

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

1. Name all entities requiring cover, including any service, administrative, nominee, subsidiary or newly created companies. Yes No

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

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.

B Business details

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

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

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

Enclosed



2. 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 details on a separate page of your letterhead, and tick to indicate enclosure. Enclosed
3. Have you ever been involved in the promotion of a non-contributory mortgage scheme? Yes No
4. 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
5. Is the practice a member of the New Zealand Institute of Chartered Accountants. 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? Yes No

6. Has the practice ever sustained a loss through the fraudulent activity or dishonesty of an employee? Yes No
7. 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.

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

PRINT