

Professional Indemnity Insurance Proposal Form

Duty of Disclosure

Your Duty of Disclosure

Before you enter into a contract of general insurance with an Insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the Insurer every matter that you know, or could reasonably be expected to know, is relevant to the Insurer's decision whether to accept the risk of insurance and, if so, on what terms.

You have the same duty to disclose those matters to the Insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of a matter:

- ▶ that diminishes the risk to be undertaken by the Insurer;
- ▶ that is of common knowledge;
- ▶ that your Insurer knows or, in the ordinary course of its business, ought to know;
- ▶ as to which compliance with your duty is waived by the Insurer.

Non-Disclosure

If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the Insurer may also have the option of avoiding the contract from its beginning.

Claims Made Policy

This declaration is for a 'claims made and notified' policy of insurance. This means that the Insuring Clause responds to:

- ▶ claims first made against you during the policy period and notified to the Insurer during the policy period, provided that you were not aware at any time prior to the policy inception of circumstances which would have put a reasonable person in your position on notice that a claim may be made against him/her; and
- ▶ written notification of facts pursuant to Section 40(3) of the Insurance Contracts Act 1984. The facts that you may decide to notify, are those which might give rise to a claim against you. Such notification must be given as soon as reasonably practicable after you become aware of the facts and prior to the policy's period of cover has expired. If you give written notification of such facts the policy will respond even though a claim arising from those facts is made against you after the policy has expired. For your information, Section 40(3) of the Insurance Contracts Act 1984 is set out as follows: "S40(3) Where the Insured gave notice in writing to the Insurer of facts that might give rise to a claim against the Insured as soon as was reasonably practicable after the Insured became aware of those facts but before the insurance cover provided by the contract expired, the Insurer is not relieved of liability under the contract in respect of the claim when made by reason only that it was made after the expiration of the period of insurance cover provided by the contract."

When the policy period expires, no new notification of facts can be made on the expired policy even though the event giving rise to the claim against you may have occurred during the policy period.

You will not be entitled to indemnity under your new policy in respect of any claim resulting from an act, error or omission occurring or committed by you prior to the retroactive date, where one is specified in the policy terms offered to you.

Subrogation

The policy contains a provision that has the effect of excluding or limiting the Insurer's liability in respect of a claim where the Insured had foregone, excluded or limited a right of recovery or contribution.

Non-Renewable Policy

For the purposes of Section 58 of the Insurance Contracts Act 1984, if a policy is issued, this policy is non-renewable and will expire at the conclusion of the policy period. Should the Insured require coverage beyond the expiry of the policy period, the Insured must complete a new proposal form and the Insurer may provide a new contract, the terms and conditions of which will be negotiated at the time.

Important Information

Answering the Questions

You must answer ALL questions in this proposal form. Failure to answer all questions in this proposal form could delay consideration of this application for insurance. You must ensure you provide complete and correct answers to all questions in this proposal form. If you are unsure whether any information is material to the Insurer's consideration of this application, this information should be disclosed.

Supplementary Information

If there is insufficient space in this proposal form for you to provide a complete answer to a question you may also submit additional information in spreadsheet or report format.

Supporting Documentation

All Applicants are required to submit the following documentation with this proposal form:

1. the CV's of all directors, principals and partners of the Applicant; and
2. any pamphlets, flyers or similar documentation the Applicant provides to the public.

Meaning of Terms

Please note in this proposal form:

"Proposer" means:

- ▶ the Association and all subsidiaries; and
- ▶ the officer bearers of the Association and all subsidiaries.

Reference to "North America" means the USA and Canada and their respective territories and possessions.

Contact Quanta

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Part A: Details of the Proposer**1.1**

Name of Proposer:

ABN:

Name of all subsidiary companies for whom cover is required:

1.2

Phone:

Mobile:

Fax:

Email:

Website:

Address of principal office:

Suburb:

State:

Postcode:

Address of branch office(s):

1.3

Date Proposer commenced:

If the business is less than five years old, please attach details of the principals, directors or partners relevant experience or resumés.

1.4

Please give FULL details of all professional services provided and, where applicable, of any intended change in these. If the Proposer is acting as an accountant, architect, consulting engineer, legal professional, advertising agent, computer consultant, travel agent, tour operator or translator then please also complete the relevant proposal:

1.5

Has the Proposer been engaged in or is likely to start engaging in any other professional service or activity other than described above? Yes No

If Yes, please provide details:

1.6

Please provide details of all principals, directors, partners or consultants (last being persons under contract for services with the Proposer).

Name:	Age:	Qualifications:	Date qualified:	Length practising as principal, director, partner or consultant of Proposer/previous business:
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1.7

Please indicate the number of principals and staff below.

	Directors, partners, principals:	Consultants:	Qualified/technical:	Administration/other:	Total:
Full time:					
Part time:					

1.8

Has the Proposer been involved in any mergers or acquisitions in the last five years? Yes No
 If Yes, please provide details:

1.9

Has the Proposer been involved in any joint ventures in the last five years? Yes No
 If Yes, please provide details:

1.10

For sole practitioners, principals, directors or partners who have joined the Proposer in the last five years, please advise below.

Name:	Name of previous business:	Professional services:
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1.11

Is the Proposer required to be licensed or accredited in order to practice the professional services for which cover is being requested? Yes No
 If Yes, has the license or accreditation has been in force at all relevant times? Yes No
 If No, please provide details:

1.12

Is the Proposer represented in any way outside Australia, other than North America? Yes No
 If yes, please provide details below.
 Country: Fee/turnover: No. of staff: No. of offices:

1.13

Is the Proposer represented in any way in North America? Yes No
 If yes, please provide details below.
 Fee/turnover: No. of staff:

Please provide a breakdown in the number of employees by location as follows.

NSW: VIC: WA: TAS: QLD: SA: ACT: NT: Overseas:

1.14

Please state gross fees/turnover/revenue (as applicable), payable by clients. For any non-fee-earning business/practice, state total turnover. If the business/practice has more than one core activity, please show appropriate split of income for each activity.

Location:	Previous 12 months:	Last 12 months:	Next 12 months:
a. Australia			
b. elsewhere (excluding North America)			
c. in North America (including work performed outside those areas for persons, companies, firms, or organisations having an address therein)			
Total:			

1.15

Does the Proposer subcontract any of their activities? Yes No
 If Yes, please state gross fees paid to subcontractors.
 Previous financial year: Current financial year: Forthcoming financial year:

1.16

Do fees earned from any one client represent more than 50% of total fee income?

Yes No

If Yes, please provide details below.

Client name:

Fees earned:

Year work was performed:

1.17

Does the business or any principal/partner/director act on behalf of, or undertake professional services for any firm, company or organisation in which the Proposer or any principal/ partner/ director has a financial interest of 20% or more of the company and/or board representation on that firm, company or organisation?

Yes No

If Yes, please provide the name of the company and details of the type of professional services conducted for that firm, company or organisation:

1.18

Does the Proposer undertake any work which involves the Proposer in:

a. manufacturing, construction, erection or installation?

Yes No

If Yes, state what percentage of the fees declared relates to such contracts:

b. the supply of materials, plant, goods, or equipment?

Yes No

If Yes:

i. does the supply relate to branded products only?

Yes No

ii. do the products originate from suppliers outside Australia?

Yes No

If Yes to b) i) or ii) please give details of products and name and location of suppliers:

iii. what percentage of the fees declared relates to such contracts?

1.19

Does the Proposer use any brochures, written agreements or conditions of contract in connection with the professional services?

Yes No

If Yes, please attach copies of these documents.

1.20

Has the Proposer any other Professional Indemnity Insurance in force?

Yes No

If Yes, please provide details below.

Name of insurer:

Policy number:

Renewal date:

Limit of indemnity:

Retroactive date:

Part B: General Details

2.1

Has any insurer, in respect of the risks to which this proposal relates, ever:

- | | | |
|--|-----|----|
| a. declined a proposal, refused renewal or terminated an insurance? | Yes | No |
| b. required an increased premium or imposed special conditions? | Yes | No |
| c. declined an insurance claim by the Proposer or reduced its liability to pay a claim in full (other than by application of an Excess)? | Yes | No |

If Yes in either case, please provide details:

2.2

Has any claim been made against the Proposer or any principal, partner, director, consultant or employee in respect of the risks to which this proposal relates? Yes No

If Yes, please provide details below.

Date of claim or loss:	Brief details of each claim or loss:	Cost (if any) of claim paid or loss incurred:	Estimated outstanding loss:
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2.3

What action has been taken to prevent a recurrence of the situation which gave rise to each claim or loss?

2.4

Is any principal, director, partner, consultant or employee, after enquiry, aware of any circumstances which might:

- | | | |
|--|-----|----|
| a. give rise to a claim against the Proposer or his/her predecessors in business or any of the present or former partners, principals, directors, consultants or employees? | Yes | No |
| b. result in Proposer or his/her predecessors in business or any of the present or former partners, directors, consultants, employees, or principals incurring any losses or expenses which might be within the terms of this cover? | Yes | No |
| c. otherwise affect the Company's consideration of this Insurance? | Yes | No |

If Yes to any of the above, please give details including maximum potential cost (by separate note of preferred):

Important note: It is agreed that if such facts, circumstances or situations exist, whether or not disclosed, any claim arising from them is excluded from this proposed coverage.

Part C: Insurance

3.1

Please state Limit of Indemnity required under this insurance:

\$1,000,000 \$2,000,000 \$5,000,000 \$10,000,000 \$20,000,000

3.2

Please state Excess required (in most case an Excess will be compulsory):

\$1,000 \$2,500 \$5,000 \$7,500 \$10,000 Other (please specify):

Declaration

This part of the Professional Indemnity Proposal Form requires the duly authorised person to declare that the Proposal Form has been completed by answering all of the required questions in full and in accordance with the Duty of Disclosure. The authorised person must ensure that they have read and understood the Duty of Disclosure and if necessary revise the answers in the Proposal Form; then read, sign and date the declaration below.

I/We the undersigned duly authorised person(s) declare that:

- ✔ I/We have authorisation by each of the Proposers to sign this Proposal Form.
- ✔ The above statements are correct, true and complete.
- ✔ No information material to this Proposal Form has been withheld.
- ✔ I/We have read the important facts which you have put before me/us and I/We understand the advice given in relation to the Duty of Disclosure.
- ✔ I/We have diligently made all necessary and detailed enquiries in order to comply with the Duty of Disclosure.
- ✔ I/We understand that no insurance is in force until such time as the insurer has confirmed acceptance of the proposed insurance.
- ✔ I/We undertake to inform the insurer of any material alteration to these facts occurring before completion of the contract of insurance.
- ✔ I/We acknowledge that the Insurer relies on the information and representations in this Proposal Form and otherwise made by me/us in relation to this insurance.

Signature:

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

Date (DD/MM/YY):

On behalf of (name of firm):

Privacy Statement

We are committed to protecting your privacy. We use the information you provide to advise about and assist with your insurance needs. We provide your information to insurance companies and agents that provide insurance quotes and offer insurance terms to you or the companies that deal with your insurance claim (such as loss assessors and claims administrators). Your information may be given to an overseas insurer (like Lloyd's of London) if we are seeking insurance terms from an overseas insurer, or to reinsurers who are located overseas. We will try to tell you where those companies are located at the time of advising you. We do not trade, rent or sell your information.

If you don't provide us with full information, we can't properly advise you, seek insurance terms for you, or assist with claims and you could breach your duty of disclosure.

For more information about how to access the personal information we hold about you and how to have the information corrected and how to complain if you think we have breached the privacy laws, you can access a copy of our Privacy Policy on our website quanta.com.au or alternatively contact our Privacy Officer on **02 9225 4111**.

Returning Your Form

- | | |
|---|-----|
| 1. Have you signed the Privacy Statement & Declaration? | Yes |
| 2. Has each question in this Form been answered? | Yes |
| 3. Have you given complete, true and accurate answers to all relevant questions in this Form? | Yes |
| 4. Have you attached all necessary supporting documentation with this Form, including the CV's of all directors, principals and partners? | Yes |

Please check you have correctly filled out all sections and saved the document before submitting the form.

If you wish to return your form to Quanta via post, email or fax, please use the details provided below.

Contact Quanta

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