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	