

I/O Psychologist Proposal Form



SPUA
SOUTHERN PACIFIC
UNDERWRITING AGENCY
LIMITED



Please ensure all questions are answered fully.
If not applicable, please explain why.

All material facts must be disclosed – whether subject to a specific question contained herein or not.
You have a continuing duty to disclose all material facts to your insurer throughout the duration of any period of insurance.
Failure to disclose a material fact may prejudice your rights under the policy in the event of a claim and/or render the policy void.
A material fact is any fact, matter or other information which may alter or influence an insurer’s assessment or acceptance of this application. If you are in any doubt as to whether a fact is material then it should be disclosed to the insurer.
Please return form to Rothbury Wilkinson Insurance Brokers as soon as possible.

Your Details

Name of Insured

Address

Phone No.

Email Address

Your Business

Full Business Description

Your Activities

Activities	Last Year	Forthcoming Year
Recruitment & Selection		
Psychometric Testing		
Professional Training & Development		
Leadership & Development		
Engagement & Climate Surveys		
Wellness & Resilience		
Careers Guidance & Planning		
Organisational Development		
Health & Safety		
Employee Relations		
Team Building		
Tribunal Representation		
Employment Law Advice		
Other (please specify)		
Total	100%	100%

* If your activities involve full legal representation, this would be a referral and additional premiums may apply.

Financial Information

Turnover last financial year \$

Est. turnover next year \$

Do you derive any fees outside New Zealand? If YES, please note that your policy is a NZ only policy at present. Please forward full details on all overseas activities for cover to be considered. Additional premium and a higher excess will apply

Yes

No

In the past 3 years, has there been (or is there now proposed) any change in the financial position or capital structure that may materially affect the performance of the company? If YES, please provide details on a separate page

Yes

No

Is any Director or Officer of the Company aware of any facts or circumstances which may affect the ability of the Company to meet its debts as and when they fall due?

Yes

No

Employee Checks & Numbers

Full Time

Part Time

Contractors

Do you undertake criminal background and reference checks on all staff prior to employing?

Yes

No

If No, please provide details in the space provided below on what procedures you do undertake?

Claims and Circumstances Please answer this question in respect of all liability cover

After enquiry of all partners, principals, senior employees, officers and volunteers, have there **ever** been any claims made against you or have any circumstances occurred, or become known to you, that may give rise to a claim against any of you?

Yes

No

After enquiry of all staff, have there **ever** been any investigational inquiries of any individual? If You have answered Yes to the above, please provide details in the space provided below:

Yes

No

Claims and Circumstances Please answer this question in respect of all liability cover

Professional Indemnity

\$250,000 any one claim;
\$500,000 maximum per year

\$500,000 any one claim;
\$1,000,000 maximum per year

Other

\$1,000,000 any one claim;
\$2,000,000 maximum per year

\$2,000,000 any one claim;
\$4,000,000 maximum per year

Public Liability \$2,000,000

Statutory Liability \$500,000

Employers Liability \$500,000

Declaration

I/We, hereby declare that

The above statements are true, and I/We have disclosed all material facts and should any information given by me/us alter between the date of this Proposal form and the inception date of the insurance to which this Proposal relates I/We shall give immediate notice thereof.

I/We authorise Southern Pacific Underwriting Agency Limited, to collect or disclose any personal information relating to this insurance to/from any other insurers or the Insurance Claims Register.

I/We also confirm that the undersigned is/are authorised to act for and on behalf of all persons who may be entitled to indemnity under any policy which may be issued pursuant to this Proposal Form.

Signature

Date