

# Directors & Officers Liability

## Supplementary questionnaire



### Important notice

This supplementary questionnaire forms a key part of your insurance proposal 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, please print out this 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.

<b>Name of applicant/ insured</b>	

### 1. Please advise the following information regarding your Practice as at your last financial year end:

a) Value of your total assests NZD	
If your total assets exceed NZD 1,000,000 please enclose your last end of year Financial Report	
b) Value of your total debt NZD	
c) Value of shareholder funds NZD	

### 2. Does any shareholder or associated group of shareholders own or control (either directly or beneficially) more than 10% of the share capital of the Practice? Yes No

If yes, please provide details of the shareholders and the percentage owned or controlled

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### 3. Has there been, or is there pending, any change in the financial position or capital structure (including the percentage of shares held by each shareholder) of the company? Yes No

If yes, please provide full details

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### 4. Is any director aware of any facts or circumstances which might affect the ability of the company to meet all its debts as and when they fall due? Yes No

If yes, please provide full details

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5. AFTER ENQUIRY has there been, or is there now pending, any claim against any proposed Insured Person in their capacity as a director or officer of either the Practice or any other company, organisation, association or trust?	Yes	No
6. AFTER ENQUIRY do any circumstances exist which might give rise to a claim against any proposed Insured Person?	Yes	No

If yes, to either 5 or 6, please provide details of the shareholders and the percentage owned or controlled

### Declaration

I declare on behalf of all proposed insureds that all answers and statements in this supplementary questionnaire are correct and complete in every respect, and confirm that there is no further information, outside of that supplied in this questionnaire or the proposal form, which may affect acceptance of this proposal.

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