

Professional Indemnity (Medical Malpractice) Renewal Declaration



This is a renewal declaration for a claims made policy. The policy will only respond to claims and/or circumstances which are first made against you and notified to Souther Pacific Underwriting Agency Limited during the policy period.

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.	Expiry date
Name	

Business Details

Please provide a full description of your professional business activities

Country	Current financial year	Next financial year (estimate)
New Zealand		
Australia		
Asia and the Pacific Islands		
UK & Europe		
USA & Canada		
Other (please specify)		
Total		

Claim Details

After enquiry, are there any disciplinary proceedings pending against any current or former partner, principal, director 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 or employee of the business?

Yes No

If **Yes**, please attach full details.

Please turn over for declaration

Declaration

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

- a) All information provided, in this proposal or attachments, is true and complete in every respect and that no Material Facts remain undisclosed;
- b) If this risk is accepted, such information will be incorporated into and form the basis of the contract of insurance;
- c) 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;
- d) 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;
- e) 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;
- f) SPUA is authorised to obtain from other parties any information which may be relevant to the acceptance of this risk;
- g) 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

Date

Printed Name

Position