

Bookkeepers

Insurance Application Form



Exclusive ICNZB member liability scheme

Welcome to the Bookkeepers Liability Scheme, designed by Abbott Insurance Brokers for ICNZB members.

This application form is the first step to ensuring you have the cover you need to protect your business and your clients. A range of questions follow to help us understand your risk profile based on your experience, clientele, and the range of business activities you undertake.

If you have any questions about how to complete the application form, we're here to help.

Your duty of disclosure

You have a legal duty of disclosure when you apply for insurance. You must tell us everything you know, or could be reasonably expected to know, that a prudent insurer would want to consider when deciding whether to accept or decline your insurance application, and on what terms.

You have this duty of disclosure every time your insurance renews and when you make any changes to your insurance. If you breach this duty, your policy may be cancelled as if it never existed.

The general rule is – if in doubt, please disclose.

Your privacy

This form collects personal information about you to help the insurer evaluate your insurance application pursuant to the terms of the insurance policy and any claim that may arise during the period of insurance.

The information will be held by Abbott Insurance Brokers and the insurer.

In accordance with the Privacy Act 2020, you have the right to request access to and the correction of your personal information. You can do this at any time by contacting us.

Advice and support

It's our job to help you every step of the way. We provide insurance advice and will manage your insurance from cover to claim.

You can email us bookkeepers@abbott.co.nz or contact your Abbott broker directly.

We recommend you keep a copy of this insurance application form for your records.

SECTION 1 | APPLICANT DETAILS

Your Details

First name/s		Last name	
Mobile/Work phone		Role	
Email address			
ICNZB membership number		Tick to confirm you are a current ICNZB member	

Company Details

Company name/Trading as				
Company street address				
Suburb		Town/City		Postcode
Postal address <small>(if different from above)</small>				
Suburb		Town/City		Postcode
Website				

Principals, Partners and Directors

Full name	Age	Professional Qualifications	Date qualified <small>(dd/mm/yyyy)</small>	Years with this company	Years with previous company

Personnel

Please indicate the number of personnel by category	Full time	Part time
Principals, partners, and directors		
Qualified professionals		
Other technical staff		
Administrative and clerical staff		
Contractors		

Volunteers		
Other		
TOTAL NUMBER		
What arrangements do you have to assist you during your temporary absence while away on business, sick or annual leave, or for an unforeseen emergency?		

SECTION 2 | BUSINESS TURNOVER & ACTIVITY

Business Details

Outline the nature of the business including a full description of your activities and in particular those activities where you provide professional advice, design or opinion which may be relied upon by a third party.	
Number of years the business has been operating?	
Number of locations in New Zealand?	
Total number of employees overseas?	
Number of locations overseas and country(s)	
Has the business name ever changed?	
If 'Yes', please provide details	

Have you ever acquired another business or merged with another business?	
If 'Yes', please provide details	
Do you use a standard contractual agreement for the supply of your professional services?	
Do you have contracts to work outside New Zealand?	
If 'Yes', please provide details.	

Financial Information

Please provide total gross fee or income for last financial year (actual), current financial year (projected) and next financial year (estimate).

Location	Last financial year (actual)	Current financial year (projected)	Next financial year
New Zealand			
Australia			
Pacific Islands			
Asia			
UK & Europe			
USA & Canada			
TOTALS			

Business Activities

Please provide a full breakdown of your business activities. All activities must add up to a total of 100%.

Accounts preparation		%	Auditing <small>(Charities, not for profit organisations)</small>		%
Auditing <small>(Non-public listed companies)</small>		%	Auditing <small>(Public listed companies)</small>		%
Auditing <small>(Superannuation funds)</small>		%	Bookkeeping		%
Company directorships secretariat positions		%	Consultancy – accounting software training		%
Consultancy – business valuations <small>Charities, not for profit organisations)</small>		%	Consultancy – business valuations <small>(Non-public listed companies)</small>		%
Consultancy – business valuations <small>(Public companies limited by guarantee)</small>		%	Consultancy – business valuations <small>(Public listed companies)</small>		%
Consultancy – business valuations <small>(Superannuation funds)</small>		%	Consultancy – corporate adviser		%
Consultancy – management <small>(Excluding merger & acquisition)</small>		%	Consultancy – mergers & acquisitions		%
Executor trusteeship		%	Forensic accounting		%
Insolvency, receivership, or liquidations <small>(Non-public listed companies)</small>		%	Insolvency, receivership, or liquidations <small>(Public listed companies)</small>		%
Self-managed Super Fund administration		%	Superannuation fund management trusteeship		%
Taxation		%	Other <small>(Provide full details below)*</small>		%
TOTAL					%
* Please provide details of OTHER					

SECTION 3 | INSURANCE RELATED INFORMATION

Prior Insurance History

Has the business or any principal, partner or director ever been refused insurance of the type proposed, had a similar policy cancelled or had special terms imposed?

If 'Yes', please provide details.

Has the business, any partner, principal, director or staff member ever been the subject of disciplinary proceedings for professional misconduct?					
If 'Yes', please provide details.					
Has any claim(s) ever been made against the business, its predecessors, or against any present or past principals, partners or directors?					
If 'Yes', please provide details.					
Date of claim or loss	Brief description of claim or loss	Cost of claim paid or loss insured (if any)	Estimated outstanding loss	Is the matter finalised or outstanding?	
What action has been taken to prevent a recurrence of the situation which gave rise to this claim or loss?					

Current Insurance

Do you have the following insurance in place currently?	Expiry	Yes/No
Professional Indemnity		
Management Liability		
General Liability		
Statutory Liability		
Employers Liability		
Cyber Liability		
Information Technology		
Association Liability		

How many years has the business been operating?	
Do you use a standard contractual agreement for the supply of your professional service?	

Financial Business Practices

Have you ever sustained a loss through the fraudulent activity or dishonesty of an employee?	
Is any member of your staff able to transfer funds or sign cheques on his/her signature alone?	
Do you always require and obtain satisfactory references when engaging employees?	
If applicable, what policies and processes has your organisation put in place to comply with the Anti-Money Laundering and Countering Financing of Terrorism Act 2009?	

Large Contractual Agreements

Does any single client account for more than 50% of the business annual income?	
If 'Yes', please provide the client's details.	
Client name	Income received from the client
Nature of services provided to the client?	

Potential Claims

Are any of the principals, partners or directors aware, after enquiry of all staff, managers and contractors, of any facts or circumstances which may give rise to a claim or claims of the type insured by this policy?				
If 'Yes', please provide details.				
Claim number	Name of potential claimant	Brief description of matter	Estimate of potential liability	Has claim been previously notified? If 'Yes', when?

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If 'Yes', please provide details.	
Are any of the principals, partners or directors aware, after enquiry of all staff, managers and contractors, of any accounts receivable overdue for payment where there is reason to believe that the client is dissatisfied with the professional services rendered?	
If 'Yes', please provide details.	
Have you ever withdrawn a claim?	
If 'Yes', please provide details.	

SECTION 4 | LIMITS OF INDEMNITY REQUIRED

Professional Indemnity Cover

Please select the option with the limit you require.

	Select limit option	Professional Indemnity Limit
Option 1		\$0.6m
Option 2		\$1.2m
Option 3		\$2.4m

Combined General and Statutory Liability Package

There are two options available with different General Liability limits. Please select the option with the limits you require.

	Select limit option	General Liability Limit	Statutory Liability Limit
Option 1		\$1M	\$1M
Option 2		\$2M	\$1M

Employers Liability

Limit of Indemnity	Select option	Staff Numbers
\$1,000,000		1-5
		6-10

Cyber Liability

Please indicate your interest in a Cyber Liability quote. Please note, you will need to complete a separate application form.

	Select limit option	Cyber Liability Limit
Option 1		\$250k
Option 2		\$500k
Option 3		

SECTION 5 | INSURER DECLARATION & SIGNATURE

Privacy Authorisation

You agree to Ando Insurance Group Limited collecting, using and disclosing your personal information as set out in our Privacy Policy. Where you provide us with personal information about any other person for insurance related purposes, you confirm that you have the authority of those persons to disclose such information and to authorise Ando to collect, hold, use and disclose the information in accordance with our Privacy Policy. For information about Ando's Privacy Policy, please see ando.co.nz/privacy-policy.

Duty of Disclosure

You must tell us all information you know (or could reasonably be expected to know) which would influence our decision, and the judgement of a prudent Underwriter, whether or not to accept your proposal, and if it is accepted, on what terms including the excess and at what cost. You also have this duty to disclose all material information on each renewal of insurance cover and when you make changes to it.

Examples of information you may need to disclose include:

- any insurance claim you have made in the past;
- anything or any known circumstances that might increase the risk of an insurance claim;
- if another insurer has cancelled or refused to renew insurance, or has imposed special terms;
- previous criminal convictions, or pending criminal charges*
- any previous bankruptcy or having been through the 'No Asset Procedure'.

Examples of information you do not need to disclose include:

- anything that is common knowledge;
- anything that reduces the risk of an insurance claim;
- anything we say you do not need to tell us about;
- anything you have already told us, or that we should be expected to know in the ordinary course of our business.

These examples are a guide only. You are under this duty to disclose all material information whether the information is asked for or not. All information given must be complete and correct. If you have any doubt as to whether a fact is material, then it should be disclosed.

*** Subject to the rights set out in the Criminal Records (Clean Slate) Act 2004 ("Clean Slate Act").**

I/We:

- declare that the information provided in this proposal and any other supplied information is in every way correct and complete and all material information has been disclosed.
- agree that the information provided in this proposal and any other supplied information will form the basis of any insurance contract that may be offered and that I/we will accept cover on the terms and premium prescribed by Ando.
- authorise Ando to give to and obtain from other insurance companies, insurance brokers, the Insurance Claims Register Ltd or any other party information about this insurance, any insurance held by me/us and any claims made by me/us.
- authorise Ando to use the information provided to advise me/us of their other products and services.

By signing this declaration, you are confirming to us that you have disclosed all information relevant to acceptance of the proposal and in accordance with your duty of disclosure.

I have read and accept these conditions (please tick)

Name		Date	
Signature			

Other ways we can help

BUSINESS

Business Asset Insurance
Business Interruption Insurance
Commercial Vehicle Insurance
Health & Safety Insurance
Travel Insurance

DOMESTIC

House Insurance
Contents Insurance
Landlord Insurance
Car Insurance
Boat Insurance
Travel Insurance

HEALTH

Group Medical Schemes
Private Health Insurance
ACC Advice

HOME LOANS

Mortgage Broking
Mortgage Protection Insurance

INVESTMENTS

Financial Planning
KiwiSaver for Employers, Employees and Self-employed

LIFE & DISABILITY

Life Insurance
Income Protection Insurance
Trauma Insurance
Total and Permanent Disability Cover

0800 238 473



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