

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 the individual Cadastral Surveyor named in question 2.1 for which cover under the policy is required.

"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@glenstone.co.nz

We look forward to providing you with a quotation.

SECTION 1: INSURANCE REQUIREMENTS

1.1 LIMIT OF INDEMNITY REQUIRED

NZ\$ 100,000

NZ\$ 250,000

NZ\$ 500,000

SECTION 2: APPLICANT DETAILS

2.1 FULL NAME OF LICENSED CADASTRAL SURVEYOR TO BE INSURED

DATE FIRST REGISTERED AS A
CADASTRAL SURVEYOR

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2.2 CONTACT DETAILS

PHONE

MOBILE

EMAIL

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POSTAL ADDRESS

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SUBURB

CITY

POSTCODE

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SECTION 3: PROFESSIONAL PRACTICE

3.1 CADASTRAL SURVEY LICENCE

Does the Applicant hold a current licence to undertake Cadastral Surveys in New Zealand?

NO YES If no – please provide details below?

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3.2 TECHNICIANS OR OTHERS

Does the Applicant sign off on work performed by others?

NO YES If yes – how many?

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3.3 RISK MANAGEMENT

Does the Applicant regularly attend continuing education programmes conducted by an industry body or similar organisation?

NO YES

3.4 PROFESSIONAL MEMBERSHIPS

Is the Applicant is a member of any professional association/organisation/institute?

NO YES If yes – how many?

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SECTION 4: APPLICANT HISTORY

4.1 PRIOR CLAIMS OR CIRCUMSTANCES

4.1a Has the Applicant ever been subject to disciplinary proceedings for professional misconduct?

NO YES If yes - please provide details below;

4.1b Have any claims ever been made against the Applicant to be insured by this policy, or have circumstances been notified to insurers that may give rise to a claim, in respect of the risks to which this proposal relates?

NO YES If yes - complete the table below;

4.1c Is the Applicant aware of any circumstances which might give rise to a claim in respect of the risks to which this proposal relates (which is not referred to in Question 4.1b above)?

NO YES If yes - complete the table below;

When completing the table below, the amount indicated in **Amount Paid should reflect any payments already made by the insurer to third parties, plus any legal costs and expenses incurred to date by the insurer. The amount indicated in **Estimated** should include amounts set aside by the insurer for possible future payments.**

This information should be available directly from your insurer's claims department. Attach a separate sheet if necessary.

DATE NOTIFIED TO INSURER	NAME OF CLAIMANT OR POTENTIAL CLAIMANT	NAME OF INSURER	AMOUNT PAID TO DATE IN RESPECT OF CLAIM/LOSS	ESTIMATED INSURED OUTSTANDING RESERVE/LOSS
			\$	\$
<i>PLEASE PROVIDE A BRIEF DESCRIPTION OF THE CLAIM/LOSS/NOTIFICATION /CIRCUMSTANCE</i>				
			\$	\$
<i>PLEASE PROVIDE A BRIEF DESCRIPTION OF THE CLAIM/LOSS/NOTIFICATION /CIRCUMSTANCE</i>				

4.2 PREVIOUS INSURANCE APPLICATIONS

4.2a Has any insurer ever declined a proposal, refused renewal or terminated the Applicant's professional indemnity insurance cover?

NO YES If yes - please provide details below including the reason(s) given by the insurer;

4.2b Has any insurer every imposed special terms or conditions on the Applicant's professional indemnity insurance policies?

NO YES If yes - please provide details below including the reason(s) given by the insurer;

4.2c Has any insurer denied liability for a claim made or notified against the Applicant's previous professional indemnity insurance policies?

NO YES If yes - please provide details below including the reason(s) given by the insurer;

SECTION 5: DECLARATION

This Part of the Professional Indemnity Proposal Form requires the Applicant to declare that the Proposal Form has been completed by answering all of the required questions in full and in accordance with the Applicants duty of disclosure.

The Applicant must ensure that they have read and understood the duty of disclosure and if necessary revise the answers in the Proposal Form; then read, sign and date the declaration below.

I hereby declare that:

I am authorised to complete and sign this Proposal Form.

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

I 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 understand that the duty to disclose continues after I have completed this Proposal Form and signed this declaration until I 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 understand that until the insurer confirms acceptance of the risk, no insurance is in force.

I have read the privacy statement set out below and I agree that information about this insurance may be collected, used and disclosed as described in that statement.

SIGNATURE	PRINT NAME	DATE

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.

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.