

Information and Communication Technology 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.

Name Insured Broker

Policy Number Expiry

A Applicant details

1. The profession currently stated in your policy is:

2. Over the past twelve months, have there been any changes in your business activities as described above? Yes No

If Yes, please attach full details, and tick to indicate enclosure.

Enclosed

3. Please detail your turnover by region and indicate the percentage of that sum that relates solely to the supply of hardware or electronic goods.

| Turnover by region | Last Financial Year | Current Financial Year (estimate) | Next Financial Year (estimate) | Percentage solely hardware/electronic goods |
|--------------------|---------------------|-----------------------------------|--------------------------------|---|
| New Zealand | NZD | NZD | NZD | % |
| Australia | NZD | NZD | NZD | % |
| USA/Canada | NZD | NZD | NZD | % |
| UK/Europe | NZD | NZD | NZD | % |
| Rest of the World | NZD | NZD | NZD | % |
| Total | NZD | NZD | NZD | % |

4. Please detail your staff numbers by category.

| Category | Number |
|---------------------------------|--------|
| Management | |
| Technical/Programmers/Engineers | |
| Project Managers | |
| Sales | |
| Administration | |
| Other (please specify) | |



- 5. **On a separate page, please provide details of your five largest projects/contracts undertaken in the last 12 months.** Enclosed

Include the name of the client, the value of the project/contract, details of the work performed, systems or software developed and the function/purpose of the system/software in the client's organisation.
 - 6. **On a separate page, please provide full details of any work performed for any financial institution (banks, insurance companies, stockbrokers etc) or any telecommunication company.** Enclosed
 - 7. **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.** Yes No
- If 'Yes', please attach full details, and tick to indicate enclosure. Enclosed

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 | <hr style="border-top: 1px dotted black;"/> | | Date | <input type="text" value="dd"/> | / | <input type="text" value="mm"/> | / | <input type="text" value="yyyy"/> |
| Printed name | <input type="text"/> | Phone | <input type="text"/> | | | | | |
| Position | <input type="text"/> | Mobile | <input type="text"/> | | | | | |
| Email address | <input type="text"/> | | | | | | | <input type="button" value=""/> |