

professional indemnity renewal declaration

Lumley General Insurance (N.Z.) Limited, Head Office, Lumley Centre, 88 Shortland Street, PO Box 2426, Auckland 1140, New Zealand, Tel 09 308 1100, Fax 09 308 1114

Policy no: _____ **Expiry date:** / /
Name: _____

Business details

Please provide a full description of your professional business activities:

Country	Total gross income/fees (excluding GST):	
	Current financial year	Next financial year (estimate)
New Zealand	\$	\$
Australia	\$	\$
Asia and the Pacific Islands	\$	\$
United Kingdom & Europe	\$	\$
USA / Canada	\$	\$
Other (specify)	\$	\$
Total	\$	\$

Claims details

After enquiry, are there any disciplinary proceedings pending against any current or former partner, principal, director or staff member? Yes No
 If **Yes**, please attach full details.

After enquiry, is any partner, principal, director or employee aware of any claims, or circumstances, which have resulted or 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 attach full details.

Limit of indemnity required: \$ _____
 Excess: \$ _____

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: / /