



Architects Professional
Indemnity Insurance
Renewal Declaration



NOTICE

This proposal forms the basis of any insurance contract entered into. Please complete it fully and carefully, remembering to sign the Declaration. If you have insufficient space to complete any of your answers please continue on a separate attachment.

You have an ongoing duty to disclose all material facts and failure to do so could prejudice future claims.

1 Name of Insured:

2 Policy/policies held:

- ☐ Corporate liability ☐ General liability ☐ Directors and officers liability ☐ Employers liability
☐ Professional indemnity ☐ Trustees liability ☐ Statutory liability ☐ Employment practices liability
☐ Associations liability ☐ Crime ☐ Cyber liability (please complete a separate declaration)
☐ Other (specify):

3 Number of staff including principals

Last year:

This year (estimate):

4 Total turnover/fees per region:

Region	Last financial year	Current financial year (estimate)	Next financial year (estimate)
New Zealand	\$	\$	\$
Australia	\$	\$	\$
Asia & Pacific Islands	\$	\$	\$
UK & Europe	\$	\$	\$
USA/Canada	\$	\$	\$
Other (specify):	\$	\$	\$
Total	\$	\$	\$

5 In the last 12 months have there been any material changes to:

- (a) The business activities of the Insured? ☐ Yes ☐ No
(b) The financial position of the Insured? ☐ Yes ☐ No
(c) The capital structure of the Insured? ☐ Yes ☐ No
(d) The ability of the Insured to meet all financial obligations, including debt facilities and creditor accounts? ☐ Yes ☐ No

If the answer to 5 (a), (b), (c) or (d) is Yes, or if you are planning any changes, please attach full details.

6 Please state the approximate percentage of the Insured's fee income for the last financial year derived from the following types of consulting work:

	Professional services provided by the Insured	The percentage of this service that relates to services provided by consultants or sub-contractors
Architecture Residential (standalone structures)	%	%
Architecture Residential other (flats, units, town houses comprising 3 or more dwellings)	%	%
Architecture Commercial	%	%
*Architecture Schools	%	%
Architecture Industrial	%	%
Interior design	%	%
Drafting	%	%
Landscape architecture	%	%
Soil testing/Site investigations	%	%
Town planning	%	%
Work in respect of piling, underpinning or dewatering	%	%
Work in respect of dams, bridges, mines, tunnels or offshore projects, harbours, jetties	%	%
Heritage consulting or work in relation to buildings subject to a preservation order	%	%
Modular designs (where design is used more than 5 times)	%	%
Pre-purchase inspection reports	%	%
Construction management	%	%
Project management	%	%
Quantity surveying	%	%
Project co-ordination	%	%
Insurance valuations	%	%
Structural engineering design	%	%
Peer review	%	%
Expert evidence	%	%
Commercial fit-outs	%	%
Other activities (please specify):	%	%
Total (should equal 100%)	%	%

***Architecture Schools** if you have inserted a percentage under "Architecture Schools" above please also advise whether your practice:

- (a) Recommended the use of any cladding product? ☐ Yes ☐ No
- (b) Was contracted to provide construction management or observation services? ☐ Yes ☐ No
- (c) Issued practical completion certificates? ☐ Yes ☐ No

7 What percentage of your professional services relate to **Remedial Works**? %

8 Are you planning to carry out work over the next 12 months in **Special Housing Areas**? ☐ Yes ☐ No
If the answer is Yes, please attach full details.

9 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 under your liability policy with Delta Insurance, other than those disclosed on your last proposal/declaration form? ☐ Yes ☐ No

If the answer to 9(a) or (b) is Yes, please attach full details.

You are reminded that:

- (a) Any material changes to the business during the Period of Insurance must be advised immediately to Delta Insurance New Zealand Limited.
- (b) This form must be completed by a person authorised to do so on behalf of the insured.

DECLARATION

On behalf of all proposed Applicants I/We declare and agree that all information provided in this proposal or attachments is true and correct in every respect and that all information that may be material in considering this proposal form has been fully and accurately disclosed to Delta Insurance New Zealand Ltd in writing in a manner which would not mislead a prudent insurer.

I/We agree that this declaration shall be the basis of and incorporated in the insurance contract and that the insurance contract may be avoided (amongst other things) if any statement in this proposal is "substantially incorrect" or "material" as both terms are defined in the Insurance Law Reform Act 1977.

I/We undertake to inform Delta Insurance New Zealand Ltd of any material alteration to the above information whether occurring before or after the completion of this insurance contract.

I/We understand that:

- (a) I/We am/are obliged to advise Delta Insurance New Zealand Ltd of any information which may be material to its consideration of this application. This information includes all information I/We know (or could reasonably be expected to know) which could influence the judgement of Delta Insurance New Zealand Ltd whether or not to accept this application and (if accepted) on what terms, including cost and otherwise.
- (b) Failure to provide this information may result in Delta Insurance New Zealand Ltd refusing to provide the insurance.
- (c) I/We have certain rights of access to and correction of this information.

Full name & title of individual:

Signature of Insured:

Date:



We are a member of the Insurance Council of New Zealand and adhere to the Fair Insurance Code which provides you with assurance that we have the highest standards of service for our customers.