

**ZURICH[®]**

Professional Indemnity

Proposal form

☐ **New Business** **OR** ☐ **Renewal**

Policy number

Intermediary

Completion notes

Please read the following before completing this document.

- Answer all questions in full. If you need extra space, attach additional pages on your company letterhead (if applicable) and mark their inclusion on the proposal form;
- Please ensure you read and sign the Declaration at the end of this document.

Duty of Disclosure

Before you enter into a contract of general insurance with us, you have a duty at common law to disclose to us every matter you know, or could reasonably be expected to know that a prudent insurer would want to take into account in deciding whether to insure you and, if so, on what terms. This applies to all persons to be covered under this contract of insurance.

You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however, does not require disclosure of a matter:

- that diminishes the risk to be insured;
- that is of common knowledge;
- that we know or in the ordinary course of our business we ought to know;
- that we state to you that we do not want to know..

Non-disclosure or misrepresentation

If you make a material misrepresentation to us, or if you do not comply with your duty of disclosure, we may treat your policy as if it never existed.

False statement and Fraudulent acts

Your policy is based on the information supplied to us by you or on your behalf. All statements made by you or on your behalf on the proposal and/or questionnaire, in support of this policy, on any claim form or in support of any claim must be true and correct. If you take any action or make any statement in connection with this policy or any claim made under it, which is fraudulent in any way or which is supported by untrue or incorrect information, we are entitled to avoid this policy and all benefits under it will be forfeited.

Privacy Act 1993

Zurich respects your privacy. The following is brought to your attention. However this does not apply to companies.

- (a) This Proposal collects personal information about you;
- (b) The information is collected by Zurich to evaluate the insurance being sought;
- (c) The intended recipient of the information is Zurich;
- (d) The information is being collected and held by Zurich;
- (e) The collection of this information is required pursuant to the common law duty to disclose all material facts relevant to the insurance sought and is mandatory;
- (f) The failure to provide this information may result in your application for insurance being declined, or your insurance being void from the beginning;
- (g) You have rights to access, and correct this information subject to the provisions of the Privacy Act 1993.

Data sharing consent

In order to provide a seamless insurance service globally, Zurich may transfer any data Zurich has received from and any data it holds on the policyholder to other units of Zurich Insurance Group Ltd, such as branches, subsidiaries, or affiliates within Zurich Insurance Group Ltd, cooperative partners of Zurich Insurance Group Ltd, coinsurance and reinsurance companies located in the country of the policyholder or abroad.

Zurich as well as such recipients may use, process and store the data, in particular for the purpose of risk evaluation, policy execution, premium setting, premium collection, claims assessment, claims processing, claims payment, statistical evaluation or to otherwise ensure Zurich's global insurance service delivery.

If a broker or agent is acting on behalf of the policyholder, Zurich is authorised to use, process and store data of the policyholder received from such broker or agent, and to forward to such broker or agent data of the policyholder relating to the execution of the policy and the collection of premiums and payment of claims.

Zurich may procure data from government offices and third parties relating to the policyholder to assess a claim in the event of loss or damage.

Any question in this application that requires a Yes or No answer which is left incomplete or ambiguous will be assumed to be answered as 'No'.

Period of insurance: From / / To / / at 4pm, local time

1. Full name of person/s or organisation to be insured including trading name/s (the business). Where the Applicant is a company, please give the name of the company and their subsidiaries requiring cover.

2. Address Postcode

3. Please state the addresses of all other locations from which the business operates including any overseas locations.

Address _____ Postcode _____

..... Address Postcode

Address _____ Postcode _____

Address _____ Postcode _____

4. Does the Applicant have a website on the Internet? Yes ☒ No ☐

If Yes, please provide URL

Email address

1. On what date was the business established? / /

Please give a complete description of the business and professional activities including details of any advice given and/or services provided.

2. (a) Has the name of the business ever been changed? Yes ☐ No ☐

(b) Has any other practice or business amalgamated or merged with you? Yes ☐ No ☐

(c) Have you purchased any other business or practice? Yes ☐ No ☐

If you have answered Yes to either (a) (b) or (c) please supply details

3. Does the business envisage that any changes in ownership or operations may take place over the next 12 months? Yes ☐ No ☐

If Yes, please provide details

3 The business (continued)

4. Please supply details in respect of the total number of:

Principal/partners/directors

Non-technical administrative staff

Professional qualified staff

Clerical staff - typists, receptionists etc.

Other technical staff

Other staff (please specify)

Trainee staff

Total

(Please enclose curriculum vitae or resumes for all principals/partners/directors detailing qualifications and a summary of career experience).

5. In respect of each principal, partner or director of the business, please provide the following details

Name	Age	Qualifications	Date qualified	Years with this firm	Name and number of years with previous firm

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

Yes ☐ No ☐

If Yes, please provide details

7. Please list the professional bodies or associations to which the Applicant belongs.

Questions 8 and 9 for Sole Proprietors Only

8. State the experience of your assistants and their length of service.

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

10. Please advise date of your Financial Year End / /

3 The business (continued)

11. Please provide the following details of the business gross fees/turnover (including all subsidiaries requiring cover, noted under Section 1):

	New Zealand	Overseas
(a) Estimate of fees/turnover for the current financial year	\$	\$
(b) Fees/turnover received or rendered during the last financial year	\$	\$
(c) Fees/turnover received or rendered during the previous financial year	\$	\$
(d) Please provide the amount of the largest annual fee for any one client	\$	\$
(e) Please indicate whether figures above represent: – Fees <input type="radio"/> or Gross Turnover <input type="radio"/>		
(f) What countries do the overseas component represent?		

12. Do you have a representative office or subsidiary company overseas? Yes ☐ No ☐
If 'Yes', please indicate the approximate percentage of fees/turnover derived or alternatively the number of staff in each location.

13. Please divide the business activities into categories according to the type of work and indicate the approximate percentage of income derived from each category.

Type of work	Percentage
	%
	%
	%
	%
	%

14. Does the Applicant undertake any work which involve them in:

(a) manufacturing, construction, erection or installation? Yes ☐ No ☐

If Yes, state what percentage of the fees declared relates to such contracts. %

(b) the supply of materials, plant, goods, or equipment? Yes ☐ No ☐

If Yes:

(i) does the supply relate to branded products only? Yes ☐ No ☐

(ii) do the products originate from suppliers outside New Zealand? Yes ☐ No ☐

If Yes to (b) (i) or (ii) above, please give details of products and name and location of suppliers.

(iii) what proportion of the fees declared relates to such contracts? %

15. Please provide details of the business 5 largest contracts undertaken during the last 5 years

Particulars	Contract Value/Fees	Year	Contract Value
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

3 The business (continued)

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

Yes ☐ No ☐

If Yes, please provide details

Client's name

Nature of services provided to the client

Income received from the client \$

17. (a) Does the business provide written reports to clients?

Yes ☐ No ☐

If Yes, please attach copies including any disclaimers

(b) Are verbal reports always confirmed in writing?

Yes ☐ No ☐

If No, how do you substantiate such verbal reports?

18. 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?

Yes ☐ No ☐

(c) Please advise which percentage of your fees/turnover is outsourced to sub-contractors %

4 Details of cover

Does the business presently carry or has the business ever carried Professional Indemnity Insurance?

Yes ☐ No ☐

If Yes, please supply the following details

Insurer

Expiry date / /

Limit of Indemnity \$ Excess \$

Application for Cover

Limit of Indemnity required \$ Excess required (each and every claim) \$

5 Claims information

1. 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 ☐

2. Have any claim/s ever been made against the business or its predecessors or against any present or past principals, partners or directors?

Yes ☐ No ☐

If Yes, please provide details

Date matter notified	Name of Insurer (if any)	Name of claimant or potential claimant	Brief description of matter	Amount paid or estimate of potential liability	Is matter finalised or outstanding?
				\$	
				\$	
				\$	
				\$	

5 Claims information (continued)

3. 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

Name of claimant or potential claimant	Brief description of matter	Estimate of potential liability

4. 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

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6 Declaration

I/We hereby declare on behalf of all proposed insureds that:

- all answers and statements in this proposal are correct and complete in every respect and there is no further information which may affect acceptance of the proposal;
- if accepted by Zurich, this proposal and declaration, and any other material which I/We have provided Zurich, shall be incorporated into and form the basis of the contract of insurance;
- I/We understand that Zurich requires this and needs to retain this information 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;
- Zurich is authorised to disclose information received from me/us to its advisors, reinsurers and to other insurers. I/We authorise Zurich to obtain, from any party, information that is, in Zurich's view, relevant to this proposal;
- I/We understand that the insurance will not be in force until this proposal has been accepted and cover confirmed by Zurich.

Signature of Principal, Partner or Director

X

Date

/ /