

Professional Indemnity

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. Business details

1. Total gross income/fees (excluding GST) for your last financial year.	NZD	
2. Over the past 12 months, have there been any changes to your business activities (as described in your last completed proposal form submitted to QBE)? If 'Yes', please provide full details.	Yes	No

B. Claims details

1. Has any current or former partner, principal, director or staff member ever been subject to disciplinary proceedings for professional misconduct, or are any such proceedings pending?	Yes	No
2. 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, not already notified to QBE, other than matters disclosed in your last completed proposal form submitted to QBE? If 'Yes', to either B1 or B2 above please provide full details, continuing on a separate sheet if necessary, and tick to indicate enclosure.	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 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			