

**PROFESSIONAL INDEMNITY****SHORT FORM RENEWAL PROPOSAL****PROFESSIONAL RISKS**

As you have provided underwriting information to us in your previous proposal form, all the questions previously asked for are not required to be completed. This form that you have been asked to complete has been shortened for your convenience.

**INSURED'S DETAILS**

Insured: \_\_\_\_\_

Expiring Policy No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Total Staff No: \_\_\_\_\_ Qualified Staff: \_\_\_\_\_

	Last 12 months		Projected next 12 months	
	NZ Only	Overseas	NZ Only	Overseas
Turnover				
Fees				

Please specify countries outside of New Zealand: \_\_\_\_\_

Please provide a full description of your business activities and/or professional services. This should include any actual or planned changes to the structure of your business, any alterations to the type of services provided, or any other changes which may affect the insurance risk.

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After enquiry of all partners, principals, senior employees and officers, have there been any claims made against you or have any circumstances occurred, or become known to you, that may give rise to a claim against you?

No ☐ Yes ☐ *Please provide details and claim number where possible.*

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**DECLARATION AND SIGNATURE**

I/We hereby declare that:

The above statements are true, and I/We have disclosed all material facts and should any information given by me/us alter between the date of this Proposal form and the inception date of the insurance to which this Proposal relates I/We shall give immediate notice thereof.

I/We authorize NZI Professional Risks, a business division of IAG New Zealand Limited, to collect or disclose any personal information relating to this insurance to/from any other insurers or the Insurance Claims Register.

I/We also confirm that the undersigned is/are authorised to act for and on behalf of all persons who may be entitled to indemnity under any policy which may be issued pursuant to this Proposal form on their behalf.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_