



# PROFESSIONAL INDEMNITY PROPOSAL

## IMPORTANT NOTICE

### MATERIAL FACTS

“You” (this means every person or entity to be insured under this insurance) are under a duty to disclose all material facts that could influence QBE’s decision to accept this insurance and, if so, on what terms. You need to disclose both facts known to you AND facts which you could have been reasonably expected to know about. If you are in any doubt as to whether 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 so decline to pay any claim.

### JURISDICTION

Except to the extent otherwise provided in any subsequently issued policy, the content and use of this form and any agreement entered into pursuant to this form or any dealing in relation to or arising from this form are governed by the laws of New Zealand and in relation to those matters, the parties submit to the jurisdiction of the courts of New Zealand.

### COMPLETION NOTES

- Please answer ALL questions fully. If you need extra space please attach additional pages on your company letterhead and mark their inclusion on the Proposal Form.
- **PLEASE ENSURE YOU READ AND SIGN THE DECLARATION.**

## 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 Physical 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	No. years this business	No. years previous business

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



**B COVER REQUIRED**

1 Limit of Indemnity \$

2 Excess \$  (each and every claim)

3 Period of insurance: From 4pm  /  /  to 4pm  /  /

4 Broker: Individual  Company

**C OPTIONAL EXTENSIONS**

1 Do you require any of the following optional extensions to cover?

(a) Automatic reinstatement Yes  No

(b) Costs of representation at registration board proceedings Yes  No

(c) Fraud and dishonesty of employees Yes  No

(If Yes, please complete a 'Fraud/Dishonesty Supplementary Questionnaire')

**D BUSINESS DETAILS**

1 Date on which the business was established

2 Has the name of the business ever changed? Yes  No

3 Has any other business amalgamated or merged with you? Yes  No

4 Have you purchased any other business? Yes  No

If Yes to any of the above, please provide full details

5 Please provide details of the precise nature of activities of the business, including details of advice given. (Please enclose a copy of the company profile and any corporate promotional material describing your activities or services.)

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	%	Type of work	%
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

7 Please define and describe what you consider to be the primary and major 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, sub-contractors 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, sub-contractors or agents? (If Yes, please attach details) Yes  No

10 Do you envisage any substantial changes in your activities or are there any major new operations contemplated during the next 12 months? Yes  No

Empty text box for details of changes or operations.

11 Do you perform work outside New Zealand? Yes  No

If Yes, please provide full details

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

E RISK MANAGEMENT DETAILS

1 Have you implemented any formal risk management procedures or plans? Yes  No

If Yes, (a) is adherence to these procedures periodically reviewed? Yes  No

If Yes, 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 G below? Yes  No

F FINANCIAL DETAILS

1 Please advise the date of your financial year end

2 Please provide the amount of gross income/fees for the following

Country	Financial Year		
	Current (year end estimate)	Last (year end actual)	Previous (year end actual)
New Zealand	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

3 If part of the gross income/fees above relates to the sale of physical products, please state the percentage  %

G 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

Empty text box for details of disciplinary proceedings.

2 After enquiry, have any claims for negligence or breach of professional duty been made in the past ten years 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

Empty text box for details of claims.



3 Are any of the partners, principals or directors aware of any claim or 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 previous question - G2 ? Yes  No

If Yes, please provide full details

Three empty text boxes for providing details.

H PRIOR INSURANCE

1 Does the business presently carry, or has the business ever carried, Professional Indemnity insurance? Yes  No

If Yes, please provide the following details

Form fields for Insurer, Expiry date, Limit of Indemnity, Excess, and Premium.

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

Three empty text boxes for providing details.

I ENCLOSURES

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

Form with checkboxes for CV's, Annual Report, Other, Corporate brochure, and Hold Harmless agreements.

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...
(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 to accept this proposal, and also that the Privacy Act 1993 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 advisors, 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 the proposal and any supplementary questionnaires does not bind either the applicant or QBE to complete the insurance.

Signed, Printed name, Position, and Date fields.



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