



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 We comply with the Privacy Act 2020 (or as superseded or as amended from time to time), including the Information Privacy Principles (IPPs) set out in the Act.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 Incorporate	ed	NZBN
2. Telephone number		Email addres	sses	
3. Websites				
J. Websites				
4. Addresses			Post C	Code
5. Name of Principal/ Directors	Age	Qualifications	Start	date with Insured
				1
Number of Directors, Principal,	Full t	imo	Part Time	
Partners & Staff	Full	ime	Part Time	
Directors, partners, principals				
Qualified/Technical staff				
Administration/Other staff				
Total all staff				

	%
	%
	%
	%
	%
	%
	%
	%
	%
ich cover may be required? No Yes If Yes, please provide details:	tivity other than described in 6 (i) above and
ich cover may be required?	tivity other than described in 6 (i) above and
ich cover may be required?	
No Yes If Yes, please provide details: No Services or activities which ha	
No Yes If Yes, please provide details: No Yes	ave been provided by a former subsidiary?
No Yes If Yes, please provide details: No Yes	ave been provided by a former subsidiary?

8.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:						
9.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 Previo	ous Business	Profess	ional Services/ Activities		
Note: Previous Business is an 10.Does the Insured hold any license.				le 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.Does the Insured have any repre	sentation outside of Ne	ew Zealand?				
No Yes If Yes, please confirm Country, Revenue, Number of Staff and Offices						
Country Fe	es/Turnover	Number of stat	ff	Number of offices		
\$						
\$						
\$						



Part B – Income and Contracts

12.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	\$	\$	\$

13.Please provide u	1	3.P	lease	provide	us
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(i) the 3 largest Projects/Contracts in the last 5 years (including current).

Client name	Start Date	Completion Date
1.		
2.		
3.		

(ii) Project/Contract Specifics of the aforementioned.

Project /Contract Type	Project/Contract Value	Scope of Services Provided
1.	\$	
2.	\$	
3.	\$	

2.	\$	
3.	\$	
14.Does the Insured undertake (either t	themselves or on their behalf) any:	
(a) manufacturing, construction, e	erection or installation?	
No Yes If Yes, what p	ercentage of the total fees/turnover	declared in 12
relates to such work		%
(b) supply of materials, plant, goo	ds, products or equipment?	
No Yes If Yes, what p	ercentage of the total fees/turnover	declared in 12
relates to such work		%
15.Does the Insured subcontract out ar	ny of their Professional Services/Activ	vities?
No Yes If Yes,		
(a) Please confirm the percentage	e of fees/turnover paid to subcontrac	tors in the last 12 months?
		%

(b) Provide full details of the Professional Services Subcontracted.				
(c) Confirm that all subo	contractors carry Professiona	I Indemnity insurance?	No Yes	
Part C-In	surance Deta	ils		
16.Does the Insured carry an	active and current Profession	nal Indemnity Insurance Polic	y?	
No Yes If Y	es, please provide details:			
Name of Insurer		Premium		
		\$		
Limit of indemnity		Excess		
\$		\$		
Expiry Date	Retroactive Date Specified			
/	/		/	
18.Is the Insured aware of any partners/principals/directors No Yes If Y	y circumstance or incident wh	nich may give rise to a claim a	ngainst the Insured or its	
19. 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	
1 1		\$	\$	
/ /		\$	\$	

20.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:
21. 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:
22. 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	/	/



