

# Professional Indemnity

## Proposal



### Important notice

- This is a proposal for a contract of insurance, in which 'Proposer' or 'you/your' means the individual, company, partnership, limited liability partnership, organisation or association proposing cover.
- This proposal must be completed, signed and dated. All questions must be answered to enable a quotation to be given but completion does not bind you or Underwriters to enter into any contract of insurance. If space is insufficient to answer any questions fully, please attach a signed continuation sheet. You should retain a copy of the completed proposal (and of any other supporting information) for future reference.
- All facts material to the proposed insurance must be disclosed, fully and truthfully to the best of your knowledge and belief. Failure to do so may make the contract of insurance voidable or severely prejudice your rights in the event of a claim. A material fact is one likely to influence Underwriters' assessment or acceptance of the proposal; if you are uncertain what may be a material fact, you should consult your broker.
- You are recommended to request a specimen copy of the proposed policy wording from your insurance broker and to consider carefully the terms, conditions, limitations and exclusions applicable to the cover.

### Broker details

Broker company name	<input type="text"/>		
First name	<input type="text"/>	Last name	<input type="text"/>
Mobile	<input type="text"/>	Work phone	<input type="text"/>
Email address	<input type="text"/>		

### Policyholder/Company contact details

First name	<input type="text"/>	Last name	<input type="text"/>
Mobile	<input type="text"/>	Work phone	<input type="text"/>
Email address	<input type="text"/>		
Role	<input type="text"/>		

### Company details

Company name/ Trading as	<input type="text"/>
Website	<input type="text"/>

Company address	<input type="text"/>		
Suburb	<input type="text"/>	Town/City	<input type="text"/>
Postal address (If different from company address)	<input type="text"/>		
Suburb	<input type="text"/>	Town/City	<input type="text"/>
		Postcode	<input type="text"/>

### Personnel by category

Please indicate the number of personnel by category

	Full time	Part time
Principals, partners and directors	<input type="text"/>	<input type="text"/>
Qualified professionals	<input type="text"/>	<input type="text"/>
Other technical staff	<input type="text"/>	<input type="text"/>
Administrative and clerical staff	<input type="text"/>	<input type="text"/>
Contractors	<input type="text"/>	<input type="text"/>
Volunteers	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>
<b>Total</b>	<input type="text"/>	<input type="text"/>

### Business details

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

Categorise your business activities applicable to the above in relation to the 'Professional' Services and provide the percentage of your total gross income in fees obtained for your last financial year by those categories.

Activity	Details	Percentage
<input type="text"/>	<input type="text"/>	%
<input type="text"/>	<input type="text"/>	%
<input type="text"/>	<input type="text"/>	%

Number of years the business has been operating	<input type="text"/>	Number of locations overseas and country(s)	<input type="text"/>
Number of locations in New Zealand	<input type="text"/>		
Do you have contracts to work outside New Zealand?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Total number of employees overseas	<input type="text"/>		

Has the business name ever changed?  Yes  No

If 'Yes', please provide details

Have you ever acquired another business or merged with another business?  Yes  No

If 'Yes', please provide details

### Financial information

Please provide total gross fee or income for last financial year (actual), current financial year (projected), and next financial year (estimate)

Location	Last financial year (actual)	Current financial year (projected)	Next financial year (estimated)
New Zealand	\$	\$	\$
Australia	\$	\$	\$
Pacific Islands	\$	\$	\$
Asia	\$	\$	\$
UK & Europe	\$	\$	\$
USA & Canada	\$	\$	\$
<b>Totals</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

### Principals, partners and directors

Please provide details in respect of all current principals, partners and directors

Full name	Age	Professional qualifications	Date qualified	Number of years with this firm	Number of years with previous firm

Are any of the principals, partners or directors financially or otherwise associated with any other business?

Yes

No

If 'Yes', please provide details

## Professional bodies

Please list the professional bodies or associations to which you belong

## Other details

What arrangements do you have to assist you during your temporary absence on business, leave or sickness, or unforeseen emergency?

Do you undertake any work which would involve you in manufacturing, construction, erection or installation?

Yes

No

If 'Yes', please provide details

## Supply details

Do you undertake any work which would involve you in the supply of materials, plant, goods, or equipment?

Yes

No

If 'Yes', please answer the following questions:

What proportion of the fees declared relates to such contracts?

Does the supply relate to branded products only?

Yes

No

Do the products originate from suppliers outside New Zealand?

Yes

No

If 'Yes', please provide details of products and name and location of suppliers

## Large contractual agreements

Please provide details of the businesses five largest contracts undertaken during the last five years

Contract number	Particulars	Contract value/fees	Year
1		\$	
2		\$	
3		\$	
4		\$	
5		\$	

Does any one client account for more than 50% of the business annual income?

Yes  No

If 'Yes', please provide the client's details

Client name

Nature of services provided to the client

Income received from the client

## Written reports

Does the business provide written reports to clients?

Yes

No

If 'Yes', please provide copies including any disclaimers

Enclosed

Are verbal reports always confirmed in writing?

Yes

No

If 'No', how do you substantiate such verbal reports?

## Consultant, subcontractor, agent details

Do you engage consultants, subcontractors or agents?

Yes

No

If 'Yes', please answer the following questions:

Do you insist they carry their own Professional Indemnity Insurance?

Yes

No

Do you enter into any hold harmless agreements or otherwise waive any legal rights or entitlements which you may have against such consultants, subcontractors or agents?

Yes

No

Do you use a standard contractual agreement when engaging independent consultants or contractors?

Yes

No

Do you use a standard contractual agreement for the supply of your professional services?

Yes

No

Please advise which percentage of your fees or turnover is outsourced to subcontractors

%

## Prior insurance history

Has the business or any principal, partner or director ever been refused insurance of the type proposed, had a similar policy cancelled or had special terms imposed?

Yes  No

If 'Yes', please provide details

Has the business, any partner, principal, director or staff member ever been the subject of disciplinary proceedings for professional misconduct?

Yes  No

If 'Yes', please provide details

Has any claim(s) ever been made against the business, its predecessors, or against any present or past principals, partners or directors?

Yes  No

If 'Yes', please provide details of previous claim(s)

Date of claim or loss	Brief description of claim or loss	Cost of claim paid or loss insured (if any)	Estimated outstanding loss	Is the matter finalised or outstanding?
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

What action has been taken to prevent a recurrence of the situation which gave rise to this claim or loss?

## Potential claims

Are any of the principals, partners or directors aware, after enquiry of all staff, managers and contractors, of any facts or circumstances which may give rise to a claim or claims of the type insured by this policy?

Yes  No

If 'Yes', please provide details

Claim number	Name of potential claimant	Brief description of matter	Estimate of potential liability	Has claim been previously notified? If 'Yes', when?
			\$	
			\$	
			\$	
			\$	

Are any of the principals, partners or directors aware, after enquiry of all staff, managers and contractors, of any accounts overdue for payment where there is reason to believe that the client is dissatisfied with the professional services rendered?

Yes  No

If 'Yes', please provide details

Have you ever withdrawn a claim?

Yes  No

If 'Yes', please provide details

**Please complete Declaration on Page 8.**

# Declaration

## Duty of Disclosure

The insurance offer you have accepted and noted above is based upon the information provided to us either by yourself or on your behalf by your insurance broker including what we are insuring and any previous claims or potential claims in relation to what we are insuring. As part of this insurance contract, you are required to tell us anything which may affect our decision to insure you, or the terms we are prepared to offer. Examples of information which you should tell us include:

- Previous criminal convictions, or pending criminal charges<sup>^</sup>,
- Previous bankruptcy or having been through the 'No Asset Procedure',
- Any known circumstances which might increase the chance of you making a claim under the above insurances,
- Any other information likely to affect this insurance.

<sup>^</sup> Subject to the rights set out in the Criminal Records (Clean Slate) Act 2004 ("Clean Slate Act"), you are under a duty to disclose all material information to Ando whether the information is asked for or not. Material information is information that might influence our decision to insure you and if so on what terms and/or premium. All information given must be complete and correct. If you have any doubt as to whether a fact is material, then it should be disclosed.

## Privacy Act 1993

Ando has collected your personal information in order to evaluate your insurance requirements for the purpose of deciding whether to issue insurance cover and, if so, on what terms. Failure to provide any personal information requested by Ando may result in your application for insurance being declined.

Ando has also collected your personal information in order to monitor and service your ongoing general insurance requirements, conduct market research, data processing and statistical analysis. Unless you notify Ando that you disagree, the information you supply may also be used by Ando to provide you with information about other facilities, products and services.

Your personal information is held by Ando. In accordance with the Privacy Act 1993, individuals have a right to request access to and correction of their personal information (a fee may be payable) by contacting Ando, PO Box 6649, Wellesley Street, Auckland 1141.

By signing this declaration you are confirming to us that you have disclosed all relevant information in accordance with your duty of disclosure.

I have read and accept these conditions (please tick)

Name

Date

Signature

For more information, contact your broker  
or visit us online [ando.co.nz](http://ando.co.nz)