



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 We comply with the Privacy Act 2020 (or as superseded or as amended from time to time), including the Information Privacy Principles (IPPs) set out in the Act.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.



Part A – Insured Details

| 1. Insured Entities | Date Incorporated | NZBN |
|---------------------|-------------------|------|
| | | |
| | | |
| | | |
| | | |

| 2. Telephone number | Email addresses |
|---------------------|-----------------|
| | |

| 3. Websites |
|-------------|
| |

| 4. Addresses | Post Code |
|--------------|-----------|
| | |

| 5. Name of Principal/ Directors | Age | Qualifications | Start date with Insured |
|------------------------------------|-----|----------------|-------------------------|
| | | | / / |
| | | | |
| | | | |
| | | | |
| | | | |

| Number of Directors, Principal, Partners & Staff | Full time | Part Time |
|---|-----------|-----------|
| Directors, partners, principals | | |
| Qualified/Technical staff | | |
| Administration/Other staff | | |
| Total all staff | | |



Part B – Income and Activities

6. 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 | \$ | \$ | \$ |

7. Please provide us

(i) the 3 largest Projects/Contracts in the last 5 years (including current).

| Client name | Start Date | Completion Date |
|-------------|------------|-----------------|
| | | |
| | | |
| | | |

8. What was the proposer's largest fee earned from one client and the average fee per client in the last year?

| | | | |
|----------|----|----------|----|
| Largest: | \$ | Average: | \$ |
|----------|----|----------|----|

9. 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"/> |

10.Does the Insured carry a New Zealand Financial Services Licence?

No ☐ Yes ☐ If yes, do you want cover under the policy for which you are now applying?

No ☐ Yes ☐

11.Does the Insured anticipate any changes to the above Activities in the next 12 months?

No ☐ Yes ☐ If Yes, please provide details:

| |
|--|
| |
| |

12.Has the Insured performed any other professional service or activity other than described in Q6 or Q8 above and for which cover may be required?

No ☐ Yes ☐ If Yes, please provide details:

| |
|--|
| |
| |

13.Is cover required for professional services or activities which have been provided by a former subsidiary?

No ☐ Yes ☐ If Yes, please provide details:

| Name subsidiary | Date ceased to be a subsidiary |
|-----------------|--------------------------------|
| | |
| | |

14.Has the Insured or any of its subsidiaries undertaken any mergers or acquisitions in the last five years?

No ☐ Yes ☐ If Yes, please provide details:

15.Has the Insured or any of its subsidiaries been involved in any joint ventures in the last five years?

No ☐ Yes ☐ If Yes, please provide details:

16.Does the Insured require cover for any previous business including the previous business of any principal or director?

No ☐ Yes ☐ If Yes, please provide details:

| Name of Principal or Director | Name of Previous Business | Professional Services/ Activities |
|-------------------------------|---------------------------|-----------------------------------|
| | | |
| | | |
| | | |

Note: Previous Business is an Optional Extension and is not automatically covered

17.Does the Insured hold any license or accreditation which is required in order to provide professional services or activities for which cover is requested?

No ☐ Yes ☐ If Yes, please confirm the licence or accreditation has been in force at all relevant times?

Yes ☐ No ☐ If Yes, please provide details:

18.Does the Insured undertake continual Professional Development?

No ☐ Yes ☐

19.Does the Insured do background checks, references and policy checks on all employees?

No ☐ Yes ☐ If no, please provide details.

20.Does the Insured have peer review procedures and quality assurance/control procedures?

No ☐ Yes ☐



Part C – Insurance Details

23.Does the Insured carry an active and current Professional Indemnity Insurance Policy?

No ☐ Yes ☐ If Yes, please provide details:

| Name of Insurer | Premium |
|--------------------|----------------------------|
| | \$ |
| Limit of indemnity | Excess |
| \$ | \$ |
| Expiry Date | Retroactive Date Specified |
| / | / |



Part D – Claims

25.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 details:

26. Has there ever been or is there any pending claims against the Insured, its subsidiaries, previous businesses or predecessors in business or its current or former partners/principals/directors or employees for actual or alleged breaches of professional duties or services for which this policy relates?

No ☐ Yes ☐ If Yes, please provide details:

| Date of claim or loss | Brief details of each claim or loss | Cost (if any) of claim paid or loss insured | Estimated outstanding loss |
|-----------------------|-------------------------------------|---|----------------------------|
| / / | | \$ | \$ |
| / / | | \$ | \$ |
| | | | |

27. Is the Insured aware of any actual or pending prosecution, investigation or inquiry of the Insured or any partners/principals/directors or employees under any statute, legislation, regulation or By-Law whatsoever?

No ☐ Yes ☐ If Yes, please provide details:

28. Has the Insured or any partner/directors or employees ever been subject to any disciplinary action, been fined or penalised, or been the subject of an inquiry investigating or alleging professional misconduct?

No ☐ Yes ☐ If Yes, please provide details:

29. Has the Insured (including its subsidiaries, previous businesses or predecessors in business or its current or former partners/principals/directors) ever had any Insurer decline a proposal, imposed any special terms, cancelled or refused to renew a Professional Indemnity Insurance policy?

No ☐ Yes ☐ If Yes, please provide details:



Part E – Declaration

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 | / / |



