



IMCNZ PROPAK

PROFESSIONAL LIABILITY SCHEME

JUNE 2017



Please return completed application form to:

Natasha Clarke
Jardine Lloyd Thompson Ltd
PO Box 13-501, Christchurch 8141, NZ
Tel: +64 (0)3 366 4866
Email: natasha.clarke@jlt.co.nz
www.ilt.co.nz



Professional Liability Scheme Application Form

IMPORTANT NOTICES

- Please **answer all questions** fully. If there is insufficient space, include additional information on your letterhead.
- Where required **Tick (✓)** appropriate box to indicate answer.
- You can forward your application form to JLT by **facsimile, email or mail**.
- A copy of your **personal or business CV** must be included with this application form.
- The applicant will be referred to in this application form as **“You”** or **“Your”**.
- On receipt of your completed application form, a quotation will be provided by JLT within 2 working days unless additional information is required.
- This application form can only be actioned once all questions have been answered and the declaration at the end of this application form has been signed and dated. Acceptance is subject to underwriting guidelines. The duty to disclose all material information occurs prior to the commencement of cover. Failure to disclose may result in a variance of a quotation. JLT are committed to protecting your privacy. We only use personal information you provide us to quote on your insurances. For more information on your duty of disclosure and our privacy policy please refer to our business protocols at www.jlt.co.nz/businessprotocols

A. DETAILS OF APPLICANT

1.	Full Name of Practice to be Insured:		
	Postal Address:		
	Address:		
	Contact person:		
	Telephone:	Mobile:	
	Email:	Fax:	
	Are you a current member of IMCNZ?	IMCNZ Membership No:	
	Membership Level:		
	<input type="checkbox"/> Associate		
	<input type="checkbox"/> Full or Honorary member		
	<input type="checkbox"/> Fellow		
	<input type="checkbox"/> CMC		

2. Please supply the following details:

Names of all Partners / Principals / Directors	Age	Qualifications	Date Qualified	Period Practising as Partner / Principal / Director	
				This Practice	Previous Practices

3. Please supply total numbers of:

- | | | | |
|-----------------------------------|----------------------|--|----------------------|
| (i) Partners/Principals/Directors | <input type="text"/> | (v) Non-technical administrative staff | <input type="text"/> |
| (ii) Professional qualified staff | <input type="text"/> | (vi) Clerical staff - typists, receptionists etc | <input type="text"/> |
| (iii) Other technical staff | <input type="text"/> | (vii) Other staff (please specify) | <input type="text"/> |
| (iv) Trainee Staff | <input type="text"/> | Total all Partners / Principals / Directors and staff (excluding Contractors) | <input type="text"/> |

B. DETAILS OF PRACTICE

4. Has any other practice or business amalgamated or merged with you? YES / NO
If you have answered YES to either (a) or (b) please supply details.

5. (a) Please provide details of the precise nature of activities or business.
A copy of your business or personal CV must also be attached.

- (b) Please categorise the activities or business outlined in Question 5(a) and indicate the approximate percentage of your fee income derived from same.

TYPE OF WORK	
	%
	%

- (c) Have you undertaken in the past any activities not already described in questions 5(a) and (b)? YES / NO
- (d) Do you require cover for their past activities? YES / NO

C. FINANCIAL DETAILS

6. (a) Please advise the your financial year end _____

(b) Please provide the amount of gross income / fees for the following (excluding GST):

	New Zealand	Overseas
Current Financial Year (Estimate)	\$ _____	\$ _____
Previous Financial Year (Actual)	\$ _____	\$ _____
(c) Please provide the amount of the largest annual fee for any one client:	\$ _____	\$ _____

7. Please provide the approximate percentage of your overseas activities (based on fee income) by region

Australia	Asia	UK	Europe	North America	Canada	South America	Other territories (please specify)
_____	_____	_____	_____	_____	_____	_____	_____
%	%	%	%	%	%	%	%

D. CLAIMS DETAILS

8. Has any Partner, Principal, Director or staff member ever been subject to disciplinary proceedings for professional misconduct? YES / NO

If YES, please supply details.

9. Have any claims for negligence or breach of professional duty been made in the last ten (10) years against the Practice or any of their predecessors in business or any prior Practice of any of their present or former Partners, Principals or Directors, or have circumstances been notified to insurers that might give rise to a claim?

If YES, please provide the following details in respect to each matter.

YES / NO

Date Matter Notified	Name of Insurer (If Any)	Name of Claimant or Potential Claimant	Brief Description of Matter	Amount Paid or Estimate of Potential Liability	Is Matter Finalised or Outstanding?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

10. Are any of the Partners, Principals or Directors, AFTER ENQUIRY, aware of any claim or circumstance that might give rise to a claim against the Practice or any prior Practice or any of their present or former Partners, Principals or Directors, which matter is not referred to in Question 9 above?

If YES, please provide the following details in respect to each matter.

YES / NO

Name of Claimant or Potential Claimant	Brief Description of Matter	Estimate of Potential Liability

E. DETAILS OF INSURANCE COVER

11. Has the Practice, Principal or Director ever been refused this type of Insurance, or had similar insurance cancelled, or had an application of renewal declined, or had special terms imposed?

If YES, please supply details.

YES / NO

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12. Are you currently insured for Professional Indemnity?

YES / NO

If YES, please provide details below.

Broker	<input type="text"/>	Limit of Indemnity	<input type="text"/>
Insurer	<input type="text"/>	Policy excess	<input type="text"/>
Expiry date	<input type="text"/>	Premium	<input type="text"/>

13. Please indicate the limit of indemnity you require in the following areas?

(a) Professional Indemnity - (please tick where applicable)

Option ☐ \$1 Million ☐ \$2 Million ☐ \$5 Million ☐ Other
(any one claim)

(b) Public Liability - (please tick where applicable)

Option ☐ \$5Million ☐ \$10 Million ☐ \$20 Million ☐ Other
(any one claim)

F. DECLARATION

14. I, the undersigned, after enquiry declares as follow:

- i. I am authorised by each of the other applicants to make this application.
- ii. I have read and understood the "Important Notices" on the front of this application form.
- iii. I understand that, up until a contract of insurance is entered into, I am under a continuing obligation to immediately inform the Insurer of any change in the particulars or statements contained in this application form or in the accompanying documents.
- iv. I confirm that I have a current IMCNZ Membership as at the date of applying for this insurance and will hold membership during the term of this insurance.
- v. I understand the use of information supplied in this application may be shared between JLT and IMCNZ.

Although the signing of this application form does not bind the applicants to effect insurance, the applicants acknowledge that the particulars and statements contained in this application form and in the accompanying documents shall be the basis of the contract should a policy be issued; and further, the applicants acknowledge that the application form I and the accompanying documents will be incorporated in the policy.

Name of Practice to be Insured:

Title:

**Signed: Partner, Principal or Director:
(also circle capacity)**

Date: