



THE DESIGNERS INSTITUTE OF NEW ZEALAND

PROFESSIONAL LIABILITY INSURANCE PACKAGE APPLICATION FORM

PENBERTHY INSURANCE LIMITED
P O Box 33 545, Takapuna, Auckland, 0740
Phone: 09-486 1175 Fax: 09-489 4904

1 DETAILS OF INSURED

Contact Person: DOB:

Insured Name:

Address:

Postal Address:

Phone: Fax: Mobile:

Email:

Are you a member of The Designers Institute of New Zealand? YES / NO

If Yes, please provide your membership number Date Business was established: / /

2 QUOTE DETAILS

Current Insurer or Broker

Current Indemnity Limit: \$ Current Excess: \$

Renewal Date of Policy: Retroactive Date:

Level of Professional Indemnity insurance cover you require for quotation (tick appropriate)

\$500,000 \$1,000,000 \$2,000,000 \$5,000,000

Please specify if a higher limit is required: \$

The policy's standard excess is \$2,500 plus GST

A higher excess is available on request at a discounted premium.

Please indicate the excess your require (tick appropriate) \$5,000 \$10,000

Are you currently insured for Professional Indemnity insurance? YES / NO
 If no, has the firm ever been insured for Professional Indemnity Insurance? YES / NO
 Is the firm affiliated to any group / franchise other businesses? YES / NO
 If yes, please specify:

PREVIOUS BUSINESS

During the last year has the name of the Firm / Company been changed or has any other business been purchased or any other merger or management consolidation taken place?

YES / NO If yes, please specify

Is Professional Indemnity cover required for any previous business activity?

YES / NO If yes, please specify

BREAKDOWN OF ACTIVITIES:

	% of Turnover	Number of Staff
Interior Design
Architectural Design
Project Management
Graphic Design
Interactive Design
Product Design (more information required)
Other
If other, please specify:		

LICENCED BUILDING PRACTITIONERS

Are you or any of your employees Licensed Building Practitioners (LBP's)? YES / NO

If yes, please provide:	License Class	Number of LBP's
Design 1
Design 2
Design 3

INCOME / COMMISSION OR FEE INCOME OF BUSINESS

For the last 12 months \$

Previous 12 months \$

Estimate for the next 12 months \$

Has the firm / company ever carried out any work overseas? YES / NO

If yes, please specify:

DETAILS OF SHAREHOLDERS / PRINCIPALS / DIRECTORS

Please provide details of Qualifications of all your Shareholders / Principals / Directors, how long they have been in the Design Industry and how long they have been with your firm.

<i>Name</i>	<i>Qualifications</i>	<i>Years in this Firm</i>

STAFF NUMBERS

Please provide the number of Qualified Staff

Please provide the number of Administrative Staff

Are references obtained when engaging staff? YES / NO

Have any personnel involved with the firm been dismissed for
or as a result of dishonesty? YES / NO

If yes, please specify:

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FINANCIAL DETAILS

Proportion of total turnover derived from internet trading / e-commerce %

Is the Insured entity applying currently able to meet their debts as they fall due? YES / NO

If No, please supply full details:

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HUMAN RESOURCE MANAGEMENT

Does the Applicant have procedures in place to counter the threat of Employee theft such as controlled access to computer terminals and systems, segregation of duties such as funds transfer, signing cheques and investing funds.

YES / NO

6 CLAIMS HISTORY

Have you had any claims or losses in the past five (5) years? YES / NO

This includes any notifications of claims. Please note that if you fail to make mention of any claims or potential claims, any claims that you put forward in future can be declined due to non-disclosure.

If Yes, please provide details on a separate piece of paper.

Has any application for this type of insurance requested in this proposal made on behalf of the firm ever been declined or has any such insurance ever been cancelled or renewal refused or had special terms imposed?

YES / NO If Yes, please provide details:

Has there been any civil or criminal allegations or claims made at common law, under statute or otherwise, including proceedings , or any Licensing Board alleging (without limitation) misconduct or a breach of law against the Company, its principals, partners, directors or employees which may have been covered under this insurance if it were in force?

YES / NO If Yes, please provide details including the name of the claimant, amounts paid for any judgments, settlements, the nature of the allegation claimants' costs and defense costs

POTENTIAL CLAIMS

Are any of the principals, directors, officers, partners, directors, sales persons, or employees of the Company aware of:

- A) Any facts or circumstances which could give rise to a claim against the proposer/firm? YES / NO
- B) Any accounts overdue for payment where there is reason to believe the client is Dissatisfied with the professional services rendered? YES / NO

If yes, please specify:

INTERNAL CONTROLS

Are bank statements, receipts and petty cash and supporting documents checked and reconciled at least monthly independently of the staff member making the entries or responsible for the banking and how often are they checked?

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Are the firm's annual accounts prepared by a firm of Professional Accountants? YES / NO

Has the firm or any of the its principals been involved during the past five years in any Licensing Board or disciplinary proceedings? YES / NO

If yes, please provide details:

Are you aware of any other information material to the risk to be insured which the Insurer should be made aware of? YES / NO

If Yes, provide details:

7. DECLARATION / AUTHORITY

I/We agree that the information and answers given in this proposal are in every respect true and correct and the Insurer is aware of all information that may be material in considering this proposal. I/We agree that this proposal and declaration shall be the basis of and incorporated in the insurance contract. I/ we undertake to inform the Insurer of any material alteration to the above facts whether occurring before or after the completion of this insurance contract.

I/We authorize the Insurer to obtain from other insurers and any insurance broker or other party any information relating to this insurance or any other insurance held by me/us or any claim made by me/us.

Authority

I/We authorize Penberthy Insurance Ltd to provide us with a quotation on our business. I/We would be obliged if Insurers/Brokers would release to them all my/our details (including claims) of my/our insurances currently underwritten by your company and render them any assistance they may require.

I/we understand that:

- **The Insurer is collecting the information on this proposal to evaluate my/our insurance requirements**
- **I / We am / are obliged to inform the Insurer of any information which may be material to its consideration of this application.**
- **I /we have certain rights of access to and correction of this information.**

Signed: Name:

Position: Date:

For and on behalf of