



## Accountant Professional Indemnity Renewal Declaration

### 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. Account Preparations			
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.

3. Are any Partners, Principals, or Directors connected or associated (financially or otherwise) with any other practice or business? Yes [ ] No [ ]
4. 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 [ ]
7. 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, together with any previously provided Proposal Form 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 am authorised to complete the above information on behalf of the Insured named in the Proposal.

Company Name : \_\_\_\_\_

Signature : \_\_\_\_\_

Signatory Name : \_\_\_\_\_ Dated: \_\_\_\_\_