

This Proposal is to be completed by a Director, Partner, Principal or Authorised Officer of the proposer. The information provided to the Company in this Proposal will be the basis of any contract of insurance entered into. Attention is drawn to the Proposer's obligations at law to disclose all material facts which would affect the issuance of the proposed insurance. If there is insufficient space to complete the proposal, please attach additional sheets.

Take time to complete the proposal. A hastily completed proposal may not help in a claim situation.
Talk to your professional insurance advisor if any aspect of the proposal is unclear.

Name(s) of Firm/Company (including subsidiaries or associates if cover required):
(The Proposer)

Address of Principal and Branch Offices:

Website Address:

1. NATURE OF BUSINESS/PROFESSION

State fully the nature of your business/profession: A supplementary proposal may be required.
[Please furnish copies of any brochures, or other documentation which may assist the Underwriter in gaining a complete appreciation of your business/profession.]

2. COMPANY DETAILS

(a) When was the firm/company established?

(b) If under 5 years, give details of the experience of the principals (CV's may be required)



(c) Has the firm/company ever carried out work overseas? YES NO

If YES, please provide details.

3. AMOUNT OF GROSS FEES INCOME

	Last Year	Estimate this Year
New Zealand	\$	\$
Australia	\$	\$
USA/Canada	\$	\$
Elsewhere	\$	\$
TOTAL	\$	\$

Do you derive any income from the sale of physical products? If so, please state amount and describe the products:

4. PROFESSIONAL/INDUSTRY ASSOCIATIONS

(a) Are you a member in good standing of a recognised professional/industry association? If so, please provide details (i.e. period of membership, etc):

5. DETAILS OF PRINCIPALS AND STAFF

Names of Principals/Directors or Persons for whose acts cover is required	Age	Qualifications	When Qualified	How long practising as
				Principal/Director (a) This Firm (b) Previous Firm

(a) Personnel Numbers?

(i) Principals/Directors	
(ii) Qualified Staff	
(iii) Staff, other than Typists and Office Juniors	
(iv) Typists and Office Juniors	
(v) Temporary Staff (including Contractors)	

(b) Are references obtained when engaging staff? YES NO

(c) Have any personnel been dismissed for or as a result of dishonesty or incompetence? YES NO

6. CONTRACTUAL LIABILITY EXPOSURE

(a) Do you have a standard form of contract or agreement which applies to the provision of professional or specialist services/advice? YES NO

If YES, please enclose copies of the contract/agreement.

(b) Please provide details of the five largest contracts entered into with Third Party Entities.

(c) Is it your practice to use your standard form on all occasions? YES NO

If NO, please enclose copies of those contracts or agreements where your standard form has not been used or has been altered.

(d) Do you use any standard form of disclaimer or exclusion of liability, other than as disclosed under your standard form of contract/agreement? YES NO

If YES, please supply copies of the same and detail the circumstances in which it is used.

7. PRIOR INSURANCE

(a) Has any application for any type of insurance requested in this proposal made on behalf of the Proposer ever been declined or has any such insurance ever been cancelled or renewal refused or have special terms been imposed? YES NO

If YES, please give particulars:

(b) Is the Firm at present or in the past been insured for Professional Negligence? YES NO

If YES, please advise with which Insurer/s, the Limit of Indemnity, policy period and the retroactive date.

8. PAST CLAIMS

(a) Have any claims for any type of insurance requested in this proposal ever been made against the Proposer or any Partner or Director of the Proposer or have any circumstances ever occurred which would have resulted in a claim under the proposed insurance had the policy been in force? YES NO

If YES, please give particulars including dates and potential or actual amounts involved:

9. POTENTIAL CLAIMS

Are any of the Principals/Directors/Officers or Senior Employees after enquiry, aware of:

(a) Any circumstance which could give rise to a claim against the Proposer, or
(b) Any accounts overdue for payment where there is reason to believe the client is dissatisfied with the professional services rendered. YES NO

If YES, please give full particulars:

10. INDEMNITY REQUIRED AND EXCESS

- (a) Total amount of Indemnity required (inclusive of any extensions):
- (b) Excess required (minimum \$1,000):

11. POLICY EXTENSIONS

- (a) Libel and Slander YES NO
- (b) Dishonesty of Employees YES NO
- (c) Loss of Documents YES NO
- (d) Retroactive Liability (Date Required _____) YES NO
- (e) One Full Reinstatement of Indemnity Limit YES NO
- (f) Other

DECLARATION

I/We hereby declare that the information and answers given in this proposal are in every respect true and correct and that Vero Liability Insurance Limited is aware of all information that may be material in considering this proposal. I/We agree that this proposal and declaration shall be the basis of and incorporated in the insurance contract. I/We undertake to inform Vero Liability Insurance Limited of any material alteration to the above facts whether occurring before or after the completion of this insurance contract.

I/We authorise Vero Liability Insurance Limited to obtain from other insurers or any insurance broker or other party any information relating to this insurance or any other insurance held by me/us or any claim made by me/us.

I/we understand that:

- Vero Liability Insurance Limited is collecting the information on this proposal to evaluate my/our insurance requirements.
- I/we am/are obliged to inform Vero Liability Insurance Limited of any information which may be material to its consideration of this application.
- Failure to provide any of this information may result in Vero Liability Insurance Limited refusing to provide the insurance.
- I/we have certain rights of access to and correction of this information.

Signed:

Name:

Position:

Date:

Note: Completion of this proposal does not bind the proposer or Vero Liability Insurance Limited to complete this insurance.

Vero Liability Insurance Limited
Private Bag 92055 Auckland New Zealand
Telephone 09 306 0350 Facsimile 09 306 0351

www.veroliability.co.nz