



ace insurance

Professional Indemnity Insurance **PROPOSAL FORM**

INSTRUCTIONS TO PROPOSER

Please enclose with this Proposal Form:

1. Brochures, pamphlets, advertisements or other descriptive literature of operations and services
2. Financial statement and/or annual report
3. Copies of standard contract(s) with clients, if applicable.

This proposal is to be completed by a Director, Partner, Principal or an authorised Officer of the Proposer as the answers to the following questions will determine the acceptance or declinature of coverage proposed. There is a duty on the Proposer to answer all questions accurately and fully as all statements shall form the basis of and be incorporated into any contract of insurance, which may be issued by ACE.

BEFORE COMPLETING THIS PROPOSAL FORM PLEASE READ THE IMPORTANT NOTICES ON PAGE 8.

PLEASE ANSWER ALL QUESTIONS. WHEN REQUIRED, ANSWER EITHER "YES" OR "NO" IF A QUESTION IS NOT APPLICABLE, STATE "N/A". IF MORE SPACE IS REQUIRED TO ANSWER A QUESTION, CONTINUE ON THE PROPOSER'S LETTERHEAD.



PROFESSIONAL INDEMNITY INSURANCE

PROPOSER DETAILS

1. Proposer's name:
(provide details of all subsidiary companies)
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.....
2. The proposer is a:
Corporation: Partnership: Proprietorship:
Other (please specify):
3. Date on which the business was established:
4. Address of head office or principal office:
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.....
.....
5. Address of branch office or other locations:
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.....
.....
6. Fully describe your business:
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.....
7. Do you have a web site address? If so please insert address here.
.....
8. Please describe all the professional services you are engaged in providing:
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9. Please provide the following:

Name of all partners/ principals/directors	Age	Qualifications	Date Qualified	Period as partner/principal/director	
				This Business	Previous Business

10. Please provide total numbers of:

Partners/principals/directors: Other technical staff:

Professional qualified staff: Administration and clerical staff:

Other staff (please specify);

Total all partners/principals/directors and staff

11. Please provide details of any professional societies or industry associations, which you or any of your officers are a member (ie. period of membership):

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12. Income:

(a) Please advise the date of your financial year end:

(b) Please provide the amount of your gross income/fees for the following:

	New Zealand	Overseas
Current financial year (estimate):	\$	\$
Last financial year:	\$	\$
Previous financial year:	\$	\$

(c) If there is overseas income/fees please provide details of income for this work and describe the work that is undertaken:



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Name of Country	Description of activities	% of Income

- (d) If part of the gross income/fees relates to the sale of physical products, please state the percentage and describe the products:

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- (e) Does any contract or client represent more than 20% of your annual work or fees: Yes No

If Yes, please provide full details:

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13. List your five largest projects or jobs during the past 3 years and indicate the service(s) performed and approximate revenue(s) from each:

Client Name	Services Provided	Revenue

14.

- (a) Is the Proposer controlled, owned, affiliated or associated with any other firm, corporation or company? Yes No

If Yes, are any of your services provided to the affiliated or associated entity? Yes No

- (b) During the past five years, has the name of the Proposer been changed, or has any other business been purchased by, merged or consolidated with the Proposer? Yes No

- (c) Have you assumed any service obligations or other liabilities of the affiliated, purchased, merged or consolidated firm? Yes No

If Yes, has been answered to (a), (b), or (c) above, please provide full details:

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15. Do you secure a written contract, agreement or engagement letter for every project? Yes No

If Yes, please attach a sample copy.

If No, indicate the percentage of revenues undertaken under your standard written contract, agreement, or engagement letter%

16. Have your contracts been reviewed by a law firm experienced in your profession? Yes No

If No, please explain.

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17.

(a) Please define and describe what you consider to be the primary and major loss exposure for which Professional Indemnity Insurance coverage is being sought.

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(b) What precautions do you take to prevent such loss?

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(c) Do you establish periodic meetings with clients to review the progress or status of a project? Yes No

If No, please explain why:

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(d) Do you maintain internal logs or diaries to document compliance with terms of a project? Yes No

If No, please explain why:.....

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18.

(a) What percentage of your professional services involve subcontracting of work to others? %



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(b) What services are subcontracted?

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(c) Does the subcontractor contractually hold you harmless for Professional Indemnity caused by the subcontractor's error or omission Yes No

(d) Do you ask for verification that the subcontractor carries Professional Indemnity Insurance? Yes No

CLAIMS/CIRCUMSTANCES

19. Please attach a list of circumstances notified, claims made or lawsuits brought in the last 10 years against the Proposer, its predecessors, subsidiaries, employees and/or against any other proposed Insured. Please provide full details and the status of each circumstance, claim or lawsuit, including the date of the circumstance claim or suit, date of error, amount of claim or suit, deductible, payments and reserves. If there have been no circumstances, claims or suits in the last 10 years, please indicate here:

None

20. Does the proposer have any knowledge, information or is the applicant aware of any alleged errors, omissions, offences, or circumstances which would result in a claim being made against the applicant, any proposed insured, or any person or entity listed above? Yes No

If Yes, please provide full details:

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21. Have you, your subsidiaries, affiliates or business predecessors been the subject of disciplinary action or investigation by any authority or regulatory agency? Yes No

If Yes, please provide full details:

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22. Have any partners, principals, officers, or employees of the applicant been the subject of disciplinary action or investigation by any authority or regulatory agency? Yes No

If Yes, please provide full details:

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PROFESSIONAL INDEMNITY INSURANCE

23. Has any application for similar insurance made on behalf of the Proposer or any of its predecessors in business been declined or has any such insurance ever been rescinded, cancelled or has renewal been refused? Yes No

If Yes, please explain:

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INSURANCE DETAILS

24. Please provide the following details of all Professional Indemnity Insurance held during the last three years:

Insurer	Policy No	Limit of Liability	Deductible	Expiry Date
				/ /
				/ /
				/ /

If available, please attach a copy of your current policy schedule.

25. What Limit of Liability is required?

26. What Deductible is required?

27. Has the Company ever had any insurer decline a proposal or cancel or refuse to renew a Professional Indemnity Insurance, or had any special terms or conditions imposed? Yes No

28. Do you have Comprehensive General Liability Insurance currently in force? Yes No

If "Yes", please provide the following:

Insurer	Policy No	Limit of Liability	Deductible	Expiry Date
				/ /
				/ /
				/ /



PROFESSIONAL INDEMNITY INSURANCE

IMPORTANT NOTICES

Your Duty of Disclosure

Before you enter into any contract of insurance with an Insurer, you have a duty to disclose to the Insurer every matter that you know, or could reasonably be expected to know, that is relevant to the Insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose any new or changed information to the Insurer before you renew, extend, vary or reinstate a contract of insurance.

It is important that all information contained in this proposal is understood by you and is true, correct and complete, as you will be bound by your answers and by the information provided by you, and on your behalf, in this proposal. You should obtain advice before you sign this proposal if you do not properly understand any part of it.

Your duty of disclosure continues after the proposal has been completed up until the time the contract of insurance is entered into.

Non-Disclosure

If you fail to comply with your duty of disclosure, the Insurer may avoid the contract of insurance or cancel it and not pay any claim.

Change of Risk or Circumstances

You should advise the Insurer as soon as practicable of any change to your normal business as disclosed in the proposal, such as, but not limited to changes in location, acquisitions and new overseas activities.

Subrogation

Where you have agreed with another person or company, who would otherwise be liable to compensate you for any loss or damage which is covered by the contract of insurance, that you will not seek to recover such loss or damage from that person, the Insurer will not cover you, to the extent permitted by law, for such loss or damage.

Privacy Act

This proposal collects personal information about directors, officers, company secretaries and employees of the Company. The information is collected to enable the Insurer to evaluate this application and any claims and to administer the contract of insurance. The Insurer will hold the information at 345 Queen Street, Auckland. If you do not provide this information, the Insurer is entitled to decline this application for insurance.

The directors, officers, company secretaries and employees of the Company have rights of access to and correction of, their personal information under the Privacy Act 1993.

