



Professional Indemnity PROPOSAL



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IMPORTANT NOTICE

MATERIAL FACTS

"You" (this means every person or entity to be insured under this insurance) are under a duty to disclose all material facts that could influence The Insurer's decision to accept this insurance and, if so, on what terms. You need to disclose both facts known to you AND facts which you could have been reasonably expected to know about. If you are in any doubt as to whether a fact may be material, you should disclose it to ensure that any cover granted is not prejudiced.

NON DISCLOSURE/MISSTATEMENT

If you fail to comply with your duty of disclosure, The Insurer may be entitled to avoid the contract altogether, and so decline to pay any claim.

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 and in relation to those matters, the parties submit to the jurisdiction of the courts of New Zealand

COMPLETION NOTES

- Please answer ALL questions fully, if you need extra space please attach additional pages on your organisation letterhead and mark their inclusion on the proposal.
- PLEASE ENSURE YOU READ AND SIGN THE DECLARATION.

YOUR DETAILS

1. Name

Full legal name of each natural person and incorporated body to be insured as well as any unincorporated business or trading names.

(a) Date(s) of Commencement

If less than 5 years, please provide a résumé of partners/directors prior experience.

2. (a) Principal address

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(b) Other locations

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Phone:

Mobile:

Email/Website:

3. Principals' previous business (incoming):

Trading name of any prior business practice conducted by a Principal.

Date name changed/practice ceased

4. Prior corporate entity:

Has the name of the person, firm or incorporated body detailed in answer to Question 1 been changed, or has any other business been purchased or has any merger, amalgamation or consolidation of your business taken place?

- No Yes > Please detail changes in chronological order.

5. Particulars of all Principals:

Name of Principal	Age	Qualifications	Years Practicing as Principal		Name of Previous Business Practices
			Current Business Practices	Previous Business Practice	

6. Total number of:

(a) Qualified staff – including Principals (please specify each professional discipline)	
(b) Other technical staff	
(c) Non-technical staff (including typists, receptionists, etc.)	
Total of all staff	

7. Are you a member in good standing of a professional association or society

- No Yes > Please provide full particulars (where you are an incorporated body or partnership, particulars must be given of each Principal or partner)

INSURANCE HISTORY

8. (a) Are you currently insured for professional indemnity?

- No Yes > Please complete the table below for the last 3 years.

(b) If you are not, have you ever been insured for professional indemnity?

- No Yes > Please complete the table below for the last 3 years you were insured.

Name of Insurer	Sum Insured	Period Insured	Excess

9. Have you ever had an insurer:

- (a) Decline a proposal? No Yes > Please provide details.
- (b) Impose special terms? No Yes > Please provide details.
- (c) Decline to renew your insurance? No Yes > Please provide details.
- (d) Cancel your insurance? No Yes > Please provide details.

COMPANY INSURANCE DETAILS

10. Nature of your Business

(a) State fully the nature of your business. (Please provide copies of any brochures or other documentation which may assist in gaining a better appreciation of the risk being proposed).

(b) Are written disclaimers included with advice being given?

No Yes > Please provide an example.

(c) Are verbal reports or advice always confirmed in writing?

No Yes > Please give details of what approximate percentage of reports have been given in the last 12 months as verbal reports only.
_____ %

(d) Please:

(i) Provide clear details of the nature and type of advice given:

(ii) Categorise the activities undertaken and indicate the percentage of your total income each activity generates.

11. Are you or have you or any parent, subsidiary or any other related entity either: (i) engaged in, or (ii) have or had a controlling share of an entity engaged in:

(a) Actual construction, fabrication, erection or any form of contracting?

No Yes > Please provide details.

(b) Real estate development?

No Yes > Please provide details.

(c) The manufacture, sale or distribution of any product or process or patented production process?

No Yes > Please provide details.

(i) Names of other entities involved, outlining their relationship to you:

(ii) Full details, including a description of the nature of involvement

JOINT VENTURES

12. Have you or any Principal been (or are they) a member of any Joint Venture?

No Yes > Please provide the following information in respect of each such Joint Venture.

(a) Please provide the description and nature of the Joint Venture project. Additional information may be requested depending on the nature, size and type of Joint Venture.

OVERSEAS WORK (OUTSIDE NEW ZEALAND)

13. Have you ever undertaken, or are you like to undertake, work overseas?

No Yes > Please provide the following details of such.

Country	Branch/Representative	Dates of Commencement and Closure	Annual Income	Type of Work

MISCELLANEOUS

14. For Sole Traders Only

What arrangements do you have to cover the business or practice during your temporary absence while away on business, leave, sick, etc.?

15. Does any one client (or group of companies) account for more than 20% of your income?

If so, in respect of each such client, state the approximate percentage of your income derived from that client or group of companies. Also explain your relationship with that client and the nature of the work you perform for them.

FEE INCOME

16. (a) Gross professional fees for the last 12 months.

Include fees paid to sub-consultants appointed by you. Exclude fees collected for disbursement to consultants.

New Zealand \$	Overseas \$
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(b) Estimate gross professional fees for the next 12 months.

Include fees paid to sub-consultants appointed to you. Exclude fees collected for disbursement to consultants appointed by your client together with travelling, accommodation or similar expenses reimbursed by your clients.

New Zealand \$	Overseas \$
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RISK MANAGEMENT

17. Do you have any documented Risk Management Program?

No Yes > Please provide a copy.

What date was that program implemented?

/	/
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Is the program independently reviewed/monitored?

No Yes > Please provide details.

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When was that program last reviewed and updated to ensure that it complies with the current standards applying to your profession?

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What are the highlights of the program which you have implemented to reduce/manage risk related to breach of professional duty as they related to your practice?

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Is there a principal/director/partner responsible for overseeing risk management within your practice?

No Yes > Please provide details.

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CLAIMS AND CIRCUMSTANCES

18. Please answer the following questions after enquiry within your organisation.

(a) During the past 10 years has any claim been made, or has negligence been alleged, against you or any of the present or former Principals, or have any circumstances which may give rise to a claim against you or any of the present or former Principals been notified to insurers?

No Yes > Please provide details.

Year Notified	Insured With	Claimant	Nature of Problem	Amount Paid or Outstanding

(b) Are there any circumstances not already notified to insurers which may give rise to a claim against you or any prior corporate practice or any of the present of former Principals?

No Yes > Please provide details.

Name of Practice and Principal	Claimant	Nature of Problem	Estimate

(c) Are there any claims against previous practices which have been identified in Question 3 or 4 of this Proposal, which may give rise to a claim against either a Principal or you?

No Yes > Please provide details.

Name of Practice and Principal	Claimant	Nature of Problem	Amount Paid or Outstanding

(d) Has any Principal or staff member ever been subject to disciplinary proceedings for professional misconduct?

No Yes > Please provide details.

Name of Practice and Principal Staff Member	Claimant	Nature of Problem

COVER REQUIRED

19. Please state:

Amount of preferred Total Sum Insured: \$ _____
 Amount of Preferred Excess: \$ _____

RETROACTIVE COVER

20. Do you require retroactive cover which may be subject to additional premium?

Retroactive cover extends cover under the Policy to liability arising from work carried out prior to the inception of the Policy to which this Proposal relates. There will be no cover for liability arising from a claim, or circumstance which may give rise to a claim, you were aware of at policy inception.

No Yes > Please state date from which retroactive cover is required. / /

OPTIONAL COVER

21. Do you require Employment Practices Liability cover, subject to additional premium?

No Yes > Please complete the Employment Practices Liability Addendum form.

DECLARATION

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

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

NOTE: Signing the proposal(s) and any supplementary questionnaires does not bind either the applicant or The Insurer to complete the insurance.

Chairman

Signed

Date

Printed name

Position

Chief Executive Officer

Signed

Date

Printed name

Position

Chief Financial Officer

Signed

Date

Printed name

Position



Professional Indemnity Employment Practices Liability Addendum



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YOUR DETAILS

1. Name of Employer

EMPLOYEE DETAILS

2. (a) Total personnel numbers as at June 30 for the last 3 years.

Personnel Category	200_	200_	200_
Full-time			
Part-time			
Contractors			
Temporary			
TOTAL PERSONNEL			

Please state annual number of staff turnover for the same 3 years.

3. Please state the number of employees in the following salary ranges.

\$0 - \$35,000 _____

\$35,001 - \$100,000 _____

Over \$100,000 _____

4. Did the Employer initiate any termination/s within the last 2 years?

No Yes > Please state the reason for the termination/s and the number of full-time and part-time employees terminated.

EMPLOYMENT PRACTICES DETAILS

5. Did the Employer trade profitably (net of tax) in the last 2 years?

No Yes

7. Did the Employer have any office closures, consolidations, amalgamations, mergers or acquisition in the last 2 years resulting in termination?

No Yes > Please state the reason for the termination/s and the number of full-time and part-time employees terminated.

8. Does the Employer anticipate any of the events referred to in questions 4 and 5 happening in the next 18 months?

No Yes > Please provide details.

9. Are employment policies and procedures in place that have been reviewed and approved by an external consultant?

No Yes > When?

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10. Are employment application forms used during the hiring process?

No Yes

11. Are reference checks made of incoming employees and contractors?

No Yes

12. Are employment guidelines available to all employees?

No Yes

13. Are written policies in place regarding the following?

14. Equal opportunity No Yes

Anti-sexual harassment No Yes

Discrimination No Yes

Legal procedures to be followed before termination of employment No Yes

CLAIM DETAILS

15. Have there been any claims made against the Employer in the last 3 years?

No Yes > Please provide full details.

16. Is any person proposed for insurance aware, after enquiry, of any circumstance or incident which he/she believes might give rise to any future claim that would fall within the scope of the proposed insurance?

No Yes > Please provide details.

17. Limit of Liability Required: \$500,000 \$1,000,000 Other (please specify) \$ _____