

SUREPAC LIABILITY - PROPOSAL FORM

v.181011

Entity Name:

Entity Address:

Contact Person:

Website Address:

What is the primary source of income or funding:

Broker Company:

Individual Broker:

Email /Contact Number:

Gross Income:	<input style="width: 95%;" type="text" value="\$"/>	When was Entity established:	<input style="width: 95%;" type="text"/>
Current Assets:	<input style="width: 95%;" type="text" value="\$"/>	Number of Trustees/Board members:	<input style="width: 95%;" type="text"/>
Current Liabilities:	<input style="width: 95%;" type="text" value="\$"/>	Number of paid employees full time equivalent:	<input style="width: 95%;" type="text"/>
Total Assets:	<input style="width: 95%;" type="text" value="\$"/>	Number of Volunteers:	<input style="width: 95%;" type="text"/>
Total Liabilities:	<input style="width: 95%;" type="text" value="\$"/>		
Latest financial year result:	<input style="width: 95%;" type="text" value="\$"/>	(SURPLUS/DEFICIT)	

ACTIVITIES/ OCCUPATION

1. Please fully describe the activities/occupation of the insured entity or entities

2. Is the Entity able to pay all of its debts as and when they fall due? Yes No

3. (a) Does the Entity have a written human resources manual or equivalent written management guideline? Yes No

(b) If yes, is this manual/guideline distributed to all staff? Yes No

4. Are duties segregated so that no individual can control any of the following activities from commencement to completion without referral to others:

- (a) Signing cheques or authorising payments above \$5,000? Yes No
- (b) Issuing funds transfer instructions? Yes No
- (c) Opening new bank statements? Yes No
- (d) Reconciling bank statements ? Yes No
- (e) Awarding contracts following a tender ? Yes No
- (f) Paying of wages/salaries? Yes No

5. Does the Entity have written procedures and/or control policies to ensure compliance with legislation that affects the Entity's business activities? Yes No

6. Is any income derived from outside New Zealand? (Please advise countries and income split). Yes No

PLEASE SELECT COVERS AND LIMITS REQUIRED: Reminder to complete questions 34 – 40 and Sign the form

Section	Cover	Limit Required	Section Questions
A.1	General Liability	\$ 2,000,000	7-10
B.1.1	Statutory Liability	\$ 1,000,000	None
B.1.2	Employers Liability	\$ 1,000,000	None
B.2 & B.3	Management and Entity Liability	\$ 500,000	None
B.4	Professional Liability (Incidental)	\$ 0	11-13
B.5	Employment Practices Liability	\$ 250,000	None
B.6	Crime Protection	\$ 050 0000	34-40
B.7	Cyber Protection Complete if selected	\$ 250,000	22-33
B.8	Professional Indemnity (Fee for service)	\$ 1,000,000	14-23

A.1 Only complete this section (questions 7- 10) if you require GENERAL LIABILITY COVER

7. Does the Entity use, handle, transport or manufacture any chemicals, hazardous or toxic substances or goods? Yes No

8. (i) Do you have property of others in your physical or legal control? Yes No

(ii) Do you service or repair any third party property, goods, vehicles or watercraft? Yes No

If you answered "Yes" to any part of question 8 (i) ,(ii) then please give full details:

9. Please list all of your "Products"(manufactured, constructed, erected, installed, repaired, serviced, treated, sold, supplied or distributed by you)

10. Are any of your products an additive, ingredient or component of another company's product?

Yes No

B.4 PROFESSIONAL LIABILITY (Incidental) or B.8 PROFESSIONAL INDEMNITY (Fee for service)

Important Note on choice of B.4 Professional Liability vs B.8 Professional Indemnity Sections: Please select from Section B.4 (Professional Liability) or B.8 (Professional Indemnity) on the basis of how the Entity generates an income. Section B.4 cover is only available to insureds who do not charge a fee for service direct to their clients or customers.

If you have selected **B.4** please complete the questions numbered 11 to 13 below.
If you have selected **B.8** please complete the questions numbered 14 to 23 below.

B.4 Only complete this section (Questions 11- 13) if you require PROFESSIONAL LIABILITY (Incidental)

11. The activities outlined in (i) - (vi) below are covered under the standard definition of professional services. Are there any other services or activities that you wish the Insurer to consider providing cover for?

Professional Services under insuring section B.4 means the following professional services provided by Entity:

- (i) Advocacy and promotion of the Entity's objectives and area of focus or interest, including publication or information in any media type;
- (ii) Registration, training and accreditation of members;
- (iii) Publication of professional or technical standards;
- (iv) Provision of advice and administrative services to association members with respect to membership benefits, including but not limited to the availability of insurance, where such advice or administration is of a general nature and does not require any license or accreditation
- (v) events for members and other that promote the Entity's area of focus or interest; or
- (vi) fundraising activities.

Professional Services under insuring section B.4 does not mean:

- (i) the provision of legal, financial or investment advice; or
- (ii) medical treatment, medical care or medical advice; or
- (iii) the provision of other professional services where clients of the Entity directly pay a fee, or where a fee would normally be charged for such services.

12. Does the Entity provide professional consultancy services for fee, commission or other remuneration (including grants or third party funding) above and beyond ordinary membership fees? If the answer is "Yes" Please provide details below.

Yes No

13. Does the Entity provide medical service or advice? If the answer is 'Yes' please provide details below. Yes No

B.8 Only complete this section (Questions 14- 23) if you require PROFESSIONAL INDEMNITY (Fee for service)

14. With respect to any business relationships:

- a. Are you connected, controlled, owned, affiliated or associated with any other firm, corporation or company? Yes No
- b. If yes are any of your services provided to the affiliated or associated entity? Yes No
- c. During the past five years has the name been changed or has any other business been purchased or any merger or consolidation taken place? Yes No
- d. Are you involved in any joint ventures? Yes No

If your answer is YES to any of the above questions, please provide full details:

Detail any memberships of any Professional Association and/or Professional Bodies:

Name of Association/Body	Member Since

Detail internal controls, procedures and guidelines implemented to reduce/manage risk:

Detail of principal/partners/directors:

Name	Age	Qualifications	No Years Experience

*Please attach CVs for all of the above if the business is less than three years old.

15. Detail the total number of:

- a. Principal, partners and officers:
- b. Skilled & technical employees:
- c. Unskilled & clerical employees:

16. Please provide amount of gross fees/income from your professional services

	Actual for last financial year:	Estimate for current financial year:	Estimate for next financial year:
New Zealand NZD:	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Overseas NZD:	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
If overseas please specify what countries :	<input type="text"/>		
If different please provide total turnover of your company:	\$ <input type="text"/>		

17. List your five largest projects or jobs during the past 3 years and indicate the service(s) performed and approximate revenues(s) derived from each:

Projects/ Jobs	Service Provided	Contract	Gross Fees/income
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

18. Do you secure a written contract, agreement or engagement letter for every project? Yes No
 *If YES please attach a sample copy.

19. Are such contracts reviewed by law for experienced in your profession? Yes No

20. In respect of subcontracting:

- A. What percentage of your professional services involves subcontracting of work to others? Yes No
- B. What services are subcontracted? Yes No
- C. Does the subcontractor contractually hold you harmless for Professional Liability caused by the subcontractor's error or omission? Yes No
- D. Do you ask for verification that the subcontractor carries Professional Liability Insurance? Yes No

Note: If you answer YES to either of the following questions, please provide full details separately, any claim or circumstance disclosed in this section is not covered by this proposed insurance.

21. Have you, your subsidiaries, affiliates or business predecessors been the subject of disciplinary action or investigation by any authority or regulatory agency? Yes No

22. Have any partners, principals officers, or key employees of the applicant been the subject of disciplinary action or investigation by any authority or regulatory agency? Yes No

23. Does the company currently purchase Professional Indemnity Insurance? Yes No

If YES, please provide the following information and attach a copy of your current policy:

A. Name of Insurer:	
B. Limit of Liability:	
C. Deductible:	
D. Expiry Date:	
E. What limit of liability is required:	

B.7 Only complete this section (Questions 24 - 34) if you require CYBER PROTECTION

24. Please state the approximate number of debit credit card transactions processed in the last 12 months:

We confirm that the applicant and all subsidiaries:

25. Have up to date virus and fire wall protection installed and operating on all computers : Yes No

26. Have a security policy that identifies and stipulates the types and levels of protection for information assets, whether electronic or otherwise and whether held by the applicant or by a person or organisation providing services to the applicant. Yes No

27. Conducts penetration testing of the systems and actively monitors network traffic to regularly identify and assess new threats and adjust the security policy (and protection procedures) to address the new threats. Yes No

28. Conducts back up and recovery procedures on all sensitive and financial data on at least a weekly basis. Yes No

29. Have written agreements in place between the applicant and any third-party IT service provider and that such agreements confirm a level of security commensurate or better to the applicants own security. Yes No

30. Does the applicant or any subsidiaries store sensitive information on web servers? Yes No

31. Has the applicant or any subsidiaries experienced a security breach or been required or compelled to notify customers or other third parties of the release of sensitive data? Yes No

32. Has the applicant, any subsidiaries or any person proposed for coverage under this policy ever given notice under the provisions of any prior or current cyber policy or similar insurance of facts or circumstances which might give rise to a claim that would fall within the scope of that cover? Yes No

33. Does the applicant or any subsidiaries have any knowledge of any loss payments, fines or penalties being made on behalf of any Applicant or any person proposed for coverage under any cyber policy or similar insurance? Yes No

DISCLOSURE, DECLARATION AND ACKNOWLEDGMENT

34. Has the Entity or any trustee or board member even been refused this type of cover, had a similar policy cancelled or had special terms imposed? Yes No
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35. Have there been any claims made against the Entity or its trustees or board members or employees which may have been covered under this policy if it were in force? Yes No
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36. Has any trustee or board member been employed or engaged by or otherwise involved with an entity that has been in receivership or liquidation? Yes No
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37. After enquiry has the Entity or any trustee or board member been involved in, or is there now pending against them, any criminal proceedings or any prosecution under the Fair Trading Act, Companies Act, Commerce Act or any other NZ legislation or other similar overseas legislation? Yes No
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38. After enquiry of all trustees and board members are you aware of any circumstance which could give rise to a claim, an investigation, examination, inquiry or other proceedings under this policy? Yes No
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39. Does the proposer have written procedures and/or controls to ensure full compliance with the Anti-Money laundering and countering financing of terrorism Act 2009? Yes No
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40. Has the business ever been subject to any investigation or audit in relation to money laundering or financing of terrorism? Yes No

I/We hereby declare that the information and answers given in the application are true and correct and that all information that may be material in considering this application has been fully and accurately disclosed. I/We understand that the failure to provide this information may result in the application being declined, or the insurance contract being void from beginning.

I/We undertake to inform Rosser and the insurer of any material changes to the business or information provided herein whether occurring before or after the completion of the insurance contract.

I/We understand that this application and any other information supplied by me/us shall be the basis of and incorporated in the insurance contract.

I/We acknowledge that the premiums quoted and charged to me will include a Brokers Documentation fee and also that the broker will be remunerated by means of brokerage paid to them by Rosser and the insurer.

Privacy Act

Pursuant to the Privacy Act 1993 the following is brought to your attention:

1. This application collects personal information about you.
2. The information is collected to evaluate the insurance you seek.
3. The intended recipient of the information is your insurance broker, Rosser and the insurer.
4. The information is being collected and held by your insurance broker, Rosser and the insurer.
5. You have rights of access to, and correction of, this information subject to the provisions of the Privacy Act 1993.

Signature: _____

Date: _____

A handwritten signature is not required provided

- a) This Proposal has been completed electronically and*
- b) The full name and position of the individual completing this form is entered below and*
- c) The fully completed proposal is submitted to Rosser via email.*

Full name of signatory or
Individual completing the proposal: _____

Position in Organisation : _____