

IMPORTANT NOTICE

This Proposal forms the basis of any insurance contract subsequently entered into by you and DUAL New Zealand. This Proposal Form must be completed by an authorised officer of the applicant.

Please complete it fully and carefully, remembering to sign the Binding Agreement/Statement.

Your Duty of Disclosure

You must disclose to DUAL New Zealand all information which is material to it in deciding whether to issue insurance cover to you, and if so on what terms and premium. This includes, but is not limited to, any circumstance or conduct which might lead to a claim being made against you. This may also include information additional to the questions DUAL New Zealand has asked in this Proposal Form. This is known as your duty of disclosure.

Your duty of disclosure is a continuing one and extends to the renewal and variation of any policy of insurance entered into with DUAL New Zealand.

Failing to disclose material information may result in any subsequent claim being declined or your policy being avoided. This means your policy would be deemed to have never existed.

IF IN DOUBT - DISCLOSE.

Privacy Collection Statement

At DUAL New Zealand, we are committed to protecting your privacy and complying with the Privacy Act 2020 (NZ) (Privacy Act).

We use your information to assess the risk of providing you with insurance, provide quotations, issue policies and assess claims, on behalf of the insurers we represent. We also use your information to administer any policies we have issued to you and may do so by mail or electronically, unless you tell us that you do not wish to receive electronic communications. If you do not provide us with full information, we may not be able to provide insurance or assess a claim. If you provide us with information about someone else, you must obtain their consent to do so.

We provide your personal information to the insurer we represent when we issue and administer your insurance. When providing a quotation or insurance terms, we will tell you if the insurer is overseas and if so, where they are. We may also provide your information to your broker and our contracted third-party service providers (e.g. claims management companies). We are part of Howden Group Holdings Limited and may provide your information to UK based Group entities who provide us with business support services. If a recipient is not regulated by laws which protect your information in a way that is similar to the Privacy Act, we will take reasonable steps to ensure that they protect your information in the same way we do or seek your consent before disclosing your information to them. We do not trade, rent or sell your information.

Our Privacy Policy contains more information about how to access and correct the information we hold about you and how to make a privacy related complaint, including how we will deal with it. By providing us with your personal information, you consent to its collection and use as outlined above and in our Privacy Policy.

Ask us for a copy of our Privacy Policy via email at privacy@dualnewzealand.co.nz or access it via our website using the following [link](#).

Please note that DUAL New Zealand only require answers to the questions contained in this Proposal Form for those insurance products which you are seeking insurance for. However please note Section 1, 2 and 7 of this Proposal Form are compulsory and must be completed.

The below list of coverage and policy options are indicative of the type and extent of cover available. Selection of one of these options does not bind DUAL New Zealand and DUAL New Zealand may not agree to the level and extent of cover selected. Should DUAL New Zealand decide to accept the risk, cover will be subject to the full terms and conditions contained in the applicable policy wording and policy schedule.

DUAL New Zealand issues insurance products as an agent of Lloyd's of London, the product underwriter. Copies of the full policy wordings are available at www.dualnewzealand.co.nz

Section 1**Details of Applicant**

Insured Entity: _____

(Sole Trader, Partnership, Public Listed Company, Unlisted Limited Company, Incorporated Society / Cooperative)

Insured Name: _____

Insured Address: _____

City: _____ Postcode: _____

Occupation: _____

Annual Revenue/Turnover for the last 12 months: _____

If new or trading less than 12 months please estimate annual revenue / turnover for the next 12 months

Staff Size: _____

Include all principals, partners, directors, and employees (full time, part-time and casual staff, interns and volunteers)

Insured's Website Address: _____

N/A - Insured does not have a website

Section 2**General Questions**

1. After enquiry of all Partners, Principals, Directors, Officers, Trustees and Senior Managers:

a. Have there been any claim(s) made against you or any loss or expense incurred which might fall within the terms of this insurance cover? Yes No

b. Have any circumstances occurred which may give rise to a claim against you or result in any loss or expenses which might fall within the terms of this insurance cover? Yes No

If YES, which insurance product(s) does this relate to: _____

Please provide full details: _____

2. Has your business, practice or any partner, principal or director ever been declined this type of insurance, or had similar insurance cancelled, or had an application for renewal declined (other than insurer exiting that area of insurance), or had special terms or restrictions imposed? Yes No

If YES, which insurance product(s) does this relate to: _____

Please provide full details: _____

3. Do you currently have insurance in place for the following insurance product(s)?

- | | | | |
|---------------------------|---------|--------|--------------------|
| a. Professional Indemnity | Yes [] | No [] | Expiry Date: _____ |
| b. Management Liability | Yes [] | No [] | Expiry Date: _____ |
| c. General Liability | Yes [] | No [] | Expiry Date: _____ |
| d. Statutory Liability | Yes [] | No [] | Expiry Date: _____ |
| e. Employers Liability | Yes [] | No [] | Expiry Date: _____ |
| f. Cyber | Yes [] | No [] | Expiry Date: _____ |
| g. Information Technology | Yes [] | No [] | Expiry Date: _____ |
| h. Association Liability | Yes [] | No [] | Expiry Date: _____ |

4. Do you have any overseas subsidiaries? Yes [] No []

(If NO, proceed to Section 3)

a. How many overseas subsidiaries? _____

b. Please specify in which country your subsidiary(ies) is located and percentage of total revenue derived:

Country	Revenue %

5. What percentage of income is derived from outside of New Zealand for all insureds covered under this policy? _____

6. Are you exempt from GST? Yes [] No []

Section 3 | General Liability, Statutory & Employers Liability

- | | | |
|--|---------|--------|
| 1. Are you involved in any exporting or importing? | Yes [] | No [] |
| 2. Do you manufacture, construct, erect, install, repair, service, treat, supply or distribute any products or goods? | Yes [] | No [] |
| 3. Do you do any physical work that involves hot work of any kind? | Yes [] | No [] |
| 4. Are you a Reporting Entity under the Anti-Money Laundering and Countering Financing of Terrorism Act 2009? | Yes [] | No [] |
| If YES, Do you ensure that where required you are compliant with Anti-Money Laundering legislation and/or the Know Your Customer requirements? | Yes [] | No [] |

Section 4 | Cyber Liability

- | | | | |
|-----|---|---------|--------|
| 1. | Do you use operating systems with embedded firewalls and anti-virus protection software (such as Windows or Mac OS X) or run commercially licenced separate firewall or anti-virus protection software? | Yes [] | No [] |
| 2. | Are all mobile devices (such as laptops, tablets, smartphones and memory sticks) password protected? | Yes [] | No [] |
| 3. | Are you compliant with Payment Card Industry Standards (if applicable), as set out by the PCI Security Standards Council (PCI SSC)?

Compliance with PCI Standards is required for all entities that store, process or transmit cardholder data. For more information on this please visit www.pcisecuritystandards.org . If the PCI Standards do not apply to the Insured, please answer "YES" to this question. | Yes [] | No [] |
| 4. | Do you outsource any part of your network, including storage?

If YES, to whom? _____ | Yes [] | No [] |
| 5. | How many Personally Identifiable Information (PII) records does the insured hold? _____ | | |
| 6. | Do you wish to have cover for Social Engineering, Phishing & Cyber Fraud? | Yes [] | No [] |
| a. | If YES, are all requests to alter supplier and customer details including bank account details, independently verified with a known contact for authenticity? | Yes [] | No [] |
| b. | If YES, do you ensure that at least two members of staff authorise any transfer of funds, signing of cheques (above \$2,000) and the issuance of instructions for the disbursement of assets, funds or investments?

If the Insured is comprised of only two (2) staff (including all principals, partners, directors, and employees (full time, part time and casual staff, interns and volunteers)), and only Directors hold authority to approve any transfer of funds, signing of cheques (above \$2,000) and the issuance of instructions for the disbursements of assets, funds or investments, OR, if the Insured is comprised of only one (1) staff, answer YES to this Question. | Yes [] | No [] |
| c. | Do you maintain procedures for the provision of written training materials to all Employees regarding the dangers of Social Engineering Fraud, Phishing, Phreaking and Cyber Fraud which incorporate regular review? | Yes [] | No [] |
| d. | Do you maintain procedures for changing passwords for all online accounts and banking platforms maintained by you at least every 45 days and that the password protocols accord with industry best practice, or adopt two factor authentication? | Yes [] | No [] |
| 7. | Do you (directly or by re-selling such service) provide, operate, administer or maintain any cloud hosting services, website hosting services or Internet Service Provider (ISP) services, to or on behalf of third parties? | Yes [] | No [] |
| 8. | Is multi factor authentication required for any and all remote access to your systems (including webmail, Citrix desktop, Cloud based applications, or Remote Desktop Protocol "RDP")? | Yes [] | No [] |
| 9. | Do you have an e-mail filtering system (e.g. MimeCast or equivalent) in place that is activated for all email accounts? | Yes [] | No [] |
| 10. | Is more than 25% of your revenue derived from the USA and Canada? | Yes [] | No [] |

11. Do you wish to include cover for Contingent Business Interruption? Yes [] No []

If YES, please confirm details of those external suppliers the Insured wishes this cover to apply to (aside from any outsourced network providers previously declared):

Must be a third-party business with which the Insured has an agreement for the provision of products or services, otherwise cover may not apply.

Section 5 Management Liability

1. Does your Company anticipate any retrenchments or redundancies within the next 12 months? Yes [] No []
2. Do you have more than:
- a. USD100,000,000 in assets in the USA; or
- b. 25% of your consolidated assets in the USA or Canada? Yes [] No []

Section 6 Professional Indemnity – Accountants

1. Gross Professional Fee Income for the last 12 months: _____
If new or trading less than 12 months please estimate annual revenue / turnover for next 12 months
2. Do you hold the appropriate qualifications for the activities you wish to insure? Yes [] No []
3. Do you ever enter into hold harmless agreements or otherwise waive any legal right or entitlement that you may have against third parties, consultants, sub-contractors or agents? Yes [] No []
4. Do you conduct financial planning, fund management or merger and acquisition activities? Yes [] No []
5. Do you require cover for offences under the Anti-Money Laundering and Countering Financing Terrorism Act 2009? Yes [] No []
- a. If YES, are you a Reporting Entity for the purposes of the Anti-Money Laundering and Countering Financing of Terrorism Act 2009? Yes [] No []
- b. If YES, do you ensure that where required you are compliant with Anti-Money Laundering legislation and/or the Know Your Customer requirements? Yes [] No []

Activities: (All activities must add up to a total of 100%)

Accounts Preparation	%	Auditing (Charities / Not for Profit Organisations)	%
Auditing (Non Public Listed Companies)	%	Auditing (Public Listed Companies)	%
Auditing (Superannuation Funds)	%	Bookkeeping	%

Company Directorships / Secretarial Positions	%	Consultancy Work – Accounting Software Training	%
Consultancy Work – Business Valuations (Charities / Not for Profit Organisations)	%	Consultancy Work – Business Valuations (Non-Public Listed Companies)	%
Consultancy Work – Business Valuations (Public Companies Limited by Guarantee)	%	Consultancy Work – Business Valuations (Public Listed Companies)	%
Consultancy Work – Business Valuations (Superannuation Funds)	%	Consultancy Work – Corporate Advisor	%
Consultancy Work – Management (excluding M&A)	%	Consultancy Work – Mergers and Acquisitions	%
Executor / Trusteeship	%	Forensic Accounting	%
Insolvency, Receivership or Liquidations (Non-Public Listed Companies)	%	Insolvency, Receivership or Liquidations (Public Listed Companies)	%
Self Managed Super Fund Administration	%	Superannuation Fund Management / Trusteeship	%
Taxation	%		%
Other (provide full details):			%
Total:			100%

Section 7 | Binding Agreement / Statement

On behalf of all proposed Insureds, I/We declare and agree that:

- The information and answers given in this proposal are complete, true and correct and that no material facts remain undisclosed.
- Should any of the information contained in this proposal materially change, DUAL New Zealand will be notified of the changes as soon as practicable.
- If this risk is accepted by DUAL New Zealand the information provided in this proposal will be incorporated into the contract of insurance.
- DUAL New Zealand is authorised to disclose information received in this proposal to its advisers, reinsurers and to other insurers and obtain any information which, in DUAL New Zealand's opinion, may be relevant to the acceptance of this risk.
- No contract of insurance will commence until such time as DUAL New Zealand has accepted this proposal and confirmed cover is in place.
- They have read the policy wording and associated endorsements and are satisfied with the coverage provided, including the limitations and restrictions on coverage.

Insured Name: _____

Insured (Principal): _____

Signature: _____

Date: / /

IT IS IMPORTANT THE UNDERSIGNED OF THE DECLARATION ABOVE IS FULLY AWARE OF THE SCOPE OF THIS INSURANCE SO THAT THESE QUESTIONS CAN BE ANSWERED CORRECTLY. IF IN DOUBT, PLEASE CONTACT THE BROKER OR AGENT, SINCE NON-DISCLOSURE MAY AFFECT AN INSURED'S RIGHT OF RECOVERY UNDER THE POLICY

DUAL New Zealand recommends that you keep a record of all information supplied for the purpose of entering into an insurance contract (including copies of this proposal form and correspondence).