



PROFESSIONAL INDEMNITY AND PUBLIC LIABILITY INSURANCE OFFER FOR MEMBERS OF THE NATIONAL SPEAKERS ASSOCIATION OF NEW ZEALAND



APPLICATION FORM
-Please read carefully-

Insured Details

Name:		NSANZ Membership No:	
Position:	ABN:	Business Company Name:	
Mailing Address:		Business Address:	
Website Address:		Email:	
Telephone:	Mobile:	Fax:	

Business Operation

The Insurance you are applying for automatically covers the activities of **Speakers; Facilitators / Trainers; Consultants; Mentors / Coaches; Educators / Tutors / Lecturers; Assessors / Advisors; Human Resources Specialists; Learning and Development Professionals** , subject to terms and conditions:

Please specify other activities where cover is required: (Subject to insurer acceptance)

Please advise your Gross Turnover for the last 12 months AUD\$ _____

History

- * Do you have any knowledge of any event, circumstance or occurrence (other than listed previously in this form), prior to the effective date of the proposed policy, which could result in a claim being brought against you? If yes, please describe details of the event on a separate attachment. YES NO
- * Has any proposal for similar insurance, every been declined, cancelled or voided, renewal refused or special terms imposed at any time? If yes, please provide full details on separate attachment. YES NO
- * Have any complaints or investigations ever been made or undertaken against you or against any director, partner, employee or students under supervision? If so, please provide full details on a separate page YES NO
- * Do you plan any material changes to the activities in the forthcoming 12 months? If yes, please provide full details on separate attachment. YES NO

Number of Staff**Qualifications and Experience**

Principals/Partners/Directors _____

Full-time Qualified Staff _____

Part-time Qualified Staff _____

Other _____

Total Number of Staff _____

Qualifications/Accreditations	Issued by	Years Qualified

Limit of Liability: Professional Indemnity \$5,000,000 & Public Liability \$10,000,000 Combined

Turnover	Annual Premium
Up to and including NZ\$345,000 pa	NZ\$678.00
NZ\$345,001 - \$700,000	NZ\$920.00
NZ\$700,001 - \$1,000,000	NZ\$975.00
NZ\$1,000,001 - \$1,250,000	NZ\$1,183.00

IMPORTANT - THIS APPLICATION MUST BE SIGNED BY THE APPLICANT

We understand and agree this Application and any and all supplements attached hereto will be made part of any policy issued, and any such policy will be issued in reliance upon the representation made herein. I/We further understand and agree that failure to provide a true and accurate response to the foregoing questions may, at the option of the Company, result in a voiding of the insurance issued in reliance on this application and/or denial of claims under any policy issued. I/We authorise and consent to investigations of information bearing upon moral character, professional reputation and fitness to engage in the activities of my business including authorization to every person or entity, public or private, to release the Company any documents, records, or other information bearing upon the foregoing. I/We understand and agree these investigations shall not be confined to information submitted in this application, but shall include any other sources of information deemed relevant by the Company as may be authorized by law.

Furthermore, We understand that the policy applied for will apply only to CLAIMS FIRST MADE AND REPORTED to the Company in writing within the period of coverage shown of the Certificate of Insurance issued with the Policy or Certificate on the date the Policy is cancelled or terminated, whichever comes first or as otherwise provided by the Policy.

I/We understand that this insurance is offered by Parmia to members of NSANZ. I acknowledge that NSANZ and its officers are released and indemnified against any action I/we may take in relation to this insurance. I further acknowledge that not all risks that may arise in my business activities are necessarily insured by this policy and I will not make any claim against NSANZ and its officers in relation to this insurance.

Signature of Applicant:

Print Name:

Date: / /

SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE**PLEASE RETURN THIS FORM TO: PARMIA INSURANCE PO Box 404, Beenleigh Queensland 4207****Phone 1300 226683 Fax +61 7 3382 0676 admin@parmiainsurance.com.au**