



# Environmental Consultants Professional Indemnity

## Proposal Form

Issued by Agile Insurance Group NZ Limited  
NZBN 9429052286766

PI-ENV-NZ-2026-PropForm

## Important Information

Important information relating to this proposal form. You should read the following information before proceeding to complete this proposal form.

### 1. Duty of disclosure

This is a non-consumer insurance contract. Before you enter into a contract of general insurance with an insurer, you have a duty, to make a fair presentation of the risk. This requires disclosure of every material circumstance that you know, or ought to know, which would influence the judgement of a prudent insurer in determining whether to accept the risk of insurance, and if so, on what terms. Alternatively, you must provide sufficient information to put a prudent insurer on notice that it needs to make further enquiries. Your duty, however, does not require disclosure of any matter:

- that diminishes the risk to be undertaken by the insurer;
- that your insurer knows or, in the ordinary course of their business, ought to or are presumed to know; or
- that is something as to which the insurer waives information.

Your knowledge includes what is known to the senior management of your business / organisation or those that are responsible for your insurance. To comply with this duty, you should also conduct a reasonable search of information and make reasonable enquiries within your business / organisation.

### 2. Non-disclosure

If you fail to comply with your duty of disclosure, and the insurer would not have entered into the contract of insurance or would have done so on different terms, the insurer may cancel or amend your policy or refuse to pay a claim. Depending on the nature of the

failure and its effect on the insurer's decision-making at the time of accepting the risk of insurance, the insurer may have a remedy such as:

- treating the contract as if different terms applied;
- reducing proportionally the amount otherwise payable for a claim; and/or
- avoiding the contract and refusing all claims.

### 3. Privacy statement

Agile Insurance Group NZ Limited are committed to protecting your privacy and complying with the *Privacy Act 2020* (Privacy Act). Details of how Agile collect and use your information are available on our website at [www.withagileunderwriting.com/new-zealand/](http://www.withagileunderwriting.com/new-zealand/).

### 4. Fair Insurance Code

Agile's policies are compliant with the Insurance Council of New Zealand's Fair Insurance Code of Practice. The purpose of the Code is to raise standards of practice and service in the general insurance industry. A copy of this Code is available from the Insurance Council of New Zealand's website at [www.icnz.org.nz](http://www.icnz.org.nz).

### 5. Completing the forms

This proposal forms part of the basis of any insurance contract entered into. Please complete it fully and carefully and ensure the Declaration section is signed and dated. If additional space is required, please attach supplementary pages. Under your policy terms, you have an ongoing duty to disclose all material facts.

## Section 1 – Insurance Requirements

| 1. Period of Insurance required (from 4pm Local Standard time): | From: / /                            | To: / /                              |                                      |                             |         |
|-----------------------------------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|-----------------------------|---------|
| 2. Current cover in place:                                      |                                      |                                      |                                      |                             |         |
| Expiry Date                                                     | Insurer                              | Limit                                | Excess                               | Retroactive Date            | Premium |
| / /                                                             |                                      | \$                                   | \$                                   | / /                         | \$      |
| / /                                                             |                                      | \$                                   | \$                                   | / /                         | \$      |
| / /                                                             |                                      | \$                                   | \$                                   | / /                         | \$      |
| 3. Cover required:                                              |                                      |                                      |                                      |                             |         |
| Cover Type                                                      | Option 1                             | Option 2                             | Option 3                             | Other                       |         |
| Professional Indemnity                                          | <input type="checkbox"/> \$1,000,000 | <input type="checkbox"/> \$2,000,000 | <input type="checkbox"/> \$5,000,000 | <input type="checkbox"/> \$ |         |

## Section 2 – Applicant Details

4. Name of all entities to be insured including trading names and all subsidiaries:

5. Postal address of head office:

Street Address:

Suburb: Town/City: Postcode:

6. Website address:

7. What date was the business established: (DD/MM/YY) / /

8. Company Number or NZBN Number:

9. Number of locations: NZ: Overseas:

If overseas, provide country and region below:

10. Have you or any director / partner / manager of the Insured ever:

|                                                                                                                                     |                              |                             |
|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| a) Had insurance declined or cancelled                                                                                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b) Had an insurer refused or not invite renewal                                                                                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c) Had any non-standard or adverse terms, conditions or restrictions imposed by an insurer (excluding standard policy endorsements) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d) Had any activity specific excess imposed by an insurer                                                                           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e) Had a claim rejected under a policy of insurance                                                                                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f) Been declared bankrupt or placed into receivership or Liquidation                                                                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| g) Been charged with or convicted of a criminal offence                                                                             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If 'Yes', to any of the above, please provide full details below:

## Section 3 – Business Details

### 11. Types of work

Please allocate approximate percentage of all professional services, that You have provided in the last 12 months.

| Professional Service                                 | % | Professional Service                                     | %   |
|------------------------------------------------------|---|----------------------------------------------------------|-----|
| Archaeological or Culture Heritage Consulting        | % | Environmental Monitoring                                 | %   |
| Asbestos and Hazardous Material Inspections / Audits | % | Environmental Project Management                         | %   |
| Contaminated Land Consulting                         | % | Environmental Studies / Reports                          | %   |
| Dams or Tailings Work                                | % | Flora & Fauna Surveying                                  | %   |
| Architectural Design                                 | % | Hydrology                                                | %   |
| Ecological Consultant                                | % | Investigations, Feasibility Studies, Inspections, Audits | %   |
| Land Remediation                                     | % | Soil Engineering                                         | %   |
| Mine Closure Planning                                | % | Training and Education                                   | %   |
| Mining Consultancy                                   | % | Other:                                                   | %   |
| Soil, Air and Water Sample Testing                   | % | The total percentage must add up to 100%                 | 0 % |

### 12. Areas of Activity

Please allocate approximate percentages of the Areas of Activity, that You have provided in the last 12 months.

| Areas of Activity                        | % | Areas of Activity                          | %   |
|------------------------------------------|---|--------------------------------------------|-----|
| Commercial / Industrial under \$2M       | % | Petrochemical/Refinery/Oil & Gas Pipelines | %   |
| Commercial / Industrial over \$2M        | % | Residential / Domestic Work                | %   |
| Marine / Harbours / Jetties or Waterways | % | Sub-Divisions                              | %   |
| Mining – Above Ground                    | % | Other:                                     | %   |
| Mining – Below Ground                    | % | The total percentage must add up to 100%   | 0 % |

### 13. Do You engage in any of the following activities:

|                                                                                                                                         |                              |                             |
|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| a) Geographic Information Systems (GIS) consulting, mapping or cartography                                                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b) Cost estimation and/or quantity surveying services                                                                                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c) Bushfire management planning, including Bushfire Attack Level (BAL) assessments                                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d) Hydrogeological consulting                                                                                                           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e) Asbestos consulting and/or removal                                                                                                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f) Services provided to offshore operations                                                                                             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| g) Design or specification of pollution control or pollution reduction equipment                                                        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| h) Renewable energy project development consulting                                                                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| i) Services provided to petrochemical plants, refineries, fertiliser or ammonia plants                                                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| j) Operation of laboratory services, including NATA-certified laboratories                                                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| k) Services or advice relating to radiation or radioactive contamination arising from nuclear or atomic fuel or nuclear or atomic waste | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| l) ESG Reporting or Advice that drives Investment Decisions                                                                             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If 'Yes', to any of the above, please give details:

### 14. Please provide a more detailed description of the professional services provided by the Insured:

15. Are You aware of any changes to the professional services or activities declared above that are expected to occur in the coming financial year, or is cover required for any other activities (now ceased) that differ from those declared? Yes ☐ No ☐

If 'Yes', please provide details:

16. Please state the 5 Largest projects during the past 5 years You have been involved or, if there is a newly established business, please provide the details of the forthcoming/planned contracts over the next 12 months.

| Description of Project | Location | Contract Value | Total fee earned and/expected |    | Year Completed |
|------------------------|----------|----------------|-------------------------------|----|----------------|
| a)                     |          | \$             | \$                            | \$ |                |
| b)                     |          | \$             | \$                            | \$ |                |
| c)                     |          | \$             | \$                            | \$ |                |
| d)                     |          | \$             | \$                            | \$ |                |
| e)                     |          | \$             | \$                            | \$ |                |

17. Please state gross fees/turnover (as applicable) payable by clients, including gross fees paid to sub-contractors.

| Location                                                                                                                               | Previous 12 months | Last 12 months | Next 12 months |
|----------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------|----------------|
| a) New Zealand                                                                                                                         | \$                 | \$             | \$             |
| b) elsewhere (excluding the USA)                                                                                                       | \$                 | \$             | \$             |
| c) in the USA (including work performed outside those areas for persons, companies, firms, or organisations having an address therein) | \$                 | \$             | \$             |
| <b>Total of (a), (b) and (c) above</b>                                                                                                 | <b>\$ 0.00</b>     | <b>\$ 0.00</b> | <b>\$ 0.00</b> |

18. Number of principals and staff (Full-time / Part-time)

Total Staff: 0

| Role                            | FT | PT | Role                       | FT | PT |
|---------------------------------|----|----|----------------------------|----|----|
| Directors, partners, principals |    |    | Consultants                |    |    |
| Qualified/Technical staff       |    |    | Administration/Other staff |    |    |

19. Name of all principals, directors, partners

| Name | Qualifications | Age |
|------|----------------|-----|
| a)   |                |     |
| b)   |                |     |
| c)   |                |     |
| d)   |                |     |
| e)   |                |     |

20. Are you and/or any of the staff appropriately qualified/licenced and/or have completed the appropriate training to perform these activities? Yes ☐ No ☐

If 'No', please provide full details below:

21. Is cover required for any former trading entities or subsidiaries? Yes ☐ No ☐

If 'Yes', please provide details:

Name subsidiary / trading entity

Date ceased to be a subsidiary  
(DD/MM/YY) / /

22. Have you been involved in or are you considering any mergers or acquisitions or has the Insured's name changed? Yes ☐ No ☐

If 'Yes', please provide details:

23. Are you a member of a consortium or have you been involved in any joint ventures in the last five years? Yes ☐ No ☐

If 'Yes', please provide details:

24. Are you connected or associated (financially or otherwise) with any other entity? Yes ☐ No ☐

If 'Yes', please provide details:

| Name of entity                                                       | Connection details |                              |                             |
|----------------------------------------------------------------------|--------------------|------------------------------|-----------------------------|
| Do you provide work to the associated entity                         |                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you require cover the work you complete for the associated entity |                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

25. Do you subcontract any of your activities? Yes ☐ No ☐

If 'Yes', please answer the below:

- a) Please state percentage of gross fees / turnover paid to subcontractors in the last 12 months? %
- b) What activities are subcontracted?
- c) Do all subcontractors have Professional Indemnity insurance? Yes ☐ No ☐
- d) Do you engage any sub-contractors who:
- i. are natural persons not corporate entities? Yes ☐ No ☐
- ii. works under your direct control and supervision? Yes ☐ No ☐
- If 'Yes', do the gross fees/turnover declared in 12 include gross fees paid to such sub-contractors? Yes ☐ No ☐

26. Do You undertake any work which involves manufacturing, construction, erection, or installation? Yes ☐ No ☐

If 'Yes', please provide details:

27. Do You supply any materials, goods, or equipment? Yes ☐ No ☐

If 'Yes', please provide details:

## Section 4 – Risk Management

28. Are verbal instructions or advice always confirmed in writing? Yes ☐ No ☐

If 'No', please provide details as to why:

29. Have You held any ISO or other third-party accreditation in the last 5 years? Yes ☐ No ☐

30. Do You maintain formal procedures for risk management and quality control, engagement of consultants and subcontractors, incident and claim reporting, peer review and sign-off, and conflict of interest management?? Yes ☐ No ☐

If 'No', please provide details of the procedures currently in place:

31. Do You limit your liability in contracts? (e.g. monetary cap, multiple of fees, PI policy limit)?? Yes ☐ No ☐

If 'Yes', please provide details how the Insured's Liability is limited:

32. Do You enter into contracts that include indemnities, hold harmless provisions, liability for consequential loss, or clauses that limit the liability of other parties involved in the project?? Yes ☐ No ☐

If 'Yes', please provide copies of the contracts.

## Section 5 – Optional Extensions

### Fidelity Extension

33. Do you require cover for Fidelity? Yes ☐ No ☐

If 'Yes', please answer the following:

- |                                                                                                                                                                                   |                              |                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| a) Do all cheques drawn for over NZ\$10,000 require at least two authorised signatures?                                                                                           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b) Is cash in hand and petty cash independently checked at least monthly and additionally without notice at least every six months?                                               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c) Are persons responsible for cash and cheques required to bank these daily?                                                                                                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d) Are bank statements, receipts, counterfoils and other supporting documents reconciled at least monthly against cash book entries by persons not responsible for handling cash? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e) Are references obtained from former employers covering at least the three years prior to the engagement of any person responsible for money, goods or accounting procedures?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If you answered 'No', to any of the above, please provide details below:

34. Are you aware of any claims or losses (paid, made or pending) relating to fraud or dishonesty? Yes ☐ No ☐

If 'Yes' please provide details below:

### Previous Business Extension

35. Do you require cover for previous business? Yes ☐ No ☐

If 'Yes', please answer the following:

- a) Name of the Business Entity
- b) Were the professional activities undertaken in that previous business different from your current business activities? Yes ☐ No ☐

If 'Yes', please provide details:

What were the dates the individual practiced in the previous business? From: / / To: / /

36. Are there any known claims or circumstances from this previous business? Yes ☐ No ☐

If 'Yes', please provide details below:

### Contractor and Consultants Extension

37. Do you require cover to extend to your contractors and consultants? Yes ☐ No ☐

### Principals Indemnity

38. Do you require cover to extend to for principals' indemnity? Yes ☐ No ☐

### Proportionate Liability

39. Do you require cover to extend to for proportionate liability? Yes ☐ No ☐

*If yes, please provide copy of contract*

## Section 6 – Claims History

40. Has the Insured or any principal, partner, director or consultant (either as a principal, partner, director or consultant of the Insured or of any other business) or employee had a claim or circumstance made or raised against them under the type of insurance requested in this proposal in the last 5 years Yes ☐ No ☐

If 'Yes', please provide full details for each matter in a separate attachment including the date notified, the name of the insurer, details of the allegations, details of the amounts claimed, details of any amounts paid and the current status of the claim.

If yes to Question 40 above, what action has been taken to prevent a recurrence of the situation(s) which gave rise to each claim or loss?

41. Has the Insured been subject to any regulatory investigations, disciplinary action, or prosecuted in relation to any actual or alleged breach of legislation? Yes ☐ No ☐

If 'Yes', please provide full details in a separate attachment

42. Are there any claims, investigations and/or enforcement actions currently pending against the Insured, or is the Insured aware, after enquiry, of any circumstances that could give rise to a claim, investigation and/or enforcement action under the proposed insurance? Yes ☐ No ☐

If 'Yes', please provide full details for each matter in a separate attachment including the name of the claimant or potential claimant, a description of the allegations and an estimate of the amount of potential liability

## Declaration

### On behalf of all proposed Applicants

I/We declare and agree that we understand our duty of fair presentation of the risk and that all information provided in this proposal or attachments is true and substantially correct in every respect and that every material circumstance I/We know, or ought to know, has been fully and accurately disclosed to Agile Insurance Group NZ Limited which constitute a fair presentation of the risk for which insurance is sought.

I/We agree that this declaration shall be the basis of and incorporated in the insurance contract and that the insurance contract may be avoided (in certain circumstances and amongst other things) if there is a breach of the duty of fair presentation of risk.

I/We undertake to inform Agile Insurance Group NZ Limited of any material alteration to the above information whether occurring before or after the inception of this insurance contract.

I/We understand that:

- I/We am/are obliged to advise Agile Insurance Group NZ Limited of any information which is material to its consideration of this application. This information includes all information I/We know (or ought to know), following a reasonable search of information and reasonable enquiries within the business, which could influence the judgement of Agile Insurance Group NZ Limited in deciding whether or not to accept this application and (if accepted) on what terms, including cost and otherwise.
- Failure to provide this information may result in Agile Insurance Group NZ Limited refusing to provide the insurance.
- I/We have certain rights of access to and correction of this information in accordance with the policy terms and conditions and Agile's privacy policy.

### Signed by:

Name of Partner(s) or Director(s):

On behalf of (insert name of firm):

Signature:

Date: (DD/MM/YY) / /

If completing electronically, print out the completed form and attach a manual signature.