

I/O Psychologist Proposal Form



SPUA
SOUTHERN PACIFIC
UNDERWRITING AGENCY
LIMITED



It is important that all questions are answered fully. Where there is insufficient space, please attach additional information to this proposal. This policy will solely cover the policyholder.

All material facts must be disclosed – whether subject to a specific question contained herein or not.

You have a continuing duty to disclose all material facts to your insurer throughout the duration of any period of insurance.

Failure to disclose a material fact may prejudice your rights under the policy in the event of a claim and/or render the policy void.

A material fact is any fact, matter or other information which may alter or influence an insurer's assessment or acceptance of this application. If you are in any doubt as to whether a fact is material then it should be disclosed to the insurer.

Your Details

Name of Insured

Address

Phone No.

Email Address

Your Business

Full Business Description

Your Activities

Activities	Last Year	Forthcoming Year
Recruitment & Selection		
Psychometric Testing		
Professional Training & Development		
Leadership & Development		
Engagement & Climate Surveys		
Wellness & Resilience		
Careers Guidance & Planning		
Organisational Development		
Health & Safety		
Employee Relations		
Team Building		
Tribunal Representation		
Employment Law Advice		
Other (please specify)		
Total	100%	100%

* If your activities involve full legal representation, this would be a referral and additional premiums may apply.

Financial Information

Turnover last financial year \$

Est. turnover next year \$

Do you derive any fees outside New Zealand? If YES, please note that your policy is a NZ only policy at present. Please forward full details on all overseas activities for cover to be considered. Additional premium and a higher excess will apply

Yes

No

In the past 3 years, has there been (or is there now proposed) any change in the financial position or capital structure that may materially affect the performance of the company? If YES, please provide details on a separate page

Yes

No

Is any Director or Officer of the Company aware of any facts or circumstances which may affect the ability of the Company to meet its debts as and when they fall due?

Yes

No

Employee Checks & Numbers

Full Time

Part Time

Contractors

Do you undertake criminal background and reference checks on all staff prior to employing? If No, please provide details in the space provided below on what procedures you do undertake?

Yes

No

Claims and Circumstances Please answer this question in respect of all liability cover

After enquiry of all partners, principals, senior employees, officers and volunteers, have there **ever** been any claims made against you or have any circumstances occurred, or become known to you, that may give rise to a claim against any of you?

Yes

No

After enquiry of all staff, have there **ever** been any investigational inquiries of any individual? If You have answered Yes to the above, please provide details in the space provided below:

Yes

No

Limit of Indemnity This package automatically includes \$2,000,000 Public Liability Cover

Professional Indemnity

\$250,000 any one claim;
\$500,000 maximum per year

\$500,000 any one claim;
\$1,000,000 maximum per year

\$1,000,000 any one claim;
\$2,000,000 maximum per year

\$2,000,000 any one claim;
\$4,000,000 maximum per year

Statutory Liability and Employer's Liability (additional premium applies)

Statutory Liability

\$500,000

Employers Liability

\$500,000

Declaration

On behalf of all proposed insured's, I/We declare and agree that

- All information provided, in this proposal or attachments, is true and complete in every respect and that no Material Facts remain undisclosed;
- If this risk is accepted, such information will be incorporated into and form the basis of the contract of insurance;
- I/We understand that SPUA requires this information in order to evaluate this proposal and that Privacy Act 1993 entitles me/us to have access to, and request the correction of, any information retained;
- SPUA is authorised to disclose information to its advisers, reinsurers, other insurers and parties with a financial interest in the subject matter of this proposal;
- SPUA is authorised to check details against the Insurance Claims Register and to place information on the Insurance Claims Register which other insurers can access on behalf of Certain Underwriters at Lloyd's;
- SPUA is authorised to obtain from other parties any information which may be relevant to the acceptance of this risk;
- The signing of this proposal does not bind either party to complete the contract and that no cover will be in force until confirmed by SPUA.

Insured(s) Signature

Date

