



ZURICH®

Professional Indemnity

Renewal Declaration

IMPORTANT NOTICE

This renewal declaration will form a key part of your ongoing contract(s) of insurance with Zurich and it is important that all material facts continue to be fully, frankly and accurately disclosed.

PLEASE REMEMBER TO SIGN AND DATE THIS FORM.

JURISDICTION

Except to the extent otherwise provided in any subsequently issued policy, the content and use of this form and any agreement entered into pursuant to this form or any dealing in relation to or arising from this form are governed by the laws of New Zealand in relation to those matters, the parties submit to the jurisdiction of the courts of New Zealand.

Insured

Broker

Policy number

Expiry / /

1. Provide a full description of business activities including all products sold and services provided. (Highlight any changes or anticipated changes)

2. Advise the date of your Financial Year End / /

3. Provide the following details of your business:

Country	Business Activities (products sold/services provided)	LAST YEAR Actual Turnover	THIS YEAR Estimated Turnover
New Zealand		\$	\$
Australia		\$	\$
North America*		\$	\$
UK / Europe		\$	\$
Rest of the World		\$	\$
Totals		\$	\$

Number of Employees (Including Principals)		
Payroll	\$	\$

* If you export to North America complete the Supplementary Questionnaire on 'North American Exports' Enclosed

4. Do you have any locations or do you have contracts, to work outside New Zealand? Yes No

If 'Yes', complete the Supplementary Questionnaire on 'Overseas Operations' Enclosed

5. AFTER ENQUIRY, are there any claims currently pending against you, or other person or entity to be insured under this insurance, or are you aware of any circumstances, NOT ALREADY NOTIFIED TO ZURICH, which could give rise to a claim? Yes No

If 'Yes', provide full details on a separate sheet. Enclosed

Declaration

I declare that all the answers and statements in this renewal declaration are correct and complete in every respect and agree that this Declaration form shall form the basis of and be incorporated into the policy of insurance, which I have with Zurich.

Name (print)	Position
Signature	Date / /