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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 We comply with the Privacy Act 2020 (or as superseded or as amended from time to time), including the Information Privacy Principles (IPPs) set out in the Act.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. Please provide the Financial Services Licence Number you operate under:

Is the proposer Licenced to:

i. Transact General insurance?

No ☐ Yes ☐

ii. Transact Life insurance?

No ☐ Yes ☐

iii. Transact any other Financial products?

No ☐ Yes ☐

If Yes, please provide details:

6. 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		

7. Does the proposer have any authorised representatives (including employees, principals, partners, or corporate authorised representatives):

No ☐ Yes ☐ If Yes, please provide details:

Full Name	ASIC Authorised Representative (AR) Number	*Please confirm status of AR (ceased or active) and date of such status*

8. Does the proposer require vicarious liability coverage for its authorised representatives?

No ☐ Yes ☐ If Yes, please provide details:

9. Does the proposer require coverage to extend to cover the acts, errors and omissions of it's authorised representatives?

No ☐ Yes ☐ If Yes, please ensure all details include the authorised representatives, including fees, commissions and product splits.

10. Does the Insured hold any licence 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?

11. (a) Please list all professional services provided and allocate an approximate percentage of the Insured's income for each.

Activities Performed (include all activities and services)	Split of Income
Contents / Domestic Fire	%
Commercial (Business) Packs	%
Industrial Special Risks (ISR)	%
Domestic Motor and Light Commercial Motor (up to 3 tonnes)	%
Heavy Commercial Motor (over 3 tonnes)	%
Liability	%
Aviation	%
Marine	%
Livestock / Farm Packs	%
Workers Comp	%
Personal accident / Income Protection	%
Life	%
Other	%
Total	%

(b) Does the Insured anticipate any changes to the above Activities in the next 12 months?

No ☐ Yes ☐ If Yes, please provide details:

(c) Has the Insured performed any other professional service or activity other than described in 2(a) above and for which cover may be required?

No ☐ Yes ☐ If Yes, please provide details:

12. 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

13. 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:

14. 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:

15. 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.

16. Does the Insured have any representation outside of New Zealand?

No ☐ Yes ☐ If Yes, please confirm Country, Revenue, Number of Staff and Offices

Country	Fees/Turnover	Number of staff	Number of offices
	\$		
	\$		
	\$		



Part B – Income and Contracts

17. Please provide gross revenue and including fees and commissions paid to sub-contractors.

Location	Previous 12 Months	Last 12 Months	Next 12 Months
New Zealand	\$	\$	\$
Excluding USA/Canada)	\$	\$	\$
Including USA/Canada)	\$	\$	\$
Total	\$	\$	\$

18. Based on question 17 above, please provide a split between Fees and Commission.

Location	Previous 12 Months	Last 12 Months	Next 12 Months
Commission Income	\$	\$	\$
Fee Income	\$	\$	\$
Other (please provide details)	\$	\$	\$
Total	\$	\$	\$

19. Does the Proposer hold any Binding Authorities in place? If so, please provide details:

Facility (if applicable)	Security (Insurer)	Product	Limits
1.			
2.			
3.			
4.			

20. Please provide the total Gross Written premium of all facilities/binding authorities for the last 12 months:

21. (a) Does the Proposer hold any claims authority / provide claims handling?

No ☐ Yes ☐ If Yes, please provide full details, including authority values/limits:

(b) Have all binding authorities/facilities been audited?

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

(c) For those facilities/binding authorities which have been audited, please provide details of any findings (if any):

(d) Were any recommendations provided,

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

(e) Have all recommendations been actioned?

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

(f) Confirm that all subcontractors carry Professional Indemnity insurance?

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



Part C – Insurance Details

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

No ☐ Yes ☐ If Yes, please provide:

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



Part D – Claims

24. Is the Insured (including its authorised representatives) aware of any circumstance or incident which may give rise to a claim against the Insured or its partners/principals/directors/ employees or authorised representatives?

No ☐ Yes ☐ If Yes, please provide

25. 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/employees or authorised representatives for actual or alleged breaches of professional duties or services for which this policy relates?

No ☐ Yes ☐ If Yes, please provide

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

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

No ☐ Yes ☐ If Yes, please provide

27. 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

28. 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



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 and authorised representatives (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	/ /



