



PROFESSIONAL INDEMNITY INSURANCE PROPOSAL/QUOTE REQUEST FORM

Please complete all questions, If additional space is needed to answer any questions fully, please attach a separate page.

1. APPLICANT DETAILS

1. Name of Applicant including trading names, names of subsidiaries and any parties required to be insured

2. Postal Address:

3. Website Address:

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4. Contact: 5. E-mail:

6. Phone: 7. Fax Number:

2. BUSINESS DETAILS

1. State the nature of the profession/business including a full description of your activities and in particular, those activities where you provide advice, design or opinion which may be relied upon by a third party:

2. Categorise your activities and confirm the percentage of your total income (including amounts paid by you to subcontractors or consultants) for your current year you estimate each activity represents:

a.	%
b.	%
c.	%
d.	%
e.	%
f.	%
Total	100%

3. Indicate the number of years this business has been:

Operating: Owned by present owners Managed by present management

4. List all accreditations and association memberships held by your business:

3. RISK MANAGEMENT DETAILS

1. Have you implemented formal risk management procedures or plans? Yes No
2. If Yes, is adherence to these procedures periodically reviewed and are known breached rectified? Yes No
3. If No, would you be prepared to work with Lumley General Insurance (N.Z.) Limited in establishing such procedures? Yes No
4. Are there any particular characteristics of your business (eg. Risk management practices, provision of services to specialised markets etc.) which would materially reduce or increase your exposure to professional liability claims in comparison to practitioners in your profession generally? Yes No

If Yes, please provide details:

5. Do you employ legal counsel or retain a particular firm of Solicitors? Yes No

If Yes, please provide details:

4. ADMINISTRATION AND STAFF

1. Please provide the following details in respect of all current Principals, Partners and Directors:

Name	Professional Qualifications	Year Qualified	Number of years as a Partner, Principal or Director

2. Please provide the following details in respect of all former Principals, Partners and Directors:

Name	Date left this business	Reason for Leaving

3. Indicate the number of personnel in each applicable category:

Category	Employees		Contractors	
	Full Time	Part Time	Full Time	Part Time
Principals, Partners and Directors				
Qualified Professionals				
Other Technical				
Administrative and Clerical				
Other (Describe)				

5. FINANCIAL INFORMATION

1. What is the date of your financial year-end?

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2. Please provide gross fees or income (including fees paid to subcontractors) as follows:

Country	Last Financial Year	Current Financial Year (Estimate)	Next Financial Year (Estimate)
New Zealand	\$	\$	\$
Australia	\$	\$	\$
Asia and the Pacific Islands	\$	\$	\$
United Kingdom & Europe	\$	\$	\$
USA / Canada	\$	\$	\$
Other (Specify)	\$	\$	\$
Total	\$	\$	\$

3. What percentage of your fee income is paid to subcontractors or consultants? %

4. Please provide details of the five largest contacts undertaken during the past five years:

Name of Principal	Description of Contract	Duration	Your Major Responsibilities	Fees Earned
a.				\$
b.				\$
c.				\$
d.				\$
e.				\$

6. CONTRACTUAL AGREEMENTS

1. Do you have standard terms upon which you supply your professional services? Yes No

If Yes, please attach copies of any liability exclusion clauses, disclaimers or hold harmless provisions.

2. Will you or have you entered into contracts with hold harmless provisions which provide that you will indemnify the other party against all claims or demands? Yes No

If Yes, please provide details:

3. When engaging independent consultants or contractors, do you ensure that those consultants:

a. Maintain their own professional indemnity insurance? Yes No

b. Are bound by contract to accept full responsibility for their own actions? Yes No

7. INSURANCE HISTORY

1. Have you ever had any; insurance declined or cancelled; renewal refused; special conditions imposed; excess imposed; or claim rejected? Yes No

If Yes, please provide details:

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2. Please provide details of your current professional indemnity coverage:

Current Insurer:		Expiry Date:	/
Limit of Indemnity:	\$	Excess:	\$

8. CLAIMS HISTORY

1. Has any Partner, Principal, Director or staff member ever been the subject of disciplinary proceedings for professional misconduct? Yes No

If Yes, please provide details:

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2. Have any claims ever been made against you, your predecessors in business, or any present or former Partner, Principal, Director or employee of the business? If a current loss summary is available from your present and past insurers please attach a copy. Yes No

If yes, please provide the following details in respect to each matter:

Date matter notified	Name of Insurer (if any)	Brief details of each matter	Amount paid or estimate of potential liability	Is matter finished or outstanding

3. Are you, or any Partner, Principal, Director or employee, AFTER ENQUIRY, aware of any claims, or circumstances which might result in claims against you or your predecessors in business or any present or former Partner, Principal, Director or employee of the business? Yes No

If Yes, please provide the following details in respect to each matter:

Name of Claimant or Potential Claimant	Brief Description of Claim / Circumstances	Estimate of Potential Liability

9. COVER REQUIRED

1. Limit of Indemnity required:

\$	\$	\$
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2. Level of Excess required:

\$	\$	\$
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3. Optional Extension:

Do you require cover for Partners, Directors or Principals previous business? Yes No

If 'Yes' please provide the following details in respect of each Partner, Principal and Director:

Name	Names of Previous Firms	Details of any claims made against previous firms

10. DECLARATION

- a) I/we agree that my/our personal information may be used by Lumley General Insurance (N.Z.) to advise me/us of other services provided by Lumley General Insurance (N.Z.) Limited.
- b) I/we authorise the disclosure or personal information held by any other party regarding my/our previous insurances.
- c) I/we agree to Lumley General Insurance (N.Z.) Limited releasing to other parties information regarding this insurance.
- d) I/we hereby declare and warrant that the answers given in this proposal (and any attachments relating to it) are in every respect correct and complete.
- e) I/we agree that this proposal, declaration (and any attachments to it) and any other information supplied to Lumley General Insurance (N.Z.) Limited in support of this proposal shall be the basis of the contract between us.
- f) I/we agree to accept the terms, exceptions and conditions contained in the Professional Indemnity Insurance policy as modified or extended by any endorsements thereon or the policy schedule or on any certificate of insurance issued to me/us by Lumley General Insurance (N.Z.) Limited in lieu of a policy.

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Date

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Signature