

Professional Indemnity Renewal Declaration



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.

Policy No.	Period of Cover
Name	

Business Details

Please provide a full description of your professional business activities and provide a percentage of each activity.

No of Staff.	Professionally Qualified	Technical	Other
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Country	Estimated Turnover (Last year)	Estimated Turnover (Forthcoming year)
New Zealand	\$	\$
Australia	\$	\$
Asia and the Pacific Islands	\$	\$
United Kingdom & Europe	\$	\$
USA / Canada	\$	\$
Other (specify)	\$	\$
Total	\$	\$

What percentage of your work do you subcontract? %

Do you ensure that all subcontractors acting on your behalf hold current Professional Indemnity Insurance? Yes No

What is the minimum level of indemnity that they are required to hold? \$

Claim Details

After enquiry, are there any disciplinary proceedings pending against any current of former partner, principal, director and/or staff member?

Yes

No

If Yes, please attach full details

After enquiry, is any partner, principal, director or employee aware of any claim, or circumstances, which have resulted or might result in claims against you or your predecessors in business or any present or former partners, principal, director, and/or employee of the business?

Yes

No

If Yes, please attach full details

Limit of indemnity required

(Professional indemnity)

\$

Limit of indemnity required

(Public liability)

\$

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.

Signed

Insured(s) Signature

Title

Date