

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

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.)

2. Principal address of company

3. Physical address of branch offices or other locations

4. Website Address



5. Please provide the following details:

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

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	<input type="text"/>	(e) non-technical administrative staff	<input type="text"/>
(b) professionally qualified staff	<input type="text"/>	(f) clerical staff – typists, receptionists, etc	<input type="text"/>
(c) other technical staff	<input type="text"/>	(g) other staff (please specify below)	<input type="text"/>
(d) trainee staff	<input type="text"/>	<input type="text"/>	
		(h) Total all personnel	<input type="text"/>

B Cover required

1. Limit of indemnity	<input type="text" value="NZD"/>	
2. Excess	<input type="text" value="NZD"/>	(each and every claim)
3. Period of Insurance	From 4pm <input type="text" value="dd / mm / yyyy"/>	To 4pm <input type="text" value="dd / mm / yyyy"/>

C Business details

1. Date business was established	<input type="text" value="dd / mm / yyyy"/>	
2. Has the name of the business ever changed?	Yes <input type="radio"/>	No <input type="radio"/>
3. Has any other business amalgamated or merged with you?	Yes <input type="radio"/>	No <input type="radio"/>
4. Have you purchased any other business?	Yes <input type="radio"/>	No <input type="radio"/>

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

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.

8. Does any contract or client represent more than 20% of your annual work or fees? Yes No

If 'Yes', please provide full details.

9. Do you engage consultants, subcontractors or agents? Yes No

If 'Yes':

(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? Yes No

If 'Yes', please provide full details.

11. Do you perform work outside of New Zealand?

Yes No

If 'Yes', please provide full details.

Name of country	Details of work	% of income
		%
		%
		%
		%
		%

12. Have you signed any contracts where another party limits their liability to you?

Yes No

If 'Yes', please provide full details.

13. If relevant, have you fully complied with requirements under the Securities Markets Act 1988?

Yes No NA

D Risk management details

1. Have you implemented any formal risk management procedures or plans?

Yes No

If 'Yes':

(a) how often?

 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 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 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 business ever carried, Professional Indemnity insurance? Yes No

If 'Yes', please provide details of any previous cover for this type of insurance:

Insurer	<input type="text"/>	Expiry date	<input type="text"/> dd / <input type="text"/> mm / <input type="text"/> yyyy		
Limit of Indemnity	NZD <input type="text"/>	Excess	NZD <input type="text"/>	Premium	NZD <input type="text"/>

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.

H Enclosures

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

CVs	Enclosed <input type="radio"/>	Corporate brochure	Enclosed <input type="radio"/>	Annual report	Enclosed <input type="radio"/>
'Hold-harmless' agreements	Enclosed <input type="radio"/>	Other (please specify)	<input type="text"/>	Enclosed <input type="radio"/>	

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 understand that QBE requires this information (which will be retained by QBE) in order to decide whether or not to accept this proposal, and also that the Privacy Act 2020 entitles me/us to have access to, and request the correction of, this information.
- d 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.
- e 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

dd / mm / yyyy

Printed name

Phone

Position

Mobile

Email address