

Miscellaneous Professional Indemnity Insurance Proposal Form

IMPORTANT NOTICES

You should read the following advice before proceeding to complete this proposal

Claims Made Insurance

This policy is issued by the insurer Allied World Assurance Company Ltd (the insurer) on a claims-made and notified basis. This means that this policy only covers Claims (as defined) first made against the Insured(you) during the Policy Period (as defined) and notified to the insurer in writing during the Policy Period. This policy does not provide cover for any Claims made against you during the Policy Period if at any time prior to the commencement of the Policy Period you became aware of facts which might give rise to those Claims being made against you. The Policy does also not provide cover for Claims arising from Acts (as defined) which took place before the Retroactive Date specified in the Schedule.

Section 40(3) of the Insurance Contracts Act 1984 (Cth) applies to this type of policy. It provides that where you become aware of any facts which might give rise to a Claim against you, provided that you notify the insurer in writing of those facts as soon as reasonably practicable after you become aware of those facts before the Policy Period expires, the insurer cannot refuse to pay a Claim which arises out of those facts, merely because when the Claim is made, it is made after the Policy Period had expired.

If a Claim is actually made against you during the Policy Period but you do not notify the insurer until after the Policy Period expires, the insurer may refuse to pay or may reduce its payment under the policy if it suffers any prejudice as a result of the late notification of the Claim by you.

Insured's Duty of Disclosure

Section 21 of the Insurance Contracts Act 1984 (Cth) provides that before you enter into an insurance contract, you have a duty to tell the insurer anything that you know, or could reasonably be expected to know, may affect the insurer's decision to insure you and on what terms. You have this duty until the insurer agrees to insure to you. You have the same duty to disclose before you renew, extend, vary or reinstate an insurance contract.

However, you do not need to tell the insurer anything that:

- reduces the risk the insurer insures you for; or
- is common knowledge; or
- your insurer knows or should know as an insurer; or
- the insurer waives your duty to tell them about.

If you do not tell the insurer something

If you do not tell the insurer anything you are required to, the insurer may cancel your contract or reduce the amount the insurer will pay you if you make a claim or both. If your failure to tell the insurer is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it had never existed.

Privacy

The insurer is committed to compliance with the Australian Privacy Principles under the Privacy Act 1988 (Cth). The insurer may collect, use and disclose personal information for the purpose of assessing the risk and providing insurance, administering a policy and assessing and managing claims. Personal information may be obtained by the insurer directly from you or via a third party such as an insurance intermediary. If this information is not provided to the insurer, it may not be able to provide insurance, administer the policy or process a claim.

The insurer's Privacy Policy contains information on the kinds of personal information the insurer collects and holds, how it does so and the purposes for which the insurer collects, holds and discloses personal information. It also contains information on how the insurer can access the insured's personal information, how the insured can seek correction of such information or make a privacy related complaint and when the insurer is likely to disclose personal information to third parties and overseas recipients, including the countries in which the insurer is likely located.

A copy of the insurer's Privacy Policy can be obtained by contacting the Insured by telephone (+612 8015 2500) or by visiting the Insured's website (<http://www.alliedworldinsurance.com/australia>).

By providing the insurer with your personal information, you consent to its collection, use and disclosure as outlined above and in the insurer's Privacy Policy.

Completing The Proposal Form

- Please answer all questions giving full and complete answers.
- It is the duty of the representative of the Business completing this Proposal to provide all information that is requested in the Proposal as well as to add additional material facts. A material fact is such known fact and/or circumstance that may influence the insurer in the evaluation of the risk. If you have any doubts about what a relevant fact is, please do not hesitate to contact your broker.
- If the space provided on the Proposal is insufficient, please use a separate signed and dated sheet in order to provide a complete answer to any question.

GENERAL DETAILS

1. Please state the full name of the person/s or business to be insured, including trading names. Where the applicant is a company, please give the full name of the company and its subsidiaries (hereinafter referred to as 'the Business').

2. Address of principal office

3. Address of any branch offices (including located overseas)

4. Contact Details	Name	Email	Telephone
5. Business Information	Registered company/business name		
	Country of registration	Date or year established	
	ABN	Website	

6. (a) Has the Business name ever been changed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(b) Has the Business ever purchased any other Business?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(c) Has the Business ever merged or consolidated with another business?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If 'Yes', please provide details:

MANAGEMENT & PERSONNEL DETAILS

7. Please state the number of staff in each of the following categories:

Categories	No.	Categories	No.
Partners / Principals / Directors		Partners / Principals / Directors	
Qualified Staff		Trainee / Internship Staff	
Technical Staff		Other (Please specify:)	
Non-technical Staff		Total	

8. Please provide the details of Partners, Principals and Directors of the Business:

Names of all Partners, Principals and Directors	Age	Qualifications	Date Qualified	Number of Years practicing as Partner, Principal or Director	
				This Practice	Previous Practice

Please attach copies of the curriculum vitae for all Partners, Principals and Directors of the Business.

GENERAL DETAILS

9. Do the Partners / Principals / Directors of the Business or the Business have current memberships to any professional associations?

If 'Yes', please provide details:

BUSINESS DETAILS

10. Please describe the nature of business / professional services that the Business provides, including full details of the advice given, activities undertaken and services provided.

11. Does the Business envisage any changes to the advice given, activities undertaken or services provided in the next 12 months?

Yes No

If 'Yes', please provide details:

12. Please categorise the activities described above in Question 10 according to the type of work and state the percentage of fee income generated from such activity.

Type of Work	Percentage
	%
	%
	%
	%
	%
	%
	%
	%
	%

13. Please state the date of your financial year end:

DD/MM/YYYY

14. Please state the gross annual fee income in terms of the following

	Last Financial Year	Current Financial Year (Estimate)	Next Financial Year (Estimate)
Australia	\$	\$	\$
Overseas	\$	\$	\$
Total	\$	\$	\$

15. Does any contract or client represent over 50% of your annual fee income?

Yes No

If 'Yes', please provide details:

16. Please list the 5 largest contracts undertaken in the past 5 years:

Contract Value	Year	Contract Fees
\$		\$
\$		\$
\$		\$
\$		\$
\$		\$
\$		\$

17. Does the Business undertake work which involves the supply of materials, plant, goods or equipment? Yes No

If 'Yes', please provide details including what portion of the fees declared relate to the supply of materials, plant, goods or equipment :

18. Does the Business appoint independent or specialist sub consultants? Yes No

If 'Yes', please provide details:

(a) What percentage of gross income / fees was paid to sub-contractors in the last financial year?	%
(b) Are sub-contractors required to carry professional indemnity insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(c) Does the Business enter into hold harmless agreements or other agreements which waive any legal rights or entitlements you may have against such independent or specialist sub consultants?	Yes <input type="checkbox"/> No <input type="checkbox"/>

19. Is the Business :

(a) Working with other firms in joint ventures?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(b) Connected with other firms financially or in any other way?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If 'Yes', please provide details:

RISK MANAGEMENT

20. Does the Business utilise any third party risk management services or hold third party risk accreditation? Yes No

If 'Yes' please provide details:

21. Does the Business use a standard form of contract, agreement or letter of appointment? Yes No

If 'Yes', please attach a copy.

22. Are verbal reports always confirmed in writing? Yes No

If 'No', please provide details of how you substantiate verbal reports:

23. Please describe the Business' largest professional indemnity exposure with respect to potential claims.

INSURANCE HISTORY

24. Does the Business currently hold or has it ever held any Professional Indemnity, & / or Public Liability Insurance? Yes No

If 'Yes' please provide details:

Type of Insurance	Period of Insurance	Limit of Indemnity	Amount of Excess	Insurer

25. Has any insurer in respect to any insurance held by the Business:

(a) Declined a proposal, refused renewal or terminated an insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(b) Required an increased premium or imposed special conditions?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If 'Yes', please provide details:

CLAIMS HISTORY

26. After enquiry have any Professional Indemnity claims been made against the Business and / or predecessors of the Business and / or any current and / or retired Partner(s), Director(s), Principal(s) or employee(s) of the Business, either individually or otherwise, whether successful or not within the past ten years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If 'Yes', please provide details:

Date of claim/loss	Brief details of each claim/loss	Amount paid or estimate of potential liability	Is claim/loss finalised?

27. Has any Partner(s) / Principal(s) / Director(s) or employee(s) of the Business ever been subject to an inquiry or disciplinary proceedings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If 'Yes' please provide details:

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28. After enquiry are any Partner(s) / Principal(s) / Director(s) or employee(s) of the Business aware of any facts / or circumstances which may give rise to a claim against the Business and/or predecessors of the Business and/or your current and/or retired Partners, Directors, Principals or employees of the Business.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If 'Yes' please provide details:

Claimant or potential claimant	Brief details of the matter	Estimate of potential liability

INSURANCE REQUIRED

29. Limit of liability required:	\$
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30. Excess required (each and every claim):	\$
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31. Optional Extensions:

(a) Fidelity Cover	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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(b) Proportionate Liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Please note that Allied World will assess the application of the Business for the Optional Extensions and determine whether or not the Optional Extensions will be offered to the Business and what additional premium will be charged for the Optional Extensions.

DECLARATION**SIGNING THIS BUSINESS FORM DOES NOT BIND THE BUSINESS OR THE INSURER TO COMPLETE THIS INSURANCE**

I / We declare that the statements and particulars in this Proposal form are true and that no material facts have been misstated or suppressed after enquiry. I / We agree that should any of the information given by me / us alter between the date of this Proposal and the inception date of the insurance to which this Proposal relates, I / we will give immediate notice thereof. I / We agree that this Proposal form, together with any other information supplied by me / us shall form the basis of any contract of insurance effected thereon.

TO BE SIGNED BY A PERSON AUTHORISED BY THE BUSINESS AS A PARTNER, DIRECTOR OR PRINCIPAL OF THE BUSINESS

SIGNATURE	DATE
NAME	POSITION