

Insurance Proposal Form

This Proposal Form constitutes a part of the Professional Indemnity and/or other Liability Insurance Contracts as may be arranged be arranged by Abacus under Master Policies on your behalf. If there is insufficient space to complete any answer, please provide additional details on your firm's headed paper.

PROFESSIONAL INDEMNITY INSURANCE

Civil Liabilities / Claims Made and Notified Basis of Insurance

Details of your Practice

Abacus Member No:			
Name of Practice			
Mailing Address			
			Post Code:
Telephone Number		E-Mail Address	
Cell Phone Number		Website Address	www.
Contact Person			

Other Entities to be Insured

(a) If you are a Corporate Practice do you continue to provide any of your services as a partnership or as a sole practice outside of the corporate entity? YES NO

(b) If your Practice has any service companies, trustee companies or other legal entities that are to be included with your Practice as joint insured parties, **please** give full details below indicating the activities of each entity.

Name of Company/Entity	Activities

Public Practice Certificate(s)

(a) Does each Partner or Director in your Practice hold a current public practising certificate from **NZICA**? YES NO

(b) If **No**, please give details below

Previous Business

Do you require coverage in respect of any previous accounting or consulting businesses? YES NO

If **YES**, Please give full details

Number of Partners or Directors & Staff

Please give the following information for each Partner, Principal or Director

	Partners/Directors	Staff	Sub - Totals
Qualified Accountants			
Other (Non-Qualified)			
Officers Juniors/Typists			
Any others (Please Specify below)			
Totals			

Fee Income

Please give details of your Practice's total gross fees and commissions.

(a) Received or rendered during the last financial year (<i>excluding GST</i>)	\$
(b) Estimated for the ensuing 12 months (<i>excluding GST</i>)	\$

Activities Abroad

Does your Practice extend to or has it ever extended to activities overseas? YES NO

If YES, please advise:

(a) What proportion is/was this of your Practice's total business and in what countries?	
	%
	%
(b) What is your method of handling such business?	

Percentages of your Work

(a) In which of the following activities does your practice currently engage?

Please give an estimate of the percentage of total fees of your firm represented by each category

Commercial Audits	%	Own Trustee Company	%
Legal Practitioners Audit	%	Share Broking Activities	%
Receiverships/Liquidations & the like	%	Directors fees	%
Commercial Taxation	%	Financial Planning	%
Pure Accounting Services	%	Mortgage Broking	%
Business/Share Valuations/Evaluations	%	Insurance Agency Activities	%
Consultancy	%	<u>Other (Please Specify below)</u>	%
Secretarial/Share Registration	%	Total	
Investment Advice/Commissions	%	If you have answered "Other" above, please provide full details:	



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Do you expect any changes in the forthcoming year	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES please give details:		

Funds Transfer

Do you transfer funds of clients over \$50,000 in Value?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you conduct independent and/or secondary verification of bank account details	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you obtain verbal confirmation with clients prior to the transferring of funds greater than \$50,000	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Anti-Money Laundering and Countering Financing of Terrorism Act 2009

Are you a "Reporting Entity" under the Anti-Money Laundering and Countering Financing of Terrorism Act 2009 (and amendments thereto)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If Yes, do you comply with the requirements of this legislation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Please indicate the Limit of Indemnity you may require:

\$250,000 <input type="checkbox"/>	\$500,000 <input type="checkbox"/>	\$1,000,000 <input type="checkbox"/>
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Financial Planning/Insurance/Mortgage Brokering Activities

Is your Practice involved in financial planning to the extent of recommending, advising, managing, and reporting on or arranging investment portfolios or personal insurance for clients?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(a) If the answer is Yes, is your Practice A.F.A Certified?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(b) Is your Practice involved in Mortgage Broking activities?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(c) Is your practice involved in Insurance Agency/Broking Activities & is it R.F.A Certified?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If you have any separate entities undertaking any such activities **please** advise the names of the separate entities or companies below.

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Directorships

Is any Partner or Director of your Practice or any Employee on behalf of your Practice, acting as a Director of any other body corporate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If any answer above is YES , please give details of each Directorship below. If there is insufficient space below, please attach a separate list to the back of this Proposal Form		

Trusteeships

Do any Partners or Directors or Employees of your Practice act as Trustees?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If Yes , please give details of each appointment below. If there is insufficient space below please attach a separate list at the back of this Proposal Form		



Contracted Consulting Services

(a) Do any of your former Partners or Directors who have retired provide any ongoing consultancy services for and under the auspices of your Practice? YES NO

(b) Do you engage any personnel on a contract basis, **other than your normal employees in respect of whose remuneration you make PAYE deductions**, either on a part-time or full time basis to perform YES NO

If the answer to (a) or (b) above is **Yes**, please give details of such appointments below

Limit of Indemnity

Please indicate the basic Limit of Indemnity you require for the Professional Indemnity Cover:

\$250,000 <input type="checkbox"/>	\$300,000 <input type="checkbox"/>	\$500,000 <input type="checkbox"/>	\$750,000 <input type="checkbox"/>
\$1,000,000 <input type="checkbox"/>	\$1,500,000 <input type="checkbox"/>	\$2,000,000 <input type="checkbox"/>	\$5,000,000 <input type="checkbox"/>

Other – Please state amount/s required: \$ \$ \$

Extensions to Basic Indemnity

(a) **The Automatic Extensions** – the following extensions are automatically included within the basic indemnity

Defamation	Employers Dishonesty	Forged Transfers
Quasi-Judicial Representation Costs	Consequential Costs	Automatic Reinstatement
Contracted Personnel	Professional Fees Recovery	

(b) **The Optional Extensions**

The Optional Extensions -The following extensions are optional. Please indicate any of the optional extensions that you may require

Fidelity	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Dishonesty of Partners or Directors – Note: Not applicable/available for Sole Principal Practices	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Loss of Documents (Property Damage)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Financial Planning/Mortgage Broking Activities	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Deductible

The amount of the Deductible you select to apply to each and every claim

\$2,000 <input type="checkbox"/>	\$5,000 <input type="checkbox"/>	\$7,500 <input type="checkbox"/>	\$10,000 <input type="checkbox"/>
\$15,000 <input type="checkbox"/>	\$20,000 <input type="checkbox"/>	Other – Please state amount/s required:	

Please indicate if you require your cover to be arranged with the Costs Inclusive deductible option: YES NO

Please refer to the Guidance Notes and then indicate your preference above.



OPTIONAL COMPANION LIABILITY INSURANCE COVERS

Please **now complete** each of the following if you require continuance of existing Companion Liability covers or a quotation for any of them that you may now require.

Please **refer** to the Guidance Notes for more information regarding each of these Companion Covers.

If you **do not** need any of these covers, please go directly to the end of the proposal to complete the **DECLARATION** page.

Trustees Liability

Your Trustee Appointments

Please state the Total number of Trusteeships currently held by your Practice on behalf of your Clients

Important Note:

This insurance is not intended to cover trading trusts that have a Company as the sole Trustee.

Insurance for any trading trusts that have a Company as the sole Trustee are subject to additional underwriting information. If you require a quotation, please provide a copy of the last audited financials for each Trust in this category for which cover may be required.

Is this a renewal of an existing cover arranged through Abacus? YES NO

Directors and Officers Liability

Your Director and Officers Appointments

Please state the Total number of Directorships currently held:

In your own Company or Companies

On behalf of Client Companies

Important Note:

This insurance is not intended to cover any Listed Public Company Appointments.

If you require a quotation for such appointment's then please provide a copy of the last audited financials for each Listed Company for which an individual cover may be required

Is this a renewal of an existing cover arranged through Abacus? YES NO

STATUTORY LIABILITY

Limit of Indemnity

Please indicate the Limit of Indemnity you may require:

\$250,000 (minimum) \$500,000 \$1,000,000

Other – Please state Amount/s

Deductible

The amount of the Deductible you select to apply to each and every claim. Please indicate your preference below.

\$500 (minimum) \$1,000 \$5,000

Is this a renewal of an existing cover arranged through Abacus? YES NO

Do you regularly review Health & Safety risk assessment and compliance and have written procedures to ensure compliance with legislation that affects your business? YES NO



EMPLOYERS LIABILITY

Limit of Indemnity

Please indicate the Limit of Indemnity you may require:

\$250,000 (minimum) \$500,000 \$1,000,000

Other – Please state Amount/s

Deductible

The amount of the deductible you select to apply to each and every claim. **Please** indicate your preference below:

\$500 (minimum) \$1,000 Other - Please state Amount/s

Is this a renewal of an existing cover arranged through Abacus? YES NO

EMPLOYMENT PRACTICES LIABILITY

Limit of Indemnity

Please indicate the Limit of Indemnity you may require:

\$250,000 (minimum) \$500,000 Other - Please state Amount/s

Deductible

The amount of the deductible you select to apply to each and every claim. **Please** indicate your preference below:

\$500 (minimum) \$1,000 Other - Please state Amount/s

Is this a renewal of an existing cover arranged through Abacus? YES NO

PUBLIC / GENERAL LIABILITY

Limit of Indemnity

Please indicate the Limit of Indemnity you may require:

\$1,000,000 (minimum) \$2,000,000 Other - Please state Amount/s

Deductible

The deductible applying to each and every claim is:

\$500

Is this a renewal of an existing cover arranged through Abacus? YES NO

LEGAL DEFENCE

Limit of Indemnity

The Limit of Indemnity available is **\$50,000** any one claim and in the aggregate for all claims during the period of insurance

Deductible

No deductible applies.

Is this a renewal of an existing cover arranged through Abacus? YES NO



LAW SAFE LEGAL DEFENCE

Limit of Indemnity

The Limit of Indemnity available is **\$100,000** any one claim and in the aggregate

Deductible

No deductible applies.

What kind of comprehensive LawSafe Cover would you like?

Individual /Couple

Family

Names of People to be Insured :

Name of People to be Insured	First Name	Middle Name	Last Name	Date of Birth
Applicant:				
Spouse/Domestic Partner				
(Please note family members must normally reside at your home address or temporarily reside elsewhere as a student				

Have you or any members of your family listed above faced criminal or serious traffic charges, and/or have been convicted of any criminal or serious traffic offences?

YES

NO

Have you or any members of your family listed above been involved in civil proceedings of any kind?

YES

NO

If you answered Yes to either of the above two questions then please supply brief details :

CYBER LIABILITY

Limit of Indemnity

Please indicate the Limit of Indemnity you may require:

\$500,000 (minimum)

\$1,000,000

Retention

The retention that applies to each and every claim: **\$2,500**

Does the Company use firewalls to prevent unauthorised access connections from external networks and computers systems to internal networks?

YES

NO

If YES to the above, are all computer systems, mobile devices and websites firewalled or have intrusion prevention systems on them?

YES

NO

Does the Company use anti-virus protection and procedures on all desktops, e-mail systems and mission critical servers to protect against viruses, worms, spyware and other malware?

YES

NO

If YES to the above, how often are protections and procedures updated?

Daily

Weekly

Monthly

Other

If other Please advise

Does the Company have physical security controls in place to prohibit and detect unauthorised access to their computer system and data centre?

YES

NO

If other Please advise

Please confirm the following in respect of the proposed Insured and other entities to be Insured

we have access controls in place (e.g. passwords) for employees and other users to deny access to sensitive data on computer systems

Correct

Incorrect



we have backup and recovery procedures for all data and IT systems	Correct <input type="checkbox"/>	Incorrect <input type="checkbox"/>
we do not have any domiciled operations or derive revenue from USA, Canada, UK, Europe	Correct <input type="checkbox"/>	Incorrect <input type="checkbox"/>
we do not have business operations that would be classified as: Financial Institution, Medical/Health, Call Centre, Telemarketing, Data Processing (Outsourcing), Internet Service, Telecommunications, Social Networking, Credit Bureaus, Payment Processing, Gaming, Cloud Provider	Correct <input type="checkbox"/>	Incorrect <input type="checkbox"/>
we do not collect, and/or processes and/or store credit card information	Correct <input type="checkbox"/>	Incorrect <input type="checkbox"/>
we are not required to be Payment Card Industry – Data Security Standard compliant	Correct <input type="checkbox"/>	Incorrect <input type="checkbox"/>
Note: If your answer is “Incorrect” to any of the above, please provide full details and refer to Aon for further advice.		
Is this a renewal of an existing cover arranged through Abacus?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Your Notification History

A Schedule of notifications of possible claims or claims recorded by **Abacus** for your firm over the past five years is appended (*if applicable*). **Please** check the Schedule.

If not shown on the Schedule, please give details of any notifications by your firm, or any Principal in a previous firm, during the past five years to **Abacus** or to any Insurer.

New Notifications

Apart from the matters referred to under “Your Notifications History” section, are you aware of:

Any error or omission that has occurred in your Practice or any previous practice that has not previously been reported to any Insurer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
A dispute between third parties concerning work with which you were involved, which may give rise to a claim?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Any dispute between any third party and any other parties for whose activities you may be vicariously liable which may involve you in a claim?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Any third party intimation that you might be held liable in part or in whole for any loss?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
After enquiry are you aware of any circumstances that could give rise to a claim, fine or penalty against you?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If any answer to any of the above Questions is **Yes, please** give full details below



IMPORTANT NOTICES TO ALL PROPOSERS

RATINGS INFORMATION COMPLIANCE WITH STATUTORY REQUIREMENTS

The Insurance Companies (Ratings and Inspections) Act 1994 requires us to provide you with information about your Insurers. Your insurance will be placed with Insurers whose Ratings in terms of the Insurance Companies (Ratings and Inspections) Act 1994 will be advised to you prior to your acceptance of the insurance (s)

INSURANCE LAW REFORM ACT 1977 – MISSTATEMENTS IN CONTRACTS OF INSURANCE

By the terms of this Act, a policy may be avoided if any statement made in the proposal or other documentation in completion, reinstatement or renewal is substantially incorrect and material.

DEFINITIONS:

1. **SUBSTANTIALLY INCORRECT** – a statement is substantially incorrect if a prudent Insurer would consider the difference between what is stated and what is correct, material.
2. **MATERIAL** – a statement is material if that statement would have influenced the judgment of a prudent Insurer in setting the premium or determining acceptance or continuation of the risk upon substantially the same terms.

DECLARATIONS

I/We declare that the statements and particulars in this proposal are true and I/We have not misstated or suppressed any material facts. I/We agree that this proposal, together with any other information supplied by me/us shall form the basis of any Contract(s) of Insurance that may be effected thereon.

I/We undertake to inform the insurers of any material alteration to these facts whether occurring before or after completion of the Contract(s) of Insurance

Signing this Proposal Form does not bind the Proposer or the Insurers to complete the Insurance(s).

Dated this _____ day of _____ 20 _____

For and on Behalf of the Firm

Signature of Partner or Director _____