

RENEWAL DECLARATION

This renewal declaration will form a key part of your ongoing contract(s) of insurance and it is important that all material facts continue to be fully and accurately disclosed. Please remember to sign and date this form.

Policyholder

Name	<input type="text"/>
Website	<input type="text"/>
Description of Occupation/ Business activities	<input type="text"/>

Do you undertake operations away from your premises?	Yes	No
Do you have any property of others in your physical or legal control?	Yes	No
If Yes, please provide full details including nature of work & turnover associated	<input type="text"/>	
Number of staff including principals	Last year (actual) <input type="text"/>	This year (estimate) <input type="text"/>

Total turnover and/or total fees (for consultancy, professional advice, design or opinion which may be relied upon by a third party)

Location	Actual turnover last 12 months	Estimated turnover for next 12 months	Actual fee income last 12 months	Estimated fee income next 12 months
New Zealand	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Australia	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Asia	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Pacific Islands	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
United Kingdom & Europe	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
USA / Canada	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Total	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Are You currently able to meet Your debts as they fall due? Yes No

If No, please provide all relevant details when submitting this form to us.

Has there been or are there likely to be any material changes to:

a) The business activities of the Company	Yes	No
b) The financial position of the Company	Yes	No
c) The capital structure of the Company	Yes	No

If the answer to a), b), or c) is Yes, or if you are planning any changes, please provide all relevant details when submitting this form to us.

After enquiry of all Partners, Principals, Directors, Officers, Trustees and Senior Employees:

a) Have there been any claims made against you?	Yes	No
b) Are you aware of any circumstances which could give rise to a claim against You?	Yes	No

If the answer to a) or b) is Yes, please provide all relevant details when submitting this form to us (including quantum and current status).

Important:

- Any material changes to the business during the Period of Insurance must be advised immediately to us.
- This form must be completed by a person authorised to do so on behalf of the Policyholder.
- If this application is for Directors and Officers, Trustees or Associations Liability then you **must** attach a copy of your latest consolidated financial report.

Declaration

On behalf of all proposed Policyholders I/We declare and agree that:

- all information provided, in this renewal declaration or attachments, is true and complete in every respect and that no Material Facts remain undisclosed;
- if this risk is accepted, such information will be incorporated into and form the basis of the contract of insurance;
- I/We understand that FUNDAGROUP INSURANCE BROKERS LIMITED requires this information in order to evaluate this proposal and that the Privacy Act 1993 entitles me/us to have access to, and request the correction of, any information retained;
- FUNDAGROUP INSURANCE BROKERS LIMITED is authorised to disclose information to its advisers, reinsurers, other insurers and parties with a financial interest in the subject matter of this proposal;
- FUNDAGROUP INSURANCE BROKERS LIMITED is authorised to check details against the Insurance Claims Register and to place information on the Insurance Claims Register which other insurers can access;
- FUNDAGROUP INSURANCE BROKERS LIMITED is authorised to obtain from other parties any information which may be relevant to the acceptance of this risk;
- the signing of this declaration does not bind either party to complete the contract and that no cover will be in force until confirmed by FUNDAGROUP INSURANCE BROKERS LIMITED.

I have read and accept these conditions* (please tick)

Signature(s) of Insured*

Date*

Need help?
Call us on 0274 386 387 or
email us on
admin@fundagroup.co.nz