

Technology Insurance Package FOR IT CONTRACTORS

Tell us about yourself and the insurance cover you're after

Your Full Name

Your Email Address (please provide one you use frequently)

Trading or Business Name

Postal Address

Post Code

Mobile Phone Number (for SMS alerts)

What Best Describes Your Annual Fee Income?

Under \$250,000 \$250,001-\$500,000 Over \$500,000

I would like the standard programme

Standard Programme includes:

\$1,000,000 Professional Indemnity
\$1,000,000 Public Liability
\$500,000 Statutory Liability

I would like the standard *plus* programme

Standard *Plus* Programme includes:

\$2,000,000 Professional Indemnity
\$2,000,000 Public Liability
\$500,000 Statutory Liability

What best describes what you do? (e.g. Test Analyst, IT Project Manager, Software Developer etc)

Are you NZCS ITCP Licensed? Yes I am No I am not

Are you currently insured for any of the policies you are applying for? Yes No If Yes, complete the following

Policy Type Insurer Expiry

Have you had or are you aware of any claims made or pending against you including disputes in fees? Yes No
If yes please comment below

**The following options are additional to the standard NZCS Technology Liability Programme.
See the Product Summary attached for a description of each option.**

Directors and Officers Optional Extension

Yes \$ No Thanks

Audit Insurance Optional Extension

Yes \$10,000 No Thanks

Contract Review Optional Extension

Yes No Thanks

Income Protection Optional Extension

Yes, please contact me No Thanks

Are you now, or have you ever been involved with:

a) The development, design, manufacture, sale or supply of goods or services used in Defence Systems?

Yes No If yes please comment below

b) The development, design, manufacture, sale or supply of goods or services used in the Medical Industry?

Yes No If yes please comment below

c) The development, design, manufacture, sale or supply of goods or services used in Financial Services?

Yes No If yes please comment below

d) The development, design, manufacture, sale or supply of goods or services used in Network Security Systems?

Yes No If yes please comment below

Declaration and Acceptance

I/We agree and accept that I/We declare and warrant that the information I/We have provided in this application is correct, truthful and complete; and that this application will form the basis of the contract between me and the Insurer.

I/We Accept By clicking "I/We Accept" for this application form you agree that you have effectively "signed" your approval of the information disclosed and the use of the "I/We Accept" button is as reliable as is appropriate given the purpose for which, and in the circumstances in which a signature is required.

I/We would like this policy to start from (policy has a common renewal date of 1 February)

I would like to pay by monthly direct debit (interest and finance charges will apply to this option)

Technology Insurance Package
FOR IT CONTRACTORS

PRODUCT SUMMARY

DIRECTORS AND OFFICERS INSURANCE

AUDIT INSURANCE

INCOME PROTECTION INSURANCE

CONTRACT REVIEW

