyyy)	To 4pm (dd/mm/yyyy)	

**C. Business details**

1. Date business was established (dd/mm/yyyy)		
2. Has the name of the business ever changed?	Yes	No
3. Has any other business amalgamated or merged with you?	Yes	No
4. Have you purchased any other business?	Yes	No
If 'Yes', to any of the above, please provide details		

5. Please provide details of the precise nature of business activities, including details of advice given (enclose a copy of your company profile and any corporate promotional material describing your activities or services and tick to indicate enclosure)	Enclosed
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6. Please categorise the activities of the business outlined above and indicate the approximate percentage of your income derived from those activities

Type of work	% of income	Type of work	% of income
	%		%
	%		%
	%		%
	%		%
	%		%

7. Please define what you consider to be the loss exposure for which you are seeking Professional Indemnity insurance

### C. Business details

8. Does any contract or client represent more than 20% of your annual or fees? If 'Yes', please provide full details			Yes	No
9. Do you engage consultants, subcontractors or agents? If 'Yes'			Yes	No
(a) do you insist they carry their own Professional Indemnity Insurance?			Yes	No
(b) do you enter into any 'hold/harmless' agreements, or otherwise waive any legal rights or entitlements which you may have against such consultants, subcontractors or agents?			Yes	No
If 'Yes', please attach full details and tick to indicate enclosure			Enclosed	
10. Do you envisage any changes in your activities or are there any new operations contemplated during the next 12 months? If 'Yes', please provide full details			Yes	No
11. Do you perform work outside of New Zealand? If 'Yes', please provide full details			Yes	No
Name of country			Details of work	
			% of income	
			%	
			%	
			%	
			%	
			%	
12. Have you signed any contracts where another party limits their liability to you? If 'Yes', please provide full details			Yes	No
13. If relevant, have you fully complied with requirements under the Securities Markets Act 1988 and amendments thereto?			Yes	No
			NA	
14. Are you a 'Reporting Entity' under the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 (and amendments thereto)? If 'Yes', do you comply with the requirements of this legislation?			Yes	No
			Yes	No

### D. Risk management details

1. Have you implemented any formal risk management procedures or plans? If 'Yes'			Yes	No
(a) how often are these reviewed?			months	
(b) are identified breaches rectified?			Yes	No
2. Where relevant, can you confirm that remedial action has been taken to prevent recurrence of any circumstances detailed in Section F below?			Yes	No

## E. Financial details

1. Advise the date of your financial year end (dd/mm/yyyy)

2. Please provide the amount of gross income/fees for the following

Country	Current financial year (estimate)	Last financial year (year-end actual)	Previous financial year (year-end actual)
	NZD	NZD	NZD
	NZD	NZD	NZD
	NZD	NZD	NZD
	NZD	NZD	NZD
	NZD	NZD	NZD

3. If part of the gross income/fees above relates to the sale of physical products, please state the percentage

%

## F. Claims experience

1. Has any partner, principal, director or staff member ever been subject to disciplinary proceedings for professional misconduct?

Yes No

If 'Yes', please provide full details

2. During the last 10 years, after enquiry, have any claims for negligence or breach of professional duty been made against the business (or any of its predecessors in business or any prior business) or any present or former partners, principals or directors, or have any circumstances been notified to insurers which might give rise to a claim?

Yes No

If 'Yes', please provide full details

3. Are any of the partners, principals or directors aware of any circumstance(s) which could reasonably be expected to give rise to a claim against the business or any prior business or any of its present or former partners, principals or directors, and is not referred to in question F2 above?

Yes No

If 'Yes', please provide full details

## G. Prior insurance

1. Does the business presently carry, or has the applicant ever carried, Professional Indemnity insurance?

Yes No

If 'Yes', please provide the following details

Insurer		Expiry date (dd/mm/yyyy)	
Limit of indemnity	NZD	Excess	NZD

2. After enquiry, has the business, or any partner, principal or director ever been refused this type of insurance or had similar insurance cancelled or had an application for renewal declined or special terms imposed?

Yes No

If 'Yes', please provide full details

## G. Prior insurance

## H. Enclosures

1. If relevant, please provide copies of the following and tick to indicate enclosure.

CV's	Enclosed	Corporate brochures	Enclosed	Annual report	Enclosed
Hold-harmless agreements	Enclosed	Other (please specify)			Enclosed

## Declaration

I/We declare, on behalf of all proposed insureds, that:

- a. All answers and statements in this proposal are correct and complete in every respect and there is no further information which may affect acceptance of the proposal.
- b. If accepted by QBE, this proposal and declaration, and any other material which I/we have provided to QBE, shall be incorporated into and form the basis of the contract of insurance.
- c. I/We warrant that I/We will notify QBE of any material alteration to these facts whether occurring before or after the completion of this proposal.
- d. If any personal information is provided, I/We understand that:
  - i. This information will be collected, held, used and disclosed by QBE (either in New Zealand or overseas) in order to issue, administer and manage products and provide services, including claims investigation and administration and for data analytics. Further details are set out in QBE's privacy policy available at <https://www.qbe.com/nz/about-qbe/privacy-and-your-personal-information>
  - ii. If I/We do not provide the information requested, then QBE may be unable to provide products or services.
  - iii. Where I/We have provided someone else's personal information, I/We confirm that I/We have obtained their consent to do so.
- e. QBE is authorised to disclose information received from me/us to its advisers, reinsurers and to other insurers. I/We authorise QBE to obtain, from any party, information that is, in QBE's view, relevant to this proposal.
- f. I/We understand that the insurance will not be in force until this proposal has been accepted and cover confirmed by QBE.  
Note: Signing this proposal and any supplementary questionnaires does not bind either the applicant or QBE to complete the contract of insurance

Signed by applicant		Date	
Printed name		Phone	
Position		Mobile	
Email address			