

Renewal Declaration

Section 1 - Profession Related Questions

1. Company Name:
2. Please provide a breakdown of turnover for the current financial year and an estimate for next year:

Country	Current year (\$)	Estimate new year (\$)
New Zealand and Australia		
Asia		
USA / Canada		
Total		

3. Please provide a percentage breakdown of your gross turnover by activity for the current year:

Activity	Breakdown %	Activity	Estimated Turnover This Financial Year
Reseller of Third Party Software		Maintenance and Repair	
Reseller of Third Party Hardware		Data Processing/ Warehousing Services	
Software Sales (own developed)		General Consultancy	
Hardware Sales (own developed)		Education and Training	
ISP/Web/Internet Services		IT Recruitment and Placement Services	

Telecommunication Services

Facilities Management and
Outsourcing

Systems Integration

Other (please specify)

Total:

100%

4. Have any Claims been made against the Company for professional negligence, error or omission in the last 5 years? Yes No

If YES, please provide further details

5. Is the Proposer aware, after enquiry of any circumstances or incident, which may give rise to a Claim? Yes No

If YES, please provide further details

Further Declaration to the Proposal

After inquiry

I declare that the statements and particulars are true and that I have not misstated or suppressed any material facts. I agree that this Renewal Declaration, together with any previously provided Proposal Form any other information supplied by us shall form the basis of any contract of insurance effected thereon, and I undertake to inform the Insurer of any material alteration to these facts whether occurring before or after completion of such contract of insurance. I agree that DUAL New Zealand may use and disclose our personal information in accordance with the 'Privacy Collection Statement' as stated in the Proposal Form. I acknowledge that the Insured has read the policy wording and associated endorsements and are satisfied with the coverage provided, including the limitations and restrictions on coverage. I am authorised to complete the above information on behalf of all Insured's named in the Proposal.

TO BE SIGNED BY PARTNER / DIRECTOR OR PRINCIPAL OR EQUIVALENT

Full Name:

Position:

Signature:

Date:

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