

**Notice**

This is a proposal form for a claims made policy.

The policy will only respond to claims and/or circumstances which are first made against you and notified to Lumley General Insurance (N.Z) Limited during the policy period. The policy will not provide cover for:

- (a) Events that occurred prior to the retroactive date of the policy (if specified).
- (b) Claims made after the expiry of the policy period (or extended reporting period if available) even though the Wrongful Act giving rise to the claim may have occurred during the policy period.
- (c) Claims notified or arising out of facts or circumstances notified under any previous policy or noted on the current proposal form or any previous proposal form.
- (d) Claims made, threatened or intimated prior to the commencement of the policy period.
- (e) Facts or circumstances in your knowledge prior to the policy period which you knew had the potential to give rise to a claim under the policy.

This proposal forms the basis of any insurance contract entered into. Please complete it fully and carefully, remembering to sign the Declaration. If you do not have enough room, please attach additional sheets.

**Duty of Disclosure**

You have an ongoing duty to disclose all Material Facts and failure to do so could prejudice future claims. Material Facts are those which may influence a prudent insurer in deciding whether or not to insure you, on what terms, and at what premium.

**Applicant details**

<b>1 Name of applicant including trading names, names of subsidiaries and any parties required to be insured:</b>	
<hr/> <hr/>	
<b>2 Postal address:</b>	
<hr/> <hr/> <hr/>	
<b>3 Website address:</b>	<b>4 Contact person:</b>
<hr/>	<hr/>
<b>5 Email address:</b>	<b>6 Fax no:</b>
<hr/>	<hr/>

**Business details**

<b>1</b> State the nature of the profession/business including a full description of your activities and in particular those activities where you provide advice, design or opinion which may be relied upon by a third party:	
<hr/> <hr/> <hr/>	
<b>2</b> Categorise your activities and confirm the percentage of your total income (including amounts paid by you to subcontractors or consultants) for your current year by those categories:	
<b>Activity</b>	<b>Percentage</b>
(a)	%
(b)	%
(c)	%
(d)	%
(e)	%
(f)	%
<b>Total</b>	<b>100%</b>
<b>3</b> Indicate the number of years this business has been:	
Operating: _____	Owned by present owners: _____
Managed by present management: _____	
<b>4</b> List all accreditations and association memberships held by your business:	
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## Risk management details

1	Have you implemented formal risk management procedures or plans?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	If <b>Yes</b> , is adherence to these procedures periodically reviewed and are known breaches rectified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3	If <b>No</b> , would you be prepared to work with Lumley General Insurance (N.Z.) Limited in establishing such procedures?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4	Are there any particular characteristics of your business (e.g. risk management practices, provision of services to specialised markets etc) which would materially reduce or increase your exposure to professional liability claims in comparison to practitioners in your profession generally?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If <b>Yes</b> , please provide details:			
5	Do you employ legal counsel or retain a particular firm of solicitors?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If <b>Yes</b> , please provide details:			

## Administration and staff

1 Please provide the following details in respect of all current principals, partners and directors:				
Name	Professional qualifications	Year qualified	Number of years as a partner, principal or director	
2 Please provide the following details in respect of all <b>former</b> principals, partners and directors:				
Name	Date left this business	Reason for leaving		
3 Indicate the number of personnel in each applicable category:				
Category	Employees		Contractors	
	Full time	Part time	Full time	Part time
Principals, partners and directors				
Qualified professionals				
Other technical				
Administrative and clerical				
Other (describe)				

## Financial information

1	What is the date of your financial year-end?     /     /		
2 Please provide gross fees or income (including fees paid to subcontractors) as follows:			
Country	Last financial year	Current financial year (estimate)	Next financial year (estimate)
New Zealand	\$	\$	\$
Australia	\$	\$	\$
Asia and the Pacific Islands	\$	\$	\$
United Kingdom & Europe	\$	\$	\$
USA/Canada	\$	\$	\$
Other (specify)	\$	\$	\$
<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**3** What percentage of your fee income is paid to subcontractors or consultants? \_\_\_\_\_ %

**4** Please provide details of the five largest contracts undertaken during the past five years:

Name of principal	Description of contract	Duration	Your major responsibilities	Fees earned
(a)				\$
(b)				\$
(c)				\$
(d)				\$
(e)				\$

### Contractual agreements

**1** Do you have standard terms upon which you supply your professional services? Yes  No   
 If Yes, please attach copies of any liability exclusion clauses, disclaimers or hold harmless provisions.

**2** Will you or have you entered into contracts with hold harmless provisions which provide that you will indemnify the other party against all claims or demands? Yes  No   
 If Yes, please provide details:

**3** When engaging independent consultants or contractors, do you ensure that those consultants:

(a) Maintain their own professional indemnity insurance? Yes  No

(b) Are bound by contract to accept full responsibility for their own actions? Yes  No

### Insurance history

**1** Have you ever had any insurance declined or cancelled; renewal refused; special conditions imposed; excess imposed; or claim rejected? Yes  No   
 If Yes, please provide details:

**2** Please provide details of your current professional indemnity coverage:

Current insurer: \_\_\_\_\_ Expiry date: / /

Limit of indemnity: \$ \_\_\_\_\_ Excess: \$ \_\_\_\_\_ Premium: \$ \_\_\_\_\_

### Claims history

**1** Has any partner, principal, director or staff member ever been the subject of disciplinary proceedings for professional misconduct? Yes  No   
 If Yes, please provide details:

**2** Have any claims ever been made against you, your predecessors in business, or any present or former partner, principal, director or employee of the business? Yes  No   
 If a current loss summary is available from your present and past insurers please attach a copy.  
 If Yes, please provide the following details in respect to each matter:

Date matter notified	Name of insurer (if any)	Brief details of each matter	Amount paid or estimate of potential liability	Is matter finished or outstanding?

**3** Are you, or any partner, principal, director or employee, **after enquiry**, aware of any claims or circumstances which might result in claims against you or your predecessors in business or any present or former partner, principal, director or employee of the business? Yes  No

If **Yes**, please provide the following details in respect to each matter:

Name of claimant or potential claimant	Brief description of claim / circumstances	Estimate of potential liability

**Cover required**

**1** Limit of indemnity required: \$ \$ \$

**2** Level of excess required: \$ \$ \$

**3** Optional extension:  
Do you require cover for partners, directors or principals previous business? Yes  No

If **Yes**, please provide the following details in respect of each partner, principal and director:

Name	Names of previous firms	Details of any claims made against previous firms

**Declaration**

On behalf of all proposed Insureds I/We declare and agree that:

- a) all information provided, in this proposal or attachments, is true and complete in every respect and that no Material Facts remain undisclosed;
- b) if this risk is accepted, such information will be incorporated into and form the basis of the contract of insurance;
- c) I/We understand that Lumley requires this information in order to evaluate this proposal and that the Privacy Act 1993 entitles me/us to have access to, and request the correction of, any information retained;
- d) Lumley is authorised to disclose information to its advisers, reinsurers, other insurers and parties with a financial interest in the subject matter of this proposal;
- e) Lumley is authorised to check details against the Insurance Claims Register and to place information on the Insurance Claims Register which other insurers can access;
- f) Lumley is authorised to obtain from other parties any information which may be relevant to the acceptance of this risk;
- g) the signing of this proposal does not bind either party to complete the contract and that no cover will be in force until confirmed by Lumley.

Insured(s) signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date:     /     /