



C/- Aon New Zealand
Professional Risks
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**Proposal for Professional Indemnity
& Allied Liability Insurances**
Email: elizabeth.ngan@aon.com

This Proposal Form constitutes a part of the Professional Indemnity Insurance or other Liability Insurance Contracts as may be arranged by Justitia on your behalf.

If there is insufficient space to complete any answer, please continue on your firm's headed paper or provide additional details in an accompanying letter.

Section A - Professional Indemnity Insurance

1. Details of firm or practice

Name of Firm:

Mailing Address:

Phone:

Fax:

E-mail:

Website :

Contact Person:

When was the original
firm first established?

If your firm has Service, Nominee, Search, Trustee or Financial Planning companies that are to be included with your firm as joint insured parties, please give full details.

2. Other Offices

Location	Address	Phone	Fax

Is there a partner in full time attendance at the office(s)

Yes No

If not, who is in charge?

What are his/her professional qualifications?

3. Mergers

During the past five years, has the name of the firm been changed, or has any other practice been purchased, or any merger or consolidation taken place?

Yes No

If yes, please name all firms for which your firm is now deemed to be the successor practice

4. Partners / Principals

Please list details of the Partners / Principals of your firm below.

Name of Partner	Date of Birth	Professional Qualifications & where obtained	Date of Admission	Email Address

5. **“Run Off” Cover** is provided automatically for all Retired or Deceased Partners, **unless** a specific exclusion is placed on an individual by the Insurers.

6. **Number of Partners and Staff**

Partners / Principals	
Qualified Staff	
All Other Staff	
Total	

7. **Percentage of Total Work**

Please provide an estimate of the percentage of the firm’s practice represented by each category below:

Conveyancing - Domestic	%	Mortgage Broking	%
- Commercial/Industrial/Rural	%	Tax / Accounting Services *	%
Family/Matrimonial	%	Overseas Activities <i>(Please describe below)</i>	%
Financial Planning Work	%	Real Estate Agency	%
Litigation	%	Other (please specify below) <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	%
Corporate/Commercial	%	Total	100 %

* ***If this exceeds 10% of your total fee income OR these services are offered to other parties on a “stand alone” basis, then full details must be submitted to the insurers.***

Do you expect any substantial changes to the % given or in Fee Income during the next year? **Yes** **No**

If yes, please give details

8. **Lending Activities**

(A) Does the firm operate a Solicitors Nominee Company? Yes No

If yes, please insert the name of the Nominee Company below:

(a) After enquiry of all present Partners or Directors has the firm complied with the Solicitors Nominee Company Rules in respect of all lending by the Nominee Company? Yes No
If no, please state reasons below

(b) When was the firm's Nominee Company last audited

What was the result of that audit?

(B) Does the firm lend money on behalf of its clients either through a nominee company, contributory mortgages or other advances? Yes No

If yes, please give the following details

(a) Under what security does the firm lend on behalf of its clients (i.e., 1st or 2nd mortgage etc)?

(b) Are there any on demand mortgages? Yes No

(c) Are there any development mortgages? Yes No

(d) Who is responsible within the firm for deciding upon investments on behalf of clients?

(e) What procedures are in place to ensure adequate disclosure information is sent to investors at the time of advancing funds?

(f) What is the firm's policy regarding the obtaining of current independent valuations prior to advancing funds and how is this policed?

(g) (i) What procedures does the firm have for identifying defaults under any mortgage or advance?

(ii) What enforcement action is taken?

(h) (i) What is the total amount of clients' funds invested through the firm at the date of this proposal?

(ii) What is the maximum amount lent to any one borrower at the date of this proposal?

(i) Please give details below of the mortgages or other loans in default (either in respect of principal or interest) at the date of this proposal

(i) Number of mortgages or other loans in default?

(ii) Total value of mortgages or other loans in default?

(iii) Total value of (i) outstanding over 90 days?

(iv) Total losses (principal or interest) over last 3 years?

9. Signatories to Legal Advice

Are all letters giving legal advice for a client signed only by Principals or Partners? Yes No

If no, please state what standard of qualification and experience is required by the firm before staff are given authority to sign such letters

10. Time Limitations

(a) What systems do you employ to prevent cases governed by statute or time limitation from becoming out of time?

(b) How frequently is a complete check carried out and by whom, and when was the last check made?

(c) What steps are taken to ensure that cases are unlikely to be dismissed for want of prosecution?

11. Previous Insurance

- (a) Is the firm currently insured against Professional Liabilities? Yes No
- (b) If the answer to (a) is no, has the firm ever been insured? Yes No
- (c) If the answer to either question (a) or (b) is yes, please supply full details below

Amount of cover held	\$ <input type="text"/>	Name of Broker	<input type="text"/>
Claims Excess	\$ <input type="text"/>	Name of Insurer	<input type="text"/>
Last Annual Premium	\$ <input type="text"/>	Expiry Date	<input type="text"/>

12. Insurer History

Has any Insurer for your firm or for any present or former Partner:

- (a) Declined a proposal for Professional Indemnity Insurance Yes No
- (b) Imposed special terms or a premium loading? Yes No
- (c) Declined to renew the insurance? Yes No
- (d) Cancelled the insurance? Yes No

If any answer above is yes, please give full details below

13. Prior Notifications

- (a) Have any claims ever been made against the firm or any of the present partners or against its predecessors in business or any former partner during the past 5 years? Yes No
- (b) Has your firm reported any claims or possible claims to any Professional Indemnity Insurer in the past 5 years? Yes No

If either answer above is yes, please give full details below.

14. Known Circumstances

Apart from the matters referred to in Question 13 (a) or (b):

- (a) Are any of the partners, after enquiry aware of any circumstances which may give rise to claims against the firm or their predecessors in business or any of the present or former partners whether you consider yourselves liable or not? Yes No

If yes, please give full details

- (b) Are any of the partners, after enquiry, aware of any accounts overdue for payment where there is also reason to believe the Client is **dissatisfied** with the professional services rendered? Yes No

If yes, please give full details

- (c) Have any of the partners and employees ever been subject to disciplinary proceedings for professional misconduct? Yes No

If yes, please give full details

15. Fee Income (Exclusive of GST + Disbursements)

Please provide:

Gross Fee Income for the last financial year/...../.....
Excluding Disbursements & GST

For new practices please advise an estimate of annual fee income.

16. Limit of Indemnity

- (a) What limit of Indemnity do you require? **Firms are reminded of the minimum standards recommended by NZLS from 1 April 2021.**

OR

- (b) What excess are you prepared to carry in respect of every claim?

(Minimum Excess \$3,000)

OR

17. Extensions

Coverage for Extensions (a) to (g) below are automatically included under the Policy

- (a) Defamation
- (b) Loss of Documents (Property Damage)
- (c) Employees Dishonesty
- (d) Quasi-Judicial Representation Costs (sub-limit \$250,000 in the aggregate)
- (e) Compensation for Court Attendance
- (f) Consequential Costs for claim preparation (sub-limit \$250,000 in the aggregate)
- (g) Partners Previous Business

Please indicate whether you require the following optional extensions:

- | | | | | |
|--|-----|-----------------------|----|-----------------------|
| (h) Financial Planning / Mortgage Broking Activities | Yes | <input type="radio"/> | No | <input type="radio"/> |
| (i) Fidelity (sub-limit \$500,000 in the aggregate) –
(available to firms with 3 or more employees) | Yes | <input type="radio"/> | No | <input type="radio"/> |
| (j) Dishonesty of Principals - available to firms with 3 or more principals | Yes | <input type="radio"/> | No | <input type="radio"/> |

If the Fidelity extension is required and Desktop Banking or Funds Transfers facilities are undertaken in your practice, please complete the Supplementary Questionnaire attached.

18. Dishonesty / Fidelity of Partners & Employees (please answer all questions)

- (a) Does the firm know of any fraud or dishonesty at any time by any present or former Partner or Employee; or has the firm ever sustained any loss due to fraud or dishonesty by any present or former partner or employee? Yes No

If yes, give details and state precautions taken to prevent a recurrence.

- (b) Can any partner or employee authorise or make any payment or complete a funds transfer instruction without authorisation for

- | | | | | |
|---------------------------------|-----|-----------------------|----|-----------------------|
| (i) the firm's General Account? | Yes | <input type="radio"/> | No | <input type="radio"/> |
| (ii) the firm's Trust Account? | Yes | <input type="radio"/> | No | <input type="radio"/> |

If so, please specify:

- | | |
|--|----|
| (i) the monetary limitation imposed on the General Account | \$ |
| (ii) the monetary limitation imposed on the Trust Account | \$ |

- (iv) the names and positions of all **employees** able to make any payment or complete a funds transfer instruction without authorisation

- (c) How often and by whom are the entries in the Cashbook checked with the vouchers and reconciled with the bank statements?

(d) Does the firm always require and obtain satisfactory references when engaging employees? Yes No

19. Conflict of Interest

- a) Is the firm familiar with the NZ Law Society's Lawyer Conduct and Care Rules 2008 - chapters 5 and 6? Yes No
- b) Are the firm's computer records referenced to check if any other parties are represented by the firm? Yes No
- c) Does the firm recommend clients to obtain independent representation when a potential conflict of interest is identified? Yes No
- d) Does the firm obtain written confirmation from clients that a conflict of interest has been identified and that the client wishes the firm to continue to act? Yes No
- e) Are all producers in the firm consulted when new litigation cases are offered to the firm? Yes No

Please give details of other steps that you firm may take when a conflict of interest situation is identified.

20. Training

Does the firm have a continuing education or training programme in place? Yes No

Please give a brief outline of how your practice keeps abreast of changes in the Law, and the continuing education / development of staff.

21. Outside Directorship Procedures

The policy provides limited cover for Directorships held with non-profit or unlisted companies. If cover is required for **Listed companies**, please provide a schedule or list these below

22. Other Information

Is there any other information in your possession material to an estimation of the risk to be insured and/or information of any nature which the Insurer should be made aware of? Yes No

If yes, please give details

***PLEASE ENSURE THAT THE DECLARATION ON PAGE 17 IS SIGNED
BEFORE RETURNING THIS PROPOSAL FORM***

Please complete the following Section B only if you require a quotation for this form of additional coverage.

Section B - Statutory Liability Insurance - Optional

(Legal defence costs, certain fines and penalties under various statutes – but excluding fines and penalties imposed for breach of the Health & Safety in Employment Act 1992 and Amendments - Claims Made & Notified Basis of Insurance)

B1. Limit of Indemnity

\$500,000

B2. Excess

\$500

B3. Acts Included

Any Act of the New Zealand Parliament in force at the beginning of the period of insurance or any amendment to or re-enactment of any of those Acts, including the statutory regulations of such Acts, **other than the excluded Acts below.**

Armed Forces Discipline Act 1971
Aviation Crimes Act 1972
Children, Young Persons & Their Families Act 1989
Crimes of Torture Act 1985
Crown Proceedings Act 1950
Domestic Protection Act 1982
Estate & Gift Duties Act 1968
Gaming Duties Act 1971
Immigration Act 1987
Income Tax Act 1976
Road User Charges Act 1977
Stamp & Cheque Duties Act 1971
Summary Offences Act 1981
Transport Act 1962

Arms Act 1983
Biosecurity Act 1993
Crimes Act 1961
Criminal Justice Act 1985
Customs Act 1966
Dumping & Countervailing Duties Act 1988
Fugitive Offenders Act 1881
Goods & Services Act 1985
Misuse of Drugs Act 1975
Rating Act 1967
Sales Tax Act 1974
Summary Proceedings Act 1957
Tax Administration Act 1994
Trespass Act 1980

Or any Act enforced by a revenue collecting authority

B4. Prior Infringements

Have you had notice served on you, or received any written or oral request to comply with, or had fines or penalties imposed upon you for breach of any Acts **other than** those excluded above?

Yes No

If yes, please provide full details below

Do you require a quotation for Statutory Liability insurance?

Yes No

Please complete the following Section C only if you require a quotation for this form of additional coverage.

Section C - Employment Practices Liability - Optional

(Coverage for claims made against Employers by current, former or prospective Employees for breaches of their Employment Contracts and breaches of certain provisions of the Human Rights Act 1993 and Privacy Act 1993 and amendments - Claims Made & Notified Basis of Insurance).

(Legal costs incurred in the defence of Injunctions or Applications for Reinstatement brought against Employers by current, former or prospective Employees).

C1. Limit of Indemnity

\$500,000

C2. Excess

\$2,500

C3. Prior Notifications

Have any claims for the type of insurance requested under Section C in this proposal ever been made against you or have any circumstances ever occurred which would have resulted in a claim under the proposed insurance under this Section had the coverage been in force?

Yes No

If yes, please provide details.

After enquiry, are you aware of any circumstances that could give rise to a claim against you?

Yes No

If yes, please provide full details.

Do you require a quotation for Employment Practices Liability insurance?

Yes No

Please complete the following Section D only if you require a quotation for this form of additional coverage.

Section D - Trustees Liability - Optional

(Claims made against the Insured Practice or any of the Partners or Employees, arising out of any Trusteeship appointments held on behalf of the Practice)

D1. Trustee Appointments

Please state the Total number of Trusteeships currently held by your firm including appointments held in the name of your Trustee Company(ies) on behalf of clients (excluding Executor appointments / Estate Administration)

Important Note:

This insurance is not intended to cover Corporate Trusteeships.

Insurance for such Trusteeships is subject to additional underwriting information. If you require a quotation, please provide a copy of the last audited financials for each Trust for which you hold a Trusteeship.

D2. Claims Information

2.1 After inquiry, is the proposer aware of any circumstance or incident arising out of any Trusteeship appointments held which could give rise to a claim against this practice?

Yes No

If "Yes", please give details.

2.2 Have any of the Partners or Staff of this practice ever been subject to any disciplinary action, been fined or penalised, or been the subject of an inquiry in their capacity as a Trustee?

Yes No

If "Yes", please give details

Do you require a quotation for Trustees Liability insurance? Yes No

Please complete the following Section E only if you require a quotation for this form of additional coverage.

Section E – Directors’ and Officers’ Liability - Optional

(Claims made against the Insured Practice or any of the Partners or Employees, arising out of any Directors’ or Officers’ appointments held on behalf of the Practice)

E1. Directors’ and Officers’ Appointments

Please list below the appointments currently held on behalf of your practice.

Name of Company	Person Appointed

Important Note:

This insurance is not intended to cover Public Company Appointments.

E2. Claims Information

2.1 After inquiry, is the proposer aware of any circumstance or incident arising out of any appointments held which could give rise to a claim against this practice?

Yes No

If “Yes”, please give details.

2.2 Have any of the Partners or Staff of this practice in their capacity as Directors or Officers ever been subject to any disciplinary action, been fined or penalised, or been the subject of an inquiry?

Yes No

If “Yes”, please give details.

Do you require a quotation for Directors & Officers Liability insurance?

Yes No

Please complete the following Section F only if you require a quotation for this form of additional coverage.

Section F - Employers Liability - Optional

(Personal Injuries Caused to Employees that are not covered under the provisions of the current Accident Compensation Legislation - Claims Made & Notified Basis of Insurance)

F1. Limit of Indemnity

Please indicate the limit of indemnity you require:

F2. Excess

The amount of the Excess applying to each and every claim as selected by you. Please indicate your preference below (\$500 is the minimum).

F3. Prior Notifications

Have any claims for the type of insurance requested under Section F in this proposal ever been made against you or have any circumstances ever occurred which would have resulted in a claim under the proposed insurance under this Section had the coverage been in force?

Yes No

If yes, please provide details.

After enquiry, are you aware of any circumstances that could give rise to a claim against you?

Yes No

If yes, please provide full details.

Do you require a quotation for Employers Liability insurance?

Yes No

Please complete the following Section G only if you require a quotation for this form of additional coverage.

Section G - Public Liability - Optional

(Claims by Third Parties alleging physical damage to property or bodily injury not covered by the current Accident Compensation Legislation)

G1. Limit of Liability

Please indicate the limit of liability you require:

\$1,000,000

\$2,000,000

Other (Please state amount)

\$

G2. Deductible

Please indicate the amount of the deductible applying to each and every claim as selected by you.

\$500
Minimum

G3. Please give details of any of the following which are used or for which the Organisation is responsible, in the course of the business:

(a) Passenger or goods elevators, escalators, hoists, cranes or other lifting equipment

(b) Unregistered mechanically propelled vehicles

(c) Car Parks

G4. Prior Notifications

Have any claims for the type of insurance requested under this Section in this proposal ever been made against your practice or have any circumstances ever occurred which would have resulted in a claim under the proposed insurance under this Section had the coverage been in force?

If yes, please provide details below.

After enquiry, are you aware of any circumstances that could give rise to a claim against your practice?

If yes, please provide full details below.

Do you require a quotation for Public Liability insurance?

Yes

No

INSURANCE LAW REFORM ACT 1977

Mis-Statements in Contracts of Insurance

By the terms of this Act a policy may be avoided if any statement made in the proposal or other document in completion, reinstatement or renewal is substantially incorrect and material.

DEFINITIONS:

(1) SUBSTANTIALLY INCORRECT

A statement is substantially incorrect if the difference between what is stated and what is correct would be considered material by a prudent insurer.

(2) MATERIAL

A statement is material if that statement would have influenced the judgement of a prudent Insurer in setting the premium or determining acceptance or continuation of the risk upon substantially the same terms.

Declaration

I/We declare that the statements and particulars in this proposal are true and I/We have not mis-stated or suppressed any material facts. I/We agree that this proposal, together with any other information supplied by me/us shall form the basis of any Contract(s) of Insurance effected thereon. I/We undertake to inform the insurers of any material alteration to these facts whether occurring before or after completion of the Contract(s) of Insurance.

Signing this Proposal Form does not bind the Proposer to complete the Insurance.

Dated this _____ day of _____ 20 _____

Signature of Partner or Principal _____

**ENQUIRIES MUST BE MADE OF ALL PARTNERS, CONSULTANTS AND STAFF
TO ENSURE FULL DISCLOSURE**

IT IS IMPERATIVE FOR YOUR OWN PROTECTION THAT ALL DETAILS ARE DISCLOSED

Name of Practice:

Fidelity - Supplementary Questionnaire for Solicitors

Only to be completed if the Fidelity Extension (Question 17 (i) Section A of the proposal form) is required.

“Fund Transfers” means any instructions given to a Financial Institution to pay or deliver funds.

1. (a) What is the approximate annual value of fund transfers?

(b) Please specify the method of instruction (eg: written, electronic, computer, telephone etc).

(c) Can payment instructions be made to any account which has not been pre-agreed? **Yes** **No**

(d) Is the financial institution required to authenticate the instruction before payment is released? **Yes** **No**

(e) Please provide a brief description of the methods used to secure fund transfers (e.g. passwords, encryption, code words, call back).

Computer Systems

2. (a) Are unique passwords used to give various levels of entry to the computer depending on the users authorisation ? **Yes** **No**

(b) Are passwords automatically withdrawn when people leave? **Yes** **No**

(c) Are all amendments to programmes approved independently of the persons making the amendments? **Yes** **No**

(d) Are programmes protected to detect unauthorised changes? **Yes** **No**

I/We declare that the information contained in this Questionnaire is true and correct in every particular and acknowledge that the Insurers of Justitia Mutual Association Inc will rely on this information in deciding whether to provide cover and on what terms.

Signed: Date: