

# Renewal Declaration

## Professional Indemnity Accountants



### Section 1 | Profession Related Questions

- Company Name: \_\_\_\_\_
- 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. 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.

- Are any Partners, Principals, or Directors connected or associated (financially or otherwise) with any other practice or business? Yes [ ] No [ ]
- 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: \_\_\_\_\_

5. 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: \_\_\_\_\_

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

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

## 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 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: / /