



www.artisanuw.co.nz



Important Notice

Your duty of disclosure

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms. You have this duty until we agree to insure you. You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about

If you do not tell us anything

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both. If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Retroactive date

The proposed insurance may be limited by a Retroactive Date. If so, the policy will not cover any claims or circumstances arising from any events, services, activities, errors or omissions or conduct prior to the Retroactive Date.

Subrogation

Where you have prejudiced Artisan Underwriting Pty Ltd (including its Insurers or underwriters) rights to recover a loss from another party, this may have the effect of excluding or limiting the Underwriters liability in respect of that loss.

Privacy Notice

We safeguard your privacy and the confidentiality of your personal information and are committed to handling your personal information responsibly. We comply with the Privacy Act 2020 (or as superseded or as amended from time to time), including the Information Privacy Principles (IPPs) set out in the Act. We have developed a Privacy Policy that outlines how we collect, store, use, and disclose your personal information. Please refer to our website below for a copy of our Privacy Policy.

ACCOUNTANTS RENEWAL PI PROPOSAL FORM



PART A – INSURED DETAILS

1. Insured Entities	Date Incorporated	NZBN



PART B – INCOME AND ACTIVITIES

2. 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)	\$	\$	\$
Total	\$	\$	\$

4. Are there any activities or services which were undertaken which were not disclosed in last year's proposal form?

No ☐ Yes ☐ If Yes, please provide details:

5. Is the Insured aware of any changes in activity, services or structure that will occur in the coming next 12 months?

No ☐ Yes ☐ If Yes, please provide details:

6. Please state the percentage, split by revenue, of the following activities:

Type of work	% last 12 months	% next 12 months	Tick if the insured has done this type of work in the past
Accounts Preparation/Book Keeping			<input type="checkbox"/>
Audit of not for profit organisations			<input type="checkbox"/>
Audit of self-managed superannuation funds			<input type="checkbox"/>
Management Accounting			<input type="checkbox"/>
Taxation GST/BAS			<input type="checkbox"/>
Taxation for Individuals			<input type="checkbox"/>
Taxation for companies with revenue under \$2 million			<input type="checkbox"/>
Taxation for companies with revenue over \$2 million			<input type="checkbox"/>
Management Consulting			<input type="checkbox"/>
Forensic Accounting			<input type="checkbox"/>
Computer Consulting			<input type="checkbox"/>
Audit of private companies			<input type="checkbox"/>
Audit of public companies			<input type="checkbox"/>
Audit of Financial Institutions			<input type="checkbox"/>
Insolvency, receivership and liquidation			<input type="checkbox"/>
Mergers & Acquisitions			<input type="checkbox"/>
Investment advice/Investment management/Financial planning/Securities dealing			<input type="checkbox"/>
Business broking			<input type="checkbox"/>
Insurance Agency			<input type="checkbox"/>
Business Valuation			<input type="checkbox"/>
Other (please detail on a separate sheet)			<input type="checkbox"/>



PART C – CLAIMS

7. After full inquiry, is the Insured aware of any circumstance or incident which may give rise to a claim against the Insured or its partners/principals/directors or employees?

No ☐ Yes ☐ If Yes, please provide:

8. After full enquiry has any claim been made against the proposed Insured or any principal, partner, director or employee of the Insured whilst in this or any other business?

No ☐ Yes ☐ If Yes, please provide:



PART D – INSURED DETAILS

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	/ /



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