



Contractors Professional Indemnity Proposal

A. Company/Individual Name

B. Contract Period

Please note that insurance coverage will commence from the start date of your contract.

C. Contract Value

The premium will be calculated based on the written contract value solely with the University of Otago.

D. Full Description of Contract

E. Administration Details

Please provide the details of the administrator that will be overseeing this contract.

Name

Department

Contact Number

Email

In the absence of the department administrator, please contact the Financial Service Division at fsd.insurance@otago.ac.nz.

Please check if this contract is likely to be renewed in the following year (your information will be retained for future reference).

DECLARATION

Have there been any liability claims against you, or have any circumstances occurred or become known to you, which may give rise to claims against you? No Yes

If the answer is YES, please provide additional details.

Printed Name

Signature

Date