



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 We comply with the Privacy Act 2020 (or as superseded or as amended from time to time), including the Information Privacy Principles (IPPs) set out in the Act.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



Total all staff

Part A – Associations Details

1.Insured Entities (include all su	ubsidiaries)		Date Incorporated		NZBN	١
2. Telephone number			Email addresses	6		
3. Websites						
5. Websites						
4. Addresses				Post C	Code	
E Name of Drive in all						
5. Name of Principal/ Directors	Age	Qualifi	cations	Start	date with	Insured
					/	/
Number of Directors, Principal, Partners & Staff	Full	ime		Part Time		
Directors, partners, principals						
Qualified/Technical staff						
Administration/Other staff						
Volunteers						

"	ity during the last 3 years?
No Yes (a) Page the Appearance have any plane to applying sell displace of	an anna an ish anna antitu in the anant 10
(a) Does the Association have any plans to acquire, sell, dispose of cmonths?	or merge with any entity in the next 12
No Yes If Yes to (a) or (b), please provide details	
Is the Association a subsidiary of another entity?	
No Yes	
3.Is the Association an incorporated body?	
No Yes If Yes, under the provisions of what legislation is	s it incorporated?
Part B – Activities, Services and Allocate an approximate ach.	
) Activities Performed (include all activities and services)	
	%
	%
	%
	%
	% %
	% % %
	% % % %
	% % % % % %
ii) Does the Insured subcontract out any of their Professional Services/A No Yes If Yes:	% % % % % % % % % % ctivities?
No Yes If Yes: (a) lease confirm the percentage of fees/turnover paid to subcontra	% % % % % % % % % % ctivities?
No Yes If Yes:	% % % % % % % % % % ctivities?

c) Confirm that all subcontrac	tors carry Professional much	minty insurance:	
iii) Please indicate if the Asso	ciation provides the follow	ing services:	
Legal advice	Yes No	Financial services including insurance services	Yes No No
Medical treatment or medica	al services Yes No	Research, development, experimentation or testing	Yes No No
Evaluation or setting standar qualification and performand others or the quality of produ manufactured or sold	ce of Ves D No	Fund or property management for thir parties	rd Yes No
Manufacturing, construction or installation	, erection Yes No	Supply of materials, plant, goods, or equipment	Yes No
Yes to any of the above, pleas	se provide details.		
	aland? s, please provide details:	Activities in the next 12 month	s?
		nat legislation is it incorporated	
0.Please provide gross Fees/ i) Revenue	Furnover, including gross fee	es paid to sub-contractors.	
Location	Previous 12 months	Last 12 months	Next 12 months
New Zealand	\$	\$	\$
Excluding USA/Canada)	\$	\$	\$
Including USA/Canada)	\$	\$	\$
Total	\$	\$	\$

lotal Nulliber of Elli	ployees a	nd Volunteers and Mem	bers			
Please state number	of:	Employees Volunteers			Members	
	ployees ea	arn over \$100,000?				
i) Financial Position) Can the Insured pro O Yes	vide the la	test audited financial re	port as part of this subm	ission?		
n insolvency exclusio	n will auto	omatically apply withou	ıt review and acceptand	e of au	dited financials	
o) Please advise asset	s and liabi	lities as stated in the lat	est annual report and ac	counts	of the Association.	
Current Assets	\$		Current Liabilities	\$		
Non-Current Assets	\$		Non-Current Liabilities	\$		
neet all its debts as and No Yes	d when the		mstances that might aff	ect the a	ability of the Association	
Part C	- Risl	« Managem	ent and Coi	ntro	ls	
		(Managem	ent and Coi	ntro	ls	
1.Employment Practic	es	K Managem ve a formal termination		ntro	ls	
1.Employment Practic	es			ntro	ls	
1.Employment Practice (a) Does the Asso No Yes (b) Does the Asso	es ciation ha ciation se	ve a formal termination	of employment policy? nployment related matte			
1.Employment Practice (a) Does the Asso No Yes (b) Does the Asso	es ciation ha ciation se	ve a formal termination ek legal advice on all en	of employment policy? nployment related matte			
1.Employment Practice (a) Does the Asso No Yes (b) Does the Asso requirement to ter No Yes	es ciation ha ciation se minate, m	ve a formal termination ek legal advice on all en ake redundant or exit ar	of employment policy? nployment related matte	rs, inclu	ding if there is a	

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No Yes If Yes, please provide details	
(c) Has the Association in the past 24 months been the subject of any enquiry or investigation and Taxation Office?	stigation by the New
No Yes If Yes, please provide details	
tatutory Liability	
(a) Is the Association aware of, and comply with various Statutes that apply to the bus No Yes	iness/industry?
(b) Does the Association have written procedures, manuals or systems to ensure com No Yes	pliance with said Stat
(c) Is the Association aware of its privacy breach and data protection obligations	
No Yes If No to any of the above, please provide details	
Part D – Claims and Circumstances Discontant: Reference to "Company" includes all of its past and current subsidiaries or related	
red Person" means any past or present Director, Partner, Principal or Officer. fter full enquiry	
) Has any claim ever been made or civil, criminal or regulatory proceedings brought gainst the Company or any Insured Person (whether as Insured Persons of the	Yes No
Company or any other entity), in respect of the risks of the kind to which this Proposal orm relates?	

c) During the past 5 years has the Company suffered any loss as a result of any dishonest or fraudulent act of any Insured Person, in respect of the risks of the kind to which this Proposal Form relates?	Yes No
d) During the past five years has the Company or any Insured Person had any statutory fine or penalty or infringement notice (other than for traffic offences)?	Yes No
e) During the past five years has the Company or any Insured Person had any statutory fine or penalty or infringement notice (other than for traffic offences)?	Yes No
f) Has any former or current Insured Person of the Company ever been declared bankrupt?	Yes No
g) Has any former or current Insured Person of the Company ever been an Insured Person of an organisation placed in receivership, liquidation or provisional liquidation?	Yes No
h) Has any former or current Insured Person of the Company ever been an Insured Person of an organisation placed in receivership, liquidation or provisional liquidation?	Yes No
If Yes to any of the above (between a and h), please provide full details (including background, alle reserved) and provide supporting documentation with this proposal. Important: Any claims or allegations in connection with any facts, circumstances or sit regards to Section D (Claims and Circumstances Disclosure), whether disclosed or no this proposed coverage.	tuations with
Disclosure Required for any matters pertaining to PART D above.	



Part E - Insurance Details

16.Does the Insured cari	y an active and current	Professional Ir	ndemnity Insurance Po	olicy?
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No Yes If Yes, please provide details:

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

Supporting Information

Please enclose the following documents in support of this Proposal Form:

- · The Association's latest audited annual report.
- · Copies of any promotional material describing the Association's activities or services.
- · Claims Details/ Claims History/Supporting Documentation for Circumstances/Claims.



Part F - 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	/	/



