



www.artisanuw.co.nz



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 We comply with the Privacy Act 2020 (or as superseded or as amended from time to time), including the Information Privacy Principles (IPPs) set out in the Act.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



1. Insured Entities			Date Incorporated		NZB	N
2. Telephone number			Email addresse	s		
3. Websites						
4. Addresses				Pos	Code	
5. Name of Principal/						
Directors	Age	Qualifi	cations	Star	t date with	Insured
					1	/
N 1 (D) 1 D) 1						
Number of Directors, Principal, Partners & Staff	Full t	ime		Part Tim	е	
Directors, partners, principals						
Qualified/Technical staff						
Administration/Other staff						
Total all staff						



Part B - Activities and Income

6. Number of full-time equivalent staff by category:

Surgeons	Midwives
Doctors	Nurse Anaesthetists
Anaesthetists	Attendant Carers
Dentists	Dental Technicians
Interns	Undergraduate or student staff
Medical Imaging technicians	Other Medical, Health or allied employees (please specify below)
Laboratory technicians	Clerical / Administrative
Pharmacists	Other Staff (please specify below)
Registered Nurses	Total

7. 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	\$	\$	\$

8. Please provide patient percentages in the following categories:

Patient Category	%	Patient Category	%
Audiology		Optometry	
Acupuncture		Oral and Maxillofacial Surgical	
Allied Health Therapy (please specify below)		Paediatrics	
Casualty / Emergency		Palliative	
Chiropractic		Pathology	

Day Surgery	Physiotherapy	
Drug / Alcohol Dependency or Rehabilitation	Psychiatric	
Elective Cosmetic	Radiology / Medical Imaging	
General Dental and Orthodontics	Senile or Aged	
General / Medical	Speech Pathology	
Gynaecological	Podiatry Surgical (Minor)	
IVF / Fertility	Surgical (Major)	
Obstetrics / Maternity	Other (please specify below)	
	Total	100%

Allied Health and Other Additional Information				

9. Please advise the Number of Beds per the following categories

Category Number of Beds	Number	Category Number of Beds	Number
Intensive Care		Other Hospital Beds	
Emergency / Casualty		Nursing Home Beds	
Day Surgery		Self-Care Units	
Maternity		Other (please specify below)	
Children's Ward			
		Total	

10. Please confirm whether you provide the following?

- (i) Medical Imaging equipment (Cat Scanner, MRI etc)
- (ii) Pathology Laboratory

If Yes to Pathology Laboratory, please advise the % of your total revenue (as disclosed in 7)

%		

i) Does the Insured	anticipate any cha	inges to the above Activities in the	e next 12 months?
No 🗌 Yes	If Yes, pleas	se provide details:	
		er professional service or activity	other than described in 6 (i) above and for
which cover may be		vo provido dotoilo:	
No Yes	ii fes, pieas	se provide details:	
iii) Is cover required	d for professional s	ervices or activities which have be	een provided by a former subsidiary?
No ☐ Yes		se provide details:	comprovided by a former education.
NO LI Tes	П пострывае	o provide detaile.	
Name subsidiar	y		Date ceased to be a subsidiary
_			acquisitions in the last five years?
No L Yes	If Yes, pleas	se provide details:	
2.Has the Insured	or any of its subsidi	iaries been involved in any joint ve	entures in the last five years?
No Yes	If Yes, pleas	se provide details:	
	d require cover for a	any previous business including th	ne previous business of any principal or
3.Does the Insured		, providuo duomico moidamig a	provide a decirco or any principal or
3.Does the Insured lirector?			
	If Yes, please	e provide details:	
irector?	If Yes, please	e provide details:	
irector?		e provide details: Name of Previous Business	Professional Services/ Activities
irector? No Yes			Professional Services/ Activities
irector? No Yes			Professional Services/ Activities
lirector? No Yes			Professional Services/ Activities

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:				
	y representation outside of No		1.040	
No Yes If Y	es, please confirm Country, R	evenue, Number of Staff an	d Offices	
Country	Fees/Turnover	Number of staff	Number of offices	
	\$			
	\$			
	Φ.			
	\$			
	\$			
6.Does the Insured carry an	nsurance Deta		cy?	
6.Does the Insured carry an	nsurance Deta		cy?	
6.Does the Insured carry an	nsurance Deta		cy?	
6.Does the Insured carry an	nsurance Deta	nal Indemnity Insurance Poli	cy?	
6.Does the Insured carry an	nsurance Deta	nal Indemnity Insurance Poli	cy?	
6.Does the Insured carry an No Yes If \ Name of Insurer	nsurance Deta	nal Indemnity Insurance Poli Premium \$	cy?	
6.Does the Insured carry an No Yes If Y Name of Insurer Limit of indemnity	nsurance Deta	Premium \$ Excess		



18.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:					
predecessors in business or breaches of professional dut	there any pending claims agai its current or former partners/ ies or services for which this p 'es, please provide details:	principals/directors or emplo			
Date of claim or loss	Brief details of each claim or loss	Cost (if any) of claim paid or loss insured	Estimated outstanding loss		
/ /		\$	\$		
1 1		\$	\$		
principals/directors or emplo	y actual or pending prosecution oyees under any statute, legisla ges, please provide details:				
	rtner/directors or employees o				
No Yes If Y	es, please provide details:				
former partners/principals/d or refused to renew a Profess	g its subsidiaries, previous bus irectors) ever had any Insurer sional Indemnity Insurance po 'es, please provide details:	decline a proposal, imposed			



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	/	/



