

## Privacy Collection Statement

At DUAL New Zealand, we are committed to protecting your privacy and complying with the Privacy Act 2020 (NZ) (Privacy Act).

We use your information to assess the risk of providing you with insurance, provide quotations, issue policies and assess claims, on behalf of the insurers we represent. We also use your information to administer any policies we have issued to you and may do so by mail or electronically, unless you tell us that you do not wish to receive electronic communications. If you do not provide us with full information, we may not be able to provide insurance or assess a claim. If you provide us with information about someone else, you must obtain their consent to do so.

We provide your personal information to the insurer we represent when we issue and administer your insurance. When providing a quotation or insurance terms, we will tell you if the insurer is overseas and if so, where they are. We may also provide your information to your broker and our contracted third-party service providers (e.g. claims management companies). We are part of Howden Group Holdings Limited and may provide your information to UK based Group entities who provide us with business support services. If a recipient is not regulated by laws which protect your information in a way that is similar to the Privacy Act, we will take reasonable steps to ensure that they protect your information in the same way we do or seek your consent before disclosing your information to them. We do not trade, rent or sell your information.

Our Privacy Policy contains more information about how to access and correct the information we hold about you and how to make a privacy related complaint, including how we will deal with it. By providing us with your personal information, you consent to its collection and use as outlined above and in our Privacy Policy. Ask us for a copy of our Privacy Policy via email at [privacy@dualnewzealand.co.nz](mailto:privacy@dualnewzealand.co.nz) or access it via our website using the following link.

### Section 1 | Profession Relation Question

1. Please provide a breakdown of your gross fees/income for the past 12 months derived from the following fields of work, either by stating the whole amounts in New Zealand Dollar (\$) or the percentage:

Fees Earned From	Percentage Breakdown %	Last Financial Year's Gross Fees \$	Current Financial Year's Gross Fees \$
1. Account Preparation			
2. Auditing			
a. Public listed companies			
b. Non public listed companies			
3. Book Keeping			
4. Business Valuation			
5. Company Directorship / Secretarial Positions			
6. Insolvency, Receivership or Liquidations			
a. Public listed companies			

<b>Fees Earned From</b>	<b>Percentage Breakdown %</b>	<b>Last Financial Year's Gross Fees \$</b>	<b>Current Financial Year's Gross Fees \$</b>
b. Non public listed companies			
7. Superannuation Fund Management / Trusteeship			
8. Taxation			
9. Other, please state:			
<b>Total</b>	<b>100%</b>		

If YES to any of the questions below, please provide full details including name of the Insured involved and the nature of business and Insured's involvement either detailed below or on a separate sheet of paper.

2. Are any Partners, Principals, or Directors connected or associated (financially or otherwise) with any other practice or business? Yes [ ] No [ ]

3. Does the Insured or any Principal, Partner, or Director or Employee of the Insured, engage in any Mergers and Acquisitions related activities? Yes [ ] No [ ]

If YES, please provide further details: \_\_\_\_\_

4. Have any Claims been made against the Company for professional negligence, error or omission in the last 5 years? Yes [ ] No [ ]

If YES, please provide further details: \_\_\_\_\_

5. Is the Proposer aware, after enquiry of any circumstances or incidents, which may give rise to a Claim? Yes [ ] No [ ]

If YES, please provide further details: \_\_\_\_\_

## Section 2

## Declaration

### AFTER INQUIRY

I declare that the statements and particulars are true and that I have not misstated or suppressed any material facts.

I agree that this Addendum, together with the Proposal and any other information supplied by us shall form the basis of any contract of insurance effected thereon, and I undertake to inform the insurer of any material alteration to these facts whether occurring before or after completion of such contract of insurance. I acknowledge that I have read and understood the "Important Notice" on the first page of the Proposal. I agree that the Underwriters may use and disclose our personal information in accordance with the "Privacy Collection Statement" at the beginning of this Addendum. I acknowledge that the Insured has read the policy wording and associated endorsements and are satisfied with the coverage provided, including the limitations and restrictions on coverage. I am authorised to complete the above information on behalf of the Insured named in the Proposal.

### TO BE SIGNED BY PARTNER / DIRECTOR OR PRINCIPAL OR EQUIVALENT

Full Name: \_\_\_\_\_

Position: \_\_\_\_\_

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