

# Land Surveyors & Multi-disciplinary Firms Professional Indemnity Insurance Proposal Form



## Important Information

### Answering the questions

You must answer ALL questions in this proposal form.

Failure to answer all questions in this proposal form could delay consideration of this application for insurance. You must ensure you provide complete and correct answers to all questions in this proposal form.

If you are unsure whether any information is material to the insurer's consideration of this application, this information should be disclosed.

### Supplementary Information

If there is insufficient space in this proposal form for you to provide a complete answer to a question you may also submit additional information in spreadsheet or report format.

### Supporting Documentation

All Applicants are required to submit with this proposal form any pamphlets, flyers or similar documentation the Applicant provides to the public.

### Meaning of terms

Please note in this proposal form:

**"Applicant"** means:

- any entity for which cover under the policy is required including any service, administrative or nominee companies and subsidiaries that you wish to be covered by this policy
- any individual for which cover under the policy is required including any director, principal, partner or employee of any entity to be insured by the policy; and
- any former director, principal, partner or employee of any entity to be insured by the policy

**"Proposal Form"** means this document and any supporting documentation submitted with this proposal form.

### Notice

This is a proposal form for a claims made policy.

The policy will only respond to claims and/or circumstances which are first made against you and notified to Glenn Stone Insurance Limited/the insurer(s) during the policy period. The policy will not provide cover for:

- Events that occurred prior to the retroactive date of the policy (if specified).
- Claims made after the expiry of the policy period (or extended reporting period if available) even though the Wrongful Act giving rise to the claim may have occurred during the policy period.
- Claims notified or arising out of facts or circumstances notified under any previous policy or noted on the current proposal form or any previous proposal form.
- Claims made, threatened or intimated prior to the commencement of the policy period.
- Facts or circumstances in your knowledge prior to the policy period which you knew had the potential to give rise to a claim under the policy.

This proposal forms the basis of any insurance contract entered into. Please complete it fully and carefully, remembering to sign the Declaration. If you do not have enough room, please attach additional sheets.

### Duty of Disclosure

You have an ongoing duty to disclose all Material Facts and failure to do so could prejudice future claims. Material Facts are those which may influence a prudent insurer in deciding whether or not to insure you, on what terms, and at what premium.

### Please return the completed form to:

Post  
Glenn Stone Insurance Limited  
PO Box 15854, New Lynn  
Waitakere 0640  
New Zealand

Facsimile  
+64 9 826 0683

Email  
info@glennstone.co.nz

**We look forward to providing you with our report and quotation.**

## SECTION 1: APPLICANT DETAILS

### 1.1 ENTITIES TO BE INSURED

Please complete the table below for each entity to be insured. (It is essential that the Applicant specifies the names of all entities including service, administrative or nominee companies and subsidiaries that the Applicant wishes to be covered by the policy).

ENTITY (Include Registered Name and ALL Trading Names)

INCORPORATED/  
COMMENCEMENT DATE

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |

### 1.2 CONTACT DETAILS

CONTACT PERSON

PHONE

MOBILE

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

EMAIL

WEBSITE

|  |  |
|--|--|
|  |  |
|--|--|

POSTAL ADDRESS

|  |
|--|
|  |
|--|

SUBURB

CITY

POSTCODE

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

### 1.3 GROSS INCOME/ FEES (New Zealand Dollars)

PREVIOUS FINANCIAL  
YEAR END

CURRENT FINANCIAL  
YEAR END  
(estimate)

NEXT FINANCIAL  
YEAR END  
(projected)

|                                | \$        | \$        | \$        |
|--------------------------------|-----------|-----------|-----------|
| New Zealand                    | \$        | \$        | \$        |
| Australia                      | \$        | \$        | \$        |
| Pacific Islands                | \$        | \$        | \$        |
| USA / Canada or protectorates  | \$        | \$        | \$        |
| Other – please specify:        | \$        | \$        | \$        |
| <b>TOTAL GROSS INCOME/FEES</b> | <b>\$</b> | <b>\$</b> | <b>\$</b> |

### 1.4 CHANGES IN NATURE OF THE ENTITY

In the last five years has the name of the entity changed or have any acquisitions, mergers, or consolidation taken place that materially changed the nature of the business' operations.

NO  YES If yes - please provide details below;

|  |
|--|
|  |
|--|

## SECTION 2: RESOURCES

### 2.1 STAFF

Please complete the following:

|                                    | THIS YEAR | LAST YEAR |
|------------------------------------|-----------|-----------|
| PARTNERS, PRINCIPALS & DIRECTORS   |           |           |
| PROFESSIONALLY QUALIFIED EMPLOYEES |           |           |
| OTHER EMPLOYEES                    |           |           |
| SUB-CONTRACTORS & CONSULTANTS      |           |           |
| <b>TOTAL NUMBER OF STAFF</b>       |           |           |

### 2.2 PRINCIPALS, DIRECTORS AND PARTNERS

Please complete the table below for all principals, directors and partners.

| NAME | AGE | QUALIFICATIONS | DATE QUALIFIED | TOTAL YEARS EXPERIENCE |
|------|-----|----------------|----------------|------------------------|
|      |     |                |                |                        |
|      |     |                |                |                        |
|      |     |                |                |                        |

**2.3 ENGAGED SUB-CONTRACTORS AND CONSULTANTS**

- a Does the Applicant engage consultants, sub-contractors or agents who provide professional services on their behalf?  YES  NO
- b If yes to 3.3a; Does the Applicant insist that their consultants, sub-contractors or agents carry their own Professional Indemnity Insurance?  YES  NO

**Please note; unless expressly agreed by the Insurer, sub-contractors, consultants and agents engaged by you are not personally indemnified under this policy.**

**SECTION 3: PROFESSIONAL ACTIVITIES**

**3.1 ACTIVITIES UNDERTAKEN**

Complete the table by indicating the percentage of fees the Applicant would receive for each category listed below.

| SURVEYOR ACTIVITIES   |   | SURVEYOR ACTIVITIES                |             |
|---|---|------------------------------------|-------------|
| Adjudicator/Arbitrator  | % | Engineering - Civil                | %           |
| Mineral/Hydrographic Surveying                                    | % | Engineering - Other                | %           |
| Cadastral Surveys - Urban   | % | Architectural & Quantity Surveying | %           |
| Cadastral Surveys - Rural   | % | Residential Structural Surveys     | %           |
| Topographical Surveying and Mapping                               | % | Commercial Structural Surveys      | %           |
| Setting Out Structures and/or Contract Works                      | % | Project Management                 | %           |
| Resource Consents, Planning and Development                       | % | Land Development                   | %           |
| Sub-division design excluding earthworks                          | % | Construction                       | %           |
| Sub-division design including earthworks                          | % | Other                              | %           |
| Geotechnical/Soils Engineering or Earthworks                      | % | Crown Property Accredited Supplier | %           |
| Engineering - Structural  | % |                                    |             |
| <b>TOTAL (The combined value of both columns must equal 100%)</b> |   |                                    | <b>100%</b> |

**3.2 DETAILED DESCRIPTION OF ACTIVITIES**

If the Applicant undertakes "project management", "engineering", or "other" activities (as referred to in the table above), please provide a FULL description of these activities in the space provided below:

**3.3 CHANGES IN ACTIVITIES**

Are there any professional services or business activities no longer undertaken by the Applicant?  YES  NO  
If yes please provide details;

**3.4 LARGE CONTRACTS**

Please provide details of the 5 largest contracts undertaken in the last 5 years:

| CONTRACT PERIOD | TOTAL CONTRACT VALUE | CONTRACT FEES | SERVICES PROVIDED |
|-----------------|----------------------|---------------|-------------------|
|                 |                      |               |                   |
|                 |                      |               |                   |
|                 |                      |               |                   |
|                 |                      |               |                   |

**3.5 LARGEST CLIENT**

Does any single contract or client represent more than 25% of total annual turnover of the Applicant?  YES  NO

If yes please provide details;

**3.6 JOINT VENTURES**

Has the Applicant ever been involved in any joint venture?  YES  NO

If yes please provide details;

**3.7 WORK OUTSIDE NEW ZEALAND**

a Does the applicant undertake work outside of New Zealand?  YES  NO

b Does the applicant undertake work within the territorial limits of USA, Canada or their protectorates?  YES  NO

c Does the applicant undertake work or enter into contracts where the terms of such work/contracts are subject to the jurisdiction of USA, Canada or their protectorates?  YES  NO

If yes to any of the above please provide details;

**SECTION 4: INSURANCE HISTORY**

**4.1 LATEST PROFESSIONAL INDEMNITY POLICY**

**BROKER**

**INSURER**

|  |  |
|--|--|
|  |  |
|--|--|

**INDEMNITY LIMIT**

**EXPIRY DATE**

**EXCESS**

**PREMIUM**

|    |  |    |    |
|----|--|----|----|
| \$ |  | \$ | \$ |
|----|--|----|----|

**4.2 PRIOR CLAIMS OR CIRCUMSTANCES**

a Has any partner, principal, director, employee, sub-contractor or consultant, ever been subject to disciplinary proceedings for professional misconduct?  YES  NO

b Have any claims ever been made against any firm or entity to be insured by this policy or any of their predecessors in business or any prior firm or entity of any of their present or former partners, principals, directors, employees, sub-contractors or consultants, or have circumstances been notified to insurers that may give rise to a claim, in respect of the risks to which this proposal relates?  YES  NO

c Is any partner, principal, director, employee, sub-contractor or consultant, after enquiry, aware of any circumstances which might give rise to a claim against any firm or entity to be insured by this policy or any prior firm or entity of any of their present or former partners, principals, directors, employees, consultants, or sub-contractors in respect of the risks to which this proposal relates (which is not referred to in Question 5.2b above)?  YES  NO

**If yes to 4.2 a, b or c - please provide additional information by attachment.**

**4.3 PREVIOUS INSURANCE APPLICATIONS**

a Has any insurer ever declined a proposal, refused renewal or terminated the Applicant's professional indemnity insurance cover?  YES  NO

b Has any insurer every imposed special terms or conditions on the Applicant's professional indemnity insurance policies?  YES  NO

c Has any insurer denied liability for a claim made or notified against the Applicant's previous professional indemnity insurance policies?  YES  NO

If yes to any – please provide details including the reason(s) given by the insurer;

**SECTION 5: INSURANCE REQUIREMENTS**

**5.1 LIMIT OF INDEMNITY (please limit to a maximum of 4 choices)**

- NZ\$1 Million       NZ\$2 Million       NZ\$3 Million       NZ\$5 Million       \$ NZ\$10 Million

Other (Please Specify)

**5.2 EXCESS (please limit to a maximum of 4 choices)**

- NZ\$ 5,000       NZ\$ 7,500       NZ\$ 10,000       NZ\$ 20,000

Other (Please Specify)

**DECLARATION**

I/We hereby declare that:

I/We are authorised by each of the Applicants to complete and sign this Proposal Form.

I/We have read and understood the Important Information set out on page 1 of this Proposal Form including the duty of disclosure.

I/We have made detailed enquiries in order to comply with the duty of disclosure and the statements and information contained in the Proposal Form are true, correct and complete.

No material information or facts have been withheld or misstated in the Proposal Form.

I/We understand that the duty to disclose continues after I/We have completed this Proposal Form and signed this declaration until I/We have received written acceptance of the risk from the insurer. This includes the duty to disclose any alterations to the information and statements provided in the Proposal Form prior to the inception date of the policy.

I/We understand that until the insurer confirms acceptance of the risk, no insurance is in force.

I/We have read the privacy statement set out below and I/We agree that information about this insurance may be collected, used and disclosed as described in that statement. Where I/We have provided information about an individual such as an employee on this proposal form, I/ We have advised the individual of the fact and provided a copy of the privacy statement to the individual.

**SIGNATURE**

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <b>PRINT NAME</b>    | <b>DATE</b>          |

**POSITION HELD**

**SIGNATURE**

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <b>PRINT NAME</b>    | <b>DATE</b>          |

**POSITION HELD**

**PRIVACY STATEMENT**

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

- a) This proposal enables Glenn Stone Insurance Limited to collect information about you.
- b) The information is collected to evaluate the insurance you seek.
- c) The intended recipient of the information is Glenn Stone Insurance Limited and interested underwriters.
- d) The information is being collected and held by Glenn Stone Insurance Limited.
- e) This proposal enables Glenn Stone Insurance Limited to distribute information to interested parties for the purpose of risk evaluation, underwriting or the noting of financial interests.
- f) You have rights of access to, and correction of, this information subject to the provisions of the Privacy Act 1993.

In addition, you consent to being entered into our marketing database and, for the purposes of the Unsolicited Electronic Messages Act 2007; you expressly consent to receiving email communications from us with regard to our business or the insurance industry. You may revoke such consent at any time, and we will remove you from our marketing database.