

professional indemnity

For the purposes of your new contract of insurance for the next Period of Insurance you must complete the following questions:

the insured

Name

Business

fee income / staff details

	Last Year	Estimate this Year
New Zealand	\$ <input style="width: 150px;" type="text"/>	\$ <input style="width: 150px;" type="text"/>
Australia	\$ <input style="width: 150px;" type="text"/>	\$ <input style="width: 150px;" type="text"/>
USA/Canada	\$ <input style="width: 150px;" type="text"/>	\$ <input style="width: 150px;" type="text"/>
Elsewhere	\$ <input style="width: 150px;" type="text"/>	\$ <input style="width: 150px;" type="text"/>
TOTAL	\$ <input style="width: 150px;" type="text"/>	\$ <input style="width: 150px;" type="text"/>
Employees	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>

past claims / incidents

After enquiry of all Partners, Principals, Directors, Officers, Trustees and Senior Employees:

(a) Have there been any claims made against you? Yes No

(b) Have any circumstances occurred or become known to you which may give rise to a claim against you other than those details disclosed on your last proposal/declaration form? Yes No

If the answer to either (a) or (b) is YES, please provide details

You are reminded that:
 1. Any material changes to the business during the Period of Insurance must be advised immediately to Vero Liability Insurance Limited.
 2. This form must be completed by a person authorised to do so on behalf of the Insured.

Insured's Signature: _____

Title: _____ Date: ____ / ____ / ____