

Please answer all questions and ensure you have read the **IMPORTANT INFORMATION** section before reading and signing the **DECLARATION**. If necessary, please attach additional pages to complete any information requested. This document does not provide any coverage or amend any existing coverage. **Please email the completed proposal form with proof of payment direct to alanna.pittar@aon.com.**

Period of Insurance to Policy Status Renewing New

1 MEMBER'S DETAILS & COVER OPTIONS

1.1	Name	<input type="text"/>	Main Telephone	<input type="text"/>
1.2	Postal Address	<input type="text"/>		Post Code <input type="text"/>
1.3	Email Address	<input type="text"/>		
1.4	Limited Company Trading	<input type="text"/>		
1.5	Qualifications held relevant to this cover	<input type="text"/>	Where Obtained	<input type="text"/>
				Year(s) Obtained <input type="text"/>
1.6	Are you a	<input type="checkbox"/> Sole Practitioner	<input type="checkbox"/> Business Owner	<input type="checkbox"/> Contractor <input type="checkbox"/> Employee
1.7	Describe your activities	<input type="text"/>		
1.8	Do you require cover for animal treatment work? (Excess \$2,000 each and every claim)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
1.9	If you are a business owner,	(a) Do you employ or contract other practitioners? If yes , how many	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
		If 4 or more staff are employed, the insurer will need to review your application and provide a separate premium quotation.		
		(b) Do you employ more than 2 administrative staff?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2 CLAIMS & PREVIOUS COVER QUESTIONS

TICK if any attachment:

2.1	Have any claims or circumstances which may give rise to a claim, complaint or allegation of negligence, prosecution under any statute been made against you in the past five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.2	Are you aware of any claims or circumstances which may give rise to a claim, complaint or allegation of negligence, breach of duty, error, prosecution or inquiry under any statute, being made against you?	
2.3	Has any Insurer	(a) Declined a proposal for Professionals Liability Insurance? (b) Required an increased premium or imposed special terms? (c) Declined to renew insurance (d) Cancelled insurance?
2.4	If you have answered yes to any of Section 2 above, please provide (or <i>attach</i>) details including any claims, date of the event, amount involved, whether resolved or ongoing.	

Specific Event Date(s) & Details	Amount Involved	Resolved Ongoing
<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Additional Information
<input type="text"/>

3 PAYMENT DETAILS

3.1 I will pay the following amount into the Association's Account Number **12 3631 0017638 00**

- (a) Individual Member **\$235.75** including GST
- (b) Individual Member *including* animal therapy **\$454.25** including GST

If you own a Company with 4 or more staff then the following premiums will NOT apply and we will need to obtain a separate premium quotation from the insurer.

- (c) Company with staff **\$454.25** including GST
- (d) Company with staff *including* animal therapy **\$655.50** including GST

3.2 I have **attached** a copy of proof of payment of the insurance with this completed proposal form. **TICK** to confirm attachment

PLEASE NOTE Payment of premium is not confirmation of cover. Confirmation is complete when the proposal has been received by Aon and policy documents have been issued.

4 IMPORTANT INFORMATION & TERMS OF BUSINESS

(Edition: February 2021)

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**.

5 DECLARATION

(Edition: February 2021)

I/We declare that:

1. 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.
2. 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:

1. 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.
2. 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:

1. 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.
2. 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.

Please ensure you read and sign this Declaration

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

Applicant Name _____ Signed _____ Date _____

X ADDITIONAL INFORMATION OR COMMENT

Upon completion, please email proposal form and proof of payment direct to alanna.pittar@aon.com. Thank you.