



## Contractors Professional Indemnity Proposal

**A. Company/Individual Name**

**B. Contract Period**

Please note that cover will be put in place from the contract start date unless otherwise advised.

**C. Contract Value**

This is the basis on which the premium s will be calculated, please ensure the amount written here is for your contact with the University of Otago only.

**D. Full Description of Contract**

**F. Admin Details**

Please provide the details of the appropriate administration in regards to your contract:

Name  
Department  
Contact Number  
Email

Please tick here if the appropriate contact in the University of Otago's Finance team (Geoff Miller) in the absence of a department administrator:

Please tick here if you contract is likely to renew in 2021 as we will keep the details on file for easy reference next year:

### **DECLARATION**

After enquiry of all Partners/Principles/Directors/Officers/Trustees/Senior Employees:

Have there been any claims against you or have any circumstance occurred or become known to you which may give rise to a claims against you?

If the answer is YES, please provide additional details overleaf.

No

Yes

Signed

Date

Printed Name