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## Part A – Insured Details

1. Please provide gross Fees/Turnover, including gross fees paid to sub-contractors.

Location	Previous 12 months	Last 12 months	Next 12 months
New Zealand	\$	\$	\$
Excluding USA/Canada)	\$	\$	\$
Including USA/Canada)	\$	\$	\$
<b>Total</b>	\$	\$	\$

2. Please provide details below of the 3 largest Projects/Contracts in the last 5 years (including current).

(i) Project/Contract Specifics of the aforementioned.

Project /Contract Type	Project/Contract Value	Scope of Services Provided
1.	\$	
2.	\$	
3.	\$	

3. Please state the percentage of gross revenue (fee / turnover) for each of the activities set out below:

Business Discipline	%	Business Discipline	%
Bespoke software (1st party developed)		Project management	
Data processing		Sale and supply of 3rd party hardware	
Education & training		Sale of customisable software (3rd party developed, 1st party customised)	
Facilities management / outsourcing		Sale of packaged software (3rd party developed)	
General IT advice / consulting		Software maintenance	
Hardware design / manufacture / installation		Systems integration	
Internet service provider		Web design	
Managed Services		SCADA/PLC	
Other (please specify)			

**4. Do you provide services for, or are your products used in or for any of the following:**

Motor vehicles, aviation, radar systems, aircraft, watercraft, naval craft, military purpose, and/or military equipment for warfare	No <input type="checkbox"/> Yes <input type="checkbox"/>
Surgical, medical, or life critical systems, applications or services	No <input type="checkbox"/> Yes <input type="checkbox"/>
Pollution control	No <input type="checkbox"/> Yes <input type="checkbox"/>
Artificial Intelligence	No <input type="checkbox"/> Yes <input type="checkbox"/>
Mineral Processing	No <input type="checkbox"/> Yes <input type="checkbox"/>
Gambling or Wagering	No <input type="checkbox"/> Yes <input type="checkbox"/>
Banks, Superannuation Funds, Foreign Exchanges, Stock Exchanges or Funds/Wealth Management	No <input type="checkbox"/> Yes <input type="checkbox"/>
If any of the above were answered 'Yes', please provide us with full details in a separate sheet.	

**5. Are any of the products under your control, considered experimental, single product items, prototypes or new to market products?**

No ☐ Yes ☐ If Yes, please provide full details:

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**6. Do you provide systems integration involving more than 50 users or members or which has multi user locations?**

No ☐ Yes ☐ If Yes, please provide full details:

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

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



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UNDERWRITING