

# Renewal Declaration

Professional Indemnity Architects,  
Engineers, Surveyors & Allied Professions



## Section 1 | Profession Related Questions

1. Company Name: \_\_\_\_\_
2. 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. Architectural			
2. Town Planning			
3. Structural Engineering			
4. Mechanical and/or Hydraulic Engineering			
5. Electrical Engineering			
6. Heat / Ventilation / Air-Conditioning Engineering			
7. Civil Engineering			
8. Nuclear Engineering			
9. Chemical Engineering			
10. Aerospace Engineering			
11. Surveying - Land			
12. Surveying - Quantity			
13. Surveying - Marine			
14. Surveying - Building			
15. Project Management			
16. Interior Design			
17. Other (Please specify):			
<b>Total:</b>	<b>100%</b>		

3. Please indicate the percentage of the firm's income derived from the following job categories:

Fees Earned From	Percentage Breakdown %
1. Domestic Building (Excluding Flats / Units / Town Houses)	
2. Commercial Buildings (Including Flats / Units / Town Houses)	
3. High Rise Buildings (Exceeding 3 floors and not otherwise specified)	
4. Institutional Buildings (Ecclesiastical / Health / Municipal / Educational, etc)	
5. Feasibility Studies (where not involved in design / construction)	
6. Soil Testing / Surveys of Sub – Surface condition	
7. Sewerage Systems	
8. Water Systems	
9. Industrial Building	
10. Town Planning	
11. Marine Surveys	
12. Bridges	
13. Tunnels	
14. Dams	
15. Mines	
16. Harbours / Jetties	
17. Boundary Surveys	
18. Mechanical Plant / Bulk handling equipment	
19. Fair / Exhibition / Show Ground Structure	
20. Heat / Ventilation / Air-Condition	
21. Petro-Chemical / Refineries / Fertilisers / Ammonia Plants	
22. Nuclear / Atomic	
23. Land Reclamation	
24. Foundations / Underpinning	
25. Others (Please specify):	
<b>Total:</b>	<b>100%</b>

4. The purpose of this questionnaire is to assist in ascertaining the extent of the professional work. Please break down the total turnover provided in Question 2. above under the headings below.

	<b>New Zealand</b>	<b>Overseas</b>
Turnover undertaken by you (that is not third party design).		
Turnover where you were responsible for the design and construction but where a third party has provided the design.		
Professional fees you receive for design only contracts, reports and feasibility studies.		
Professional fees where you are contracted to project manage or manage the construction or supervise the construction.		
Turnover where you are responsible for the construction, erection or installation but a third party has provided the design or professional supervision.		
All other turnover not referred to above, providing full details of activities.		

5. Does the firm engage sub-consultants? Yes [ ] No [ ]
6. Are the sub-consultants required to carry professional indemnity insurance? Yes [ ] No [ ]

If YES, please indicate the minimum level of cover required: \_\_\_\_\_

7. Does the firm, or any Partner, or Principal of the firm, engage in or have any interest in any firm engaged in real estate development, manufacturing, construction, erection, supply or any form of contracting? Yes [ ] No [ ]

If YES, please provide brief particulars including name of the Insured involved and nature of business and Insured's involvement:

---



---

8. 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 of the Claim, the Claim amount and any payments:: \_\_\_\_\_

---

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

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

---

## Section 2 Further Declaration to the Proposal

### 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 Renewal Declaration, together with any previously provided Proposal Form 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 agree that DUAL New Zealand may use and disclose our personal information in accordance with the 'Privacy Collection Statement' as stated in the Proposal Form. 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 all Insured's named in the Proposal.

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

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

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

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