



Professional & Financial Lines
Indemnity Insurance
Notification form



IMPORTANT INFORMATION

Use this notification form to notify claims on all Delta Insurance liability policies except General, Employers' and Statutory Liability policies.

You should not make any admission of liability, make any offer of settlement or incur any defence costs without Delta Insurance's prior approval.

POLICY DETAILS

1 Policy type: (Tick one) PI D&O Technology Cyber Employment Practices Crime
 Other (specify)

2 Policy number:

3 Name of Insured:

Phone:

4 Address:

5 Contact name:

Email:

CLAIM DETAILS

6 Who is or may be bringing a liability claim against you?

Name:

Phone:

Address:

7 Have they made a written or verbal claim against you?

Yes No

If Yes, on what date did you receive it?

8 On what date did you become aware of the circumstances which you are notifying?

9 On what date or between what dates did you carry out the activities which gave rise to the claim or circumstance which you are notifying?

10 Please provide full details of claim being made against you or the circumstances that you consider may give rise to a claim. You may attach a separate document if you prefer. **Attach copies of all court documents, letters of demand, written allegations of fault, notes of any conversations with the claimant about the claim, and any other documents which will enable your insurer to understand the nature of the claim against you.**

11 Please provide details of your relationship with the claimant including any work you have carried out for them to which the claim relates:

12 How much is being claimed from you?

13 How much do you estimate the claimant's loss to be?

14 Do you consider that you are at fault and why?

15 Have you made any admissions of liability or responsibility? Yes No

If Yes, please provide details

16 Have you obtained any legal or other advice about the claim against you? Yes No

If Yes, please provide details. Please note that legal and other defence costs require prior approval and that Delta Insurance has the right to require the appointment of its own choice of representative

OTHER INFORMATION

17 Do you have any other insurance policies which may cover this claim? Yes No

18 What risk management steps have you taken / are you planning to take to prevent similar circumstances arising again?

19 Are you attaching any documents? Yes No

If Yes, please list them

DECLARATION

(a) I am authorized to complete this form on behalf of the Insured.

(b) The information given above is correct and complete to the best of my knowledge and belief.

(c) I have not withheld any material information which may affect Delta Insurance's assessment of this claim.

(d) I authorise the use of this information (and any further information supplied by me or the insured during the course of the claim) by Delta Insurance to assess and administer this claim.

(e) I authorise the disclosure of this information by Delta Insurance to its advisers, reinsurers and other insurers.

(f) I understand that I / the insured have certain rights of access to and correction of this information.

Signature of Principal, Partner or Director:

Full name of individual:

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.