

NZAMI Licensed Immigration Advisers Liability Application Form



A APPLICANT DETAILS

1 Applicant / Company Name

2 Contact Number Email

3 Currently paid up NZAMI Member? Yes No IAA License Number

3.1 Licence Type Full Provisional License Limited License Year Obtained

4 Please list all trading names of companies (past or present) and other legal entities (e.g. subsidiaries) and any parties that you require to be insured:

Name	Year Established

5 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

6 Do you use contract immigration advisers to perform services on your behalf? Yes No

7 Are there any agreements in place to insure contract advisers whilst they perform work for you? Yes No

B DECLARATION

1 Do you currently carry Professional Indemnity insurance? *If Yes, please provide details below.* Yes No

2 Do you perform work outside of New Zealand territory and jurisdiction? Yes No
(Note this question is referring to work done physically outside of NZ, not work done in NZ for overseas clients)

3 Do you undertake any business activity outside of that of a Licensed Immigration Adviser, e.g. non-IAA regulated immigration work; Accountant; Financial Adviser etc? Yes No
 If you have answered Yes, to either of the above, please provide details:

4 Does your sales income in the last full 12-month period exceed \$500,000 Yes No
 If Yes, please declare your income:

5 State the total number of persons employed by you:

5.1 If more than 4 employees, please advise the role of each employee.

Staff Member	Role

6 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

7 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

8 After inquiry, is the applicant aware of any circumstances which could reasonably be expected to give rise to any claims, losses, proceedings, fines or prosecutions? Yes No
If **Yes**, to any of the above, please give details (including quantum and current status) or attach.

C LIABILITY PACKAGE SELECTION

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

Policies within Package	Option 1 – Policy Limit	Option 2 – Policy Limit	Option 3 – Policy Limit
Professional Indemnity	\$500,000	\$1,000,000	\$2,000,000
Public Liability / General Liability	\$5,000,000	\$5,000,000	\$5,000,000
Statutory Liability	\$500,000	\$1,000,000	\$1,000,000
Employers Liability	\$500,000	\$1,000,000	\$1,000,000

Please tick the Package option required Option 1 Option 2 Option 3

1.1 **Standard Professional Indemnity Excess** – \$2,500 each and every claim

2 **Professional Indemnity Excess Option** – please indicate which option you require

2.1 **Costs Inclusive Excess** – Excess payable on defence costs and settlements

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

D DIRECTORS & OFFICERS LIABILITY – OPTIONAL (please complete this section if cover is required)

1 Is the business able to pay any or all of its debts as and when they fall due? Yes No

2 Does the company intend to make any public or private securities offerings (whether debt or equity) within the next 12 months? Yes No
If **Yes**, please provide further details below:

Region	Turnover	No. of Staff	*If there has been any revenue split provided for "Rest of World", please provide countries and split	Country	Revenue
New Zealand					
USA and Canada					
Rest of World*					

3 **Employment Practices Liability**

There is an option under the Directors & Officers Liability insurance to extend cover for Employment Practices Liability. Please complete the following questions for a quotation.

4 Does the Proposer and all of its Subsidiaries have a written Human Resources Manual or equivalent written guidelines for Managers? Yes No

5 Does the Proposer and all of its subsidiaries have an Employee Handbook which is distributed to all employees? Yes No

6 When recruiting or promoting employees to positions of trust does the Proposer undertake independent checks into their employment history? Yes No

E CYBER INSURANCE – OPTIONAL *(please complete this section if cover is required)*

- 1 Please confirm the following in respect of the proposed Insured noted above under section A: Applicant Details.**
- | | | | |
|-----|---|---------|-----------|
| 1.1 | We do have computer security, such as virus protection software, in place.
<i>(Microsoft Windows Defender versions under 10 is not acceptable).</i> | Correct | Incorrect |
| 1.2 | We do have data backup and recovery procedures in place. | Correct | Incorrect |
| 1.3 | We do ensure that all users are required to use a password to access our computer systems or mobile devices. | Correct | Incorrect |
| 1.4 | We do not have any risks domiciled operations or derive revenue outside of New Zealand / Australia . | Correct | Incorrect |
| 1.5 | We do not have business operations that would be classified as:
+ Financial Institution + Medical/Health + Call Centre + Telemarketing + Data (Outsourcing) + Internet Service
+ Telecommunications + Social Networking + Credit Bureaus + Payment Processing + Gaming or + Cloud Provider. | Correct | Incorrect |
| 1.6 | We do not collect, and/or processes and/or store credit card information. | Correct | Incorrect |
| 1.7 | We are not required to be compliant with Payment Card Industry – Data Security Standards (PCI – DSS). | Correct | Incorrect |
| 1.8 | We have not sustained any losses or any fines in the last five years for which this proposed insurance may respond. | Correct | Incorrect |
| 1.9 | We do not have any knowledge of any act, omission, fact, event or circumstance which might give rise to a loss under this insurance after full enquiry of any of its directors, officers and employees. | Correct | Incorrect |

If your answer is “**Incorrect**” to any of the above, please provide details below or attach separately. TICK if additional attachment

2 Social Engineering Extension*

If you would like to add cover for fraudulent losses such as Phishing, Phreaking and Fake Invoices under your Cyber Liability policy, please answer the following questions in addition to the above questions under Section E:

- | | | | |
|-----|--|-----|----|
| 2.1 | Do you have procedures for verifying destination bank accounts and/or any changes to destination bank account details, before funds are transferred? | Yes | No |
| 2.2 | Do you hold an approved list of vendors and suppliers, including authorised contact people and contact details, which is checked when payments are made? | Yes | No |
| 2.3 | Does a second individual co-authorise any transactions over \$2,000? | Yes | No |

*Please note the above questions must be answered “Yes” in order to qualify for cover.

F IMPORTANT INFORMATION & TERMS OF BUSINESS

As **your** insurance advisor, **we** want to draw **your** attention to certain important matters that relate to **your** insurance. Except as otherwise agreed (in writing), **you** agree that **Aon’s** Terms of Business apply to the provision of **our** services. These terms are available here <https://www.aon.co.nz/About-Aon/Terms-of-Business> and apply to all new business and renewals. **You** accept these terms by continuing to instruct **us**.

G DECLARATION (Edition: February 2021)

I/We declare that:

- Subject to any rights I/We have under the Clean Slate Act, the information given is in every respect correct and complete and all material information has been disclosed to Aon.
- This Proposal shall be the basis of the contract between me/us and Insurers, and I am/we are willing to accept cover subject to Insurers’ policy terms, conditions, exclusions and any special terms they may require.

I/We authorise:

- Aon to give and obtain from other Insurance Companies, Insurance Brokers, the Insurance Claims Register Ltd or any other party, any information relating to this or any other insurance held or previously held by me/us and any claim(s) made by me/us.
- Aon to use my/our personal information to advise me/us of Aon’s products and/or services.

I/We agree:

To Aon disclosing personal information to third parties such as insurers who may be located outside of New Zealand and who may not be subject to data protection laws that are comparable to those in New Zealand.

I/We confirm:

- That I/We have obtained the consent of any other person whose personal information I/we provide to Aon as part of this application or under any resulting policy or claim, to disclose their personal information to third parties such as insurers who may be located outside of New Zealand, having advised them that those third parties may not be subject to comparable data protection laws to those in New Zealand.
- That I/We have read the **Important Information** and **Terms of Business** as mentioned in the previous section.

I/We undertake:

To inform Aon immediately of any material events or changes in circumstances which occur after the commencement of this policy or after any renewal.

Name of Insured _____

Signed _____

Date _____

PLEASE ENSURE YOU READ AND SIGN THIS DECLARATION

Signature of this form does not bind the Company or the Insurers to complete the insurance.

