

# NZIAA Licensed Advisers Liability

## APPLICATION FORM



### DUTY OF DISCLOSURE

You have an ongoing duty to disclose all Material Facts and failure to do so could prejudice future claims. Material Facts are those which may influence a prudent insurer in deciding whether or not to insure you, on what terms, and at what premium.

### A: APPLICANT DETAILS

- Applicant Name: \_\_\_\_\_  
Currently paid up NZAMI Member? Yes  No  IAA License Number: \_\_\_\_\_  
Licence Type: Full  Provisional License  Limited License  Year obtained: \_\_\_\_\_
- Please list all trading names of companies (past or present) and other legal entities (e.g.subsidiaries) and any parties required to be insured:  
Name: \_\_\_\_\_ Year Est/disest. \_\_\_\_\_
- Email: \_\_\_\_\_
- Contact number: \_\_\_\_\_
- Please list details of each licensed adviser employed by the applicant to be included within this application.  
(note premiums will be charged per licensed adviser)

Name	IAA License Number	License type	Year obtained

### B: DECLARATION

- Do you perform work outside of New Zealand territory and jurisdiction? Yes  No
- Do you undertake any business activity outside of that of a Non-exempt Licensed Immigration Adviser e.g. non-NZ regulated immigration work; Solicitor; Accountant; Financial Adviser etc? Yes  No   
If you have answered 'Yes' to either of the above please provide details:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Does your annual income in the last full 12 month period exceed \$400,000 Yes  No
- State the total number of persons employed by you: \_\_\_\_\_



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10. Has any application for insurance on behalf of any proposed Insured ever been declined or has any such insurance ever been cancelled or renewal refused? Yes  No
11. In the past five years, has the applicant or proposed insured notified any claims; incurred any losses; been issued with proceedings, or incurred any fine or prosecution under any legislation? Yes  No
12. After inquiry, is the applicant aware of any circumstances exist which could reasonably be expected to give rise to any claims, losses, proceedings, fines or prosecutions? Yes  No

If 'Yes' to either of the above please give details (including quantum and current status) or attach.

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## C: LIABILITY PACKAGE SELECTION

The Liability Package consists of four policies. There are two Professional Indemnity policy limit options for you to choose from:

Policies within Package	Option 1 – Policy Limit	Option 2 – Policy Limit
Professional Indemnity	\$1,000,000	\$2,000,000
Public Liability	\$2,000,000	\$2,000,000
Statutory Liability	\$1,000,000	\$1,000,000
Employers Liability	\$500,000	\$500,000

<b>Please tick the Package option required</b>	<input type="checkbox"/> <b>Option 1</b>	<input type="checkbox"/> <b>Option 2</b>
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**PI Excess Option** – please indicate which option you require

- Costs Inclusive Excess** – Excess payable on defence costs and settlements
- Costs Exclusive Excess** – Excess only payable on settlement (insurers meet the costs of the defence of claims without deduction)

## DECLARATION

On behalf of the applicant organisation I / We declare and agree that:

- (a) All information provided, in this proposal or attachments, is true and complete in every respect and that no Material Facts remain undisclosed;
- (b) If this risk is accepted, such information will be incorporated into and form the basis of the contract of insurance;
- (c) I/We understand that NZI 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;
- (d) NZI is authorised to disclose information to its advisers, reinsurers, other insurers and parties with a financial interests in the subject matter of this proposal;
- (e) NZI is authorised to check details against the Insurance Claims Register and to place information on the Insurance Claims Register which other insurers can access;
- (f) NZI is authorised to obtain from other parties any information which may be relevant to the acceptance of this risk;
- (g) The signing of this proposal does not bind either party to complete the contract and that no cover will be in force until confirmed by NZI.

Insured(s) name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_