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Part A - Company Information

1. Please provide responses to all of the below fields: Name of Company NZBN Date of Incorporation Principal Address Website Address 2. Please provide a description of business activities carried out by the Company: 3. Please provide specific details of the advice or design you give your clients? 4. Are written disclaimers included with your advice or design given? No Yes if yes, please provide a copy(ies) 5. Does the proposed insured have any involvement with any site remediation plans/reports or actual works (phase 1 environmental site assessments)? No Yes 6. Are verbal reports or advice always confirmed in writing? No Yes if no, please explain why. If your professional business activities include Occupational Health & Safety; Environmental Consulting; Real Estate Agent; Valuations; Building Surveying/Inspecting; Accounting or Financial Advising; Engineering; or Design & Construct, then an applicable ADDENDUM must also be completed & attached. 7. To ensure competitive rating, please categorise your activities outlined above and state the percentage of the gross fees for each category.

8. Please provide a res	ponse to all of the follow	wing questions:		
i) Has the business name every changed?				No Yes
ii) Has any other bus	iness or practice amalga	mated or merged with yo	u?	No Yes
iii) Have you purchas	ed any other business or	practice?		No Yes
If 'YES', to any of the ab	ove please provide full	details below:		
9. Are you a member o	f any professional asso	ciation or society?		
No Yes	if 'YES', please provide membership	de the name of the asso	ciation/society and n	number of years of
	membership			
	e following table and att ss activities to third par	ach summary of CVs of ties:	your key personnel v	who are involved with
Name of all Principals and (if applicable) relevant staff who provide	Qualifications	Date & Place Acquired	How long have they been in the firm?	If less than 5 years practical experience in this occupation, please give details of
provide professional business activities				previous occupations
-	do not have Professiona key personnel are requir	al Indemnity insurance o	r your business is tha	an two years old,
1. Do you issue any pro	omotional material abou	ut your business (e.g. co	ompany profile, capal	oility statement, etc.)?
No Yes] If 'YES', please attacl			,

12. Does any one client (or group of companies) account for more than 50% of your annua income?	l Gross Professional Fee
No Yes if 'YES', please state the approximate percentage of your annual income and details of the professional business activities given.	Gross Professional Fee
13. Are you connected &/or associated with (financially or otherwise) any other Firm/s, Par or organisation?	tnership/s, Joint Venture
No Yes if 'YES', please provide full details including the name of the other Organisation.	r Firm, Partnership &/or
14. Do you anticipate any major changes to your business in the forthcoming 12 months?	
No Yes if 'YES', please outline the proposed changes.	
 15. Are you involved in any process of manufacture, construction, alteration, repair, installa products, other than in a pure consultancy capacity? No Yes if 'YES', please advise details around the work being completed a attributed to these services. 	
16. Do you engage any contractor/sub-contractors? No Yes if 'YES', please advise the following:	
i) Do you require all contractors/sub-contractors to carry their own Professional Indemnity Insurance? ii) What was the total fees paid to contractors/sub-contractors in the last financial	No Yes
year?	\$
iii) What are the services/activities provided by the contractors/sub-contractors? (provide re	esponse below):
17. Do you use a standard form of contract, agreement or letter of appointment? No Yes if 'YES', please attach a copy(ies).	

No Yes if 'YES', please provide full of than leases)	details and attach copies of all appli	icable agreements (othe
Part B – Insurance De	etails	
Does the Insured carry an active Professional Inde	emnity Insurance Policy?	
No Yes if yes, please provide detail	s:	
Name of Insurer		
Expiry Date (DD/MM/YYYY)	/ /	
Limit of Indemnity	\$	
Excess	\$	
Have you ever had any:		
i) Insurance declined or cancelled?		No Yes
ii) Renewal refused?		No Yes
iii) Special conditions imposed on your insurance?		No Yes
iv) Increased excess imposed on your insurance?		No Yes
v) Claims denied for this class of insurance?		No Yes



No Yes if yo	es, please provide details:		
predecessors in business breaches of professional of		inst the Insured, its subsidiari ers/principals/directors or em nis policy relates?	
Date of Claim or Loss DD/MM/YYYY	Brief Details of Each Claim or Loss	Cost (if any) of Claim Paid or Loss Insured	Estimated Outstanding Loss
/ /	Claim of Loss	\$	\$
		\$	\$
/ /		\$	\$
No Yes if you have the Insured or any part penalised, or been the sub	es, please provide details: rtner/directors or employees	gislation, regulation or By-Lar ever been subject to any disc ng or alleging professional mis	iplinary action, been finec



Please Note: Signing the Declaration does not bind either the proposed Insured or the Insurer to execute this or any insurance whatsoever.

By signing this Declaration, the Insured declares that all necessary inquiries into the accuracy of the responses given in this proposal have been made and the Insured confirms that the statements and particulars given in this proposal are true, accurate and complete and that no material facts have been omitted, misstated or suppressed. The Insured agrees that if any of the information changes between the date of this proposal and the inception date of the insurance to which this proposal relates, the Insured will give immediate notice thereof to the Artisan Underwriting Pty Ltd (Artisan).

The Insured acknowledges receipt of the Important Notice, Privacy Notice and Duty of Disclosure information contained in this proposal and confirms they have read and understood the content of them. The Insured consents to Artisan Underwriting Pty Ltd collecting, using and disclosing personal information as set out in Artisan's Privacy Notice in this proposal and the policy. If the Insured has provided or will provide information to Artisan about any other individuals, the Insured confirms that they are authorised to disclose the other individual's personal information to Artisan and give the above consent on their behalf.

The signatory below confirms that they are authorised by the Insured (and its subsidiaries, previous businesses, partners/principals/directors if applicable) to complete this proposal form and to accept quotation terms for this insurance on behalf of the Insureds (and its subsidiaries, previous businesses, partners/principals/directors) behalf.

Signed		
Name of Partner(s) or Director (s)		
On behalf of		
Date	/	/



Part E - OH&S/Environmental Consultants

27. Based on your Gross Professional Fees for the past 12 months, please provide approximate % Split of fees derived from your profesional business activities in the following areas:

Professional Activity	% of Fees (must total 100%)
1. General OH&S consulting:	
i) Environmental compliance advice? ii) Environmental impact assessment? iii) Health & safety risks assessment? iv) Land contamination advice. Yes No Yes No Yes No	
2. OH&S Training (classroom based only)	
3. Occupational Hygiene Consulting	
4. Occupational Rehabilitation Consulting	
5. Dangerous Goods Consulting/Auditing	
6. Safety Engineering	
7. Site Remediation and Assessment	
8. Radiation	
9. Asbestos Auditing	
10. Asbestos Removal (including project management)	
11. Environmental Audits/Consulting/Engineering	
12. Pollution	
13. Waste Water Treatment	
14. Recycling – Please specify which type:	
15. Acoustics & Noise Prevention	
16. Soil Testing	
17. Water Quality Audits	
18. Mining Safety	
19. Toxic Mould/Fungi	

Professional Activity	% of Fees (must total 100%)
20. Building Inspection	
21. Machinery & Heavy Vehicle Training /Ticketing	
22. Inspection & Testing of Machinery	
Others (please specify):	
28. Based on your Gross Professional Fees for the past 12 months, please provide app derived from the following client groups:	roximate % split of fees
Professional Activity	% of Fees (must total 100%)
1. Residential	
2. Commercial	
3. Manufacturing	
4. Construction	
5. Local Authorities/Government Bodies	
6. Oil & Gas Industry	
7. Utility Industry (please specify whether water, power, etc)	
8. Mining Industry	
9. Chemistry	
Others (please specify):	
Proposers Signature:	
Proposers Name:	
Date	

