

Building Control Surveyors (Certifiers)

Professional Indemnity Insurance Proposal Form

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:

"Applicant" means:

- any entity for which cover under the policy is required including any service, administrative or nominee companies and subsidiaries that you wish to be covered by this policy;
- any individual for which cover under the policy is required including any director, principal, partner or employee of any entity to be insured by the policy; and
- any former director, principal, partner or employee of any entity to be insured by the policy.

"Proposal Form" means this document and any supporting documentation submitted with this 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 below: "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.

Part A: General Information

This part of the Professional Indemnity Proposal Form asks for general information in relation to the Applicant's business. All sections of Part A are compulsory and must be completed in full.

Section 1: Insurance Requirements**1.1 Indemnity Limit**

\$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000 Other (please specify):

1.2 Reinstatement

Is a reinstatement of the limit of indemnity required? Yes No

1.3 Stamp Duty

For the purposes of calculating the stamp duty to be paid for the policy, please provide the approximate percentage of the Applicant's activities (based on Gross Income/Fees) applicable to each State, Territory and Overseas [TOTAL must equal 100%].

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

Section 2: Applicant Details**2.1 Entities to be Insured**

Please complete the table below for each entity to be insured. It is essential that the Applicant specifies the names of all entities including service, administrative or nominee companies and subsidiaries that the Applicant wished to be covered by the policy.

Entity (include registered name and ALL trading names): ABN: Business commencement date:

2.2 Contact Details

Name: Phone: Mobile: Fax:

Email: Website:

Postal address: Suburb: State: Postcode:

2.3 Gross Income/Fees (Australian Dollars)

Country: Previous financial year end: Estimated current financial year end: Projected next financial year end:

Total gross income/fees:

Section 3: Resources**3.1 Staff**

Please complete the table by indicating the number of employees, sub-contractors and consultants employed/engaged by the Applicant for each category.

Principals, directors & partners: Professionally qualified: Other employees: Sub-contractors/consultants: Total number of staff:

3.2 Principals, Directors & Partners

Please complete the table below for all principals, directors and partners.

Name:	Age:	Qualifications:	Date qualified:	Total years experience:
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3.3 Engaged Sub-Contractors and Consultants

3.3 a) Does the Applicant engage consultants, sub-contractors or agents who provide professional services on their behalf?	Yes	No
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3.3 b) If Yes, does the Applicant insist that their consultants, sub-contractors or agents carry their own professional indemnity insurance?	Yes	No	n/a
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Important notice: Please note that unless expressly agreed by the Insurer, sub-contractors, consultants and agents engaged by you are not personally indemnified under this policy.

Section 4: Insurance History**4.1 Latest Professional Indemnity Policy**

Broker:	Insurer:	Indemnity limit:	Excess:	Expiry date:	Base premium:
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4.2 Prior Claims or Circumstances

4.2 a) Has any partner, principal, director, employee, sub-contractor or consultant, ever been subject to disciplinary proceedings for professional misconduct?	Yes	No
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If Yes, please provide details:

Important notice: When completing the table below, the amount indicated in Amount Paid should reflect any payments already made by the Insurer to third parties, plus any legal costs and expenses incurred to date by the Insurer. The amount indicated in Estimated should include amounts set aside by the Insurer for possible future payments. This information should be available directly from your Insurer's claims department. Attach a separate sheet if necessary.

4.2 b) Have any claims ever been made against any firm or entity to be Insured by this policy or any of their predecessors in business or any prior firm or entity of any of their present or former partners, principals, directors, employees, sub-contractors or consultants, or have circumstances been notified to Insurers that may give rise to a claim, in respect of the risks to which this proposal relates? Yes No

If Yes, please provide details below:

Date notified to insurer:	Name of claimant or potential claimant:	Name of insurer:	Amount paid to date in respect of claim/loss:	Estimated insurer outstanding reserve/loss:
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Please provide a brief description of the claim/loss/notification:

Date notified to insurer:	Name of claimant or potential claimant:	Name of insurer:	Amount paid to date in respect of claim/loss:	Estimated insurer outstanding reserve/loss:
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Please provide a brief description of the claim/loss/notification:

Date notified to insurer:	Name of claimant or potential claimant:	Name of insurer:	Amount paid to date in respect of claim/loss:	Estimated insurer outstanding reserve/loss:
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Please provide a brief description of the claim/loss/notification:

Date notified to insurer:	Name of claimant or potential claimant:	Name of insurer:	Amount paid to date in respect of claim/loss:	Estimated insurer outstanding reserve/loss:
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Please provide a brief description of the claim/loss/notification:

Please attach additional sheets if necessary.

4.2 c) Is any partner, principal, director, employee, sub-contractor or consultant, after enquiry, aware of any circumstances which might give rise to a claim against any firm or entity to be insured by this policy or any prior firm or entity of any of their present or former partners, principals, directors, employees, consultants, or sub-contractors in respect of the risks to which this proposal relates (which is not referred to in the question above)?
Yes No

If Yes, please provide details below:

Date notified to insurer:	Name of claimant or potential claimant:	Name of insurer:	Estimate of potential liability:
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Please provide a brief description of the circumstances:

4.3 Previous Insurance Applications

4.3 a) Has any Insurer ever declined a proposal, refused renewal or terminated the Applicant's professional indemnity insurance cover? Yes No

If Yes, please provide details including the reason(s) given by the Insurer:

4.3 b) Has any Insurer ever imposed special terms or conditions on the Applicant's professional indemnity insurance policies? Yes No

If Yes, please provide details including the reason(s) given by the Insurer:

4.3 c) Has any Insurer denied liability for a claim made or notified against the Applicant's previous professional indemnity insurance policies? Yes No

If Yes, please provide details including the reason(s) given by the Insurer:

Part B: Professional Activities

This Part of the Professional Indemnity Proposal Form asks for specific information in relation to the Professional Activities undertaken by the Applicant.

Section 1: Professional Activities

1.1 Detailed Analysis of Business Activity

Please detail the approximate percentage of your fee income derived from the following professional activities:

Type of activity:	% of total fee income:	% let to outside consultants:
Architecture		
Building Design and/or Drafting		
Town Planning		
Interior Design		

Building Surveying:

- Statutory Approvals/Permit Issue
- Mandatory Building Inspections
- Building Regulation Enforcement Inspections
- Approval of Performance Based Assessments
- Dispensation Approvals/Applications
- Building Regulation Consultancy
- Energy Rating Consulting

Other Surveying:

- Land
- Quantity
- Marine

Other Inspections and/or Reports (not part of other activities):

- Building Defects reports for Insurers
- Owner Builder Inspections
- Pre-purchase Inspections
- Statutory Essential Services Reports
- Specialist Fire Protection
 - incl Testing/Maintenance
- Specialist Pest Infestation/Protection Inspections

Project Management

Construction Management

Swimming Pool Safety Inspections

Other

Total (%) - must equal 100%

1.2 Details of Work

Please detail the approximate percentage of your total work in the following areas:

Type of building work:	% of total gross fees:
Individual Dwellings (Residential)	
Low Rise Residential/Commercial Buildings (up to 3 storeys) - New Construction	
Low Rise Residential/Commercial Buildings (up to 3 storeys) - Internal Renovation/Fit out	
High Rise Residential/Commercial Buildings (above 3 storeys) - New Construction	
High Rise Residential/Commercial Buildings (above 3 storeys) - Internal Renovation/Fit out	
Schools, Hospitals, Municipal Buildings & Recreation Centres	
Industrial: Manufacturing, Warehouses, Distribution & Processing - Projects up to \$1 million in value	
Industrial: Manufacturing, Warehouses, Distribution & Processing - Projects more than \$1 million	
Modular Buildings (involving repetitive design)	
Acoustics & Noise Prevention	
Petrochemicals, refineries, fertilisers, etc - Hazardous	
Petrochemicals, refineries, fertilisers, etc - NON Hazardous	
Structures at fairs, shows and exhibitions	
Agricultural Farms, Dairies etc	
Residential, Commercial or Industrial Subdivisions	
Airports	
Other	
Total (%) - must equal 100%	

1.3 Inspections

Do you undertake all your own inspections? Yes No

If No, please advise the following information.

a. % undertaken by the Principal and/or Directors:

b. % carried out by employees:

c. If an external Inspection Service is used, please complete the table below.

Name of external Inspector/Firm used:	% of all inspections/permits issued:	Registered?
		Yes No
		Yes No
		Yes No

What is the typical average no. of inspections undertaken by Principal/Director/Employee practitioners each day?

1.4 Detailed Description of Activities

If the Applicant undertakes "Other" activities (as referred to on the previous page), please provide a FULL description of these activities:

Please list the 5 largest projects completed in the table below.

Details of project:	Date completed:	Total value:	Total fees earned:

1.5 Training and Education

Do the directors, partners and qualified employees of the Applicant regularly attend continuing education programmes? Yes No

1.6 Regulated by RICS, Chartered Surveyor Status and RICS Associate Member Status

The Quanta Professional Indemnity Insurance Policy for Australian Building Control Surveyors (Certifiers) is designed for eligible firms (Applicants) that are:

1. regulated by RICS; and
2. have a minimum 50% of their professional staff qualified either as a Chartered Surveyor or associate member of RICS.

This Insurance Policy has been negotiated with Insurers by Quanta, in conjunction with RICS, and recognises key aspects of RICS assurance including:

- i. RICS' pro-active regulation of Firms (Regulated by RICS);
- ii. RICS' pro-active regulation of all RICS members (Chartered Surveyors and associate members);
- iii. Chartered Surveyor status (with designation FRICS or MRICS);
- iv. Associate member status (with designation AssocRICS).

Quanta will allow Applicants four (4) weeks from Inception of the Policy to engage with RICS to continue cover under the Quanta Professional Indemnity Insurance Policy for Australian Building Control Surveyors (Certifiers) at terms agreed, if Applicants do not initially meet the eligibility requirements at the time of the application.

1.6 a) Please advise if your firm (the Applicant) is regulated by RICS (provide the RICS firm number below): Yes No

1.6 b) Please advise the number of professionals employed by your firm that are Chartered Surveyors (FRICS or MRICS) or associate members of RICS (AssocRICS).

Chartered Surveyors
(FRICS / MRICS):

Associate members of RICS
(AssocRICS)

Neither Chartered Surveyors
nor AssocRICS:

1.6 c) Does your firm (the Applicant) intend on selling, merging, retiring, or ceasing to trade in the next 12 months? Yes No

1.7 Internal/External Cladding

Has the Proposer in the last ten years provided, or does the Proposer anticipate providing in the next 18 months, professional services involving the use of internal/external cladding on projects of the following types:

- | | | |
|---|-----|----|
| a. residential buildings with multiple occupancy (3 or more storeys in height)? | Yes | No |
| b. buildings of a public nature (3 or more storeys in height)? | Yes | No |
| c. office buildings used for professional or commercial purposes (more than 4 storeys in height)? | Yes | No |

If Yes to any of the above, please provide details below.

Name and location of project/contract:	Consulting work by Proposer:	Completion date:	Total contract value:	Cost of internal/external cladding component:	Sprinkler system installed?
					Yes No
					Yes No
					Yes No
					Yes No
					Yes No
					Yes No
					Yes No

If there is insufficient room for a full answer please attach additional sheets.

External Cladding means aluminium composite panels with a polyethylene core used for the purpose of external cladding (this does not include aluminium composite panels used as an "attachment" as defined by the Building Code of Australia).

Such aluminium composite panels include, but are not limited to, panels supplied by the following companies:

ALCUBOND® | ALCUBEST® | ALPOLIC® | VITRABOND | FORMWALL 1000

Did the external cladding for the projects detailed on the previous page comply with the Building Code of Australia at the time of the project or contract completion?	Yes	No
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If No, please provide details of which projects or contracts and the reason for non-compliance:

Do you still consider that the external cladding for the projects detailed on the previous page comply with the Building Code of Australia?	Yes	No
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If No, please provide details of which projects or contracts and the reason for non-compliance:

1.8 Miscellaneous

Are written disclaimers included with written advice being given?	Yes	No
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If Yes, please attach an example.

Are verbal reports always confirmed in writing?	Yes	No
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If No, please state approximate % of reports that have been given in the last 12 months as verbal reports only:

Do you have a system for reviewing or selecting potential clients?	Yes	No
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Section 2: Risk Management Addendum

Do you have a dedicated risk manager?	Yes	No	n/a
If Yes, does the risk manager report to the main board?		Yes	No
How do you ensure that all appropriate staff are fully appraised of, understand and carry out the risk management processes and guidelines?			

Do you limit your liability in contract?	Yes	No	If Yes, to what amount (\$)?
Do you have the ability to break down the fee income to demonstrate what % of the total has its liability limited in contract?		Yes	No
How often are the RM process and philosophies reviewed?			
Are these reviews undertaken by an independent third party or by the risk manager and their team?		independent third party	risk manager/team
Is there a third party that reviews and/or audits the work of the insured?		Yes	No
If Yes, please provide details of the third party, how frequently they carry this out and what is reviewed/audited:		Yes	No

What peer review processes are in place and what is the trigger for referral?

Is a full risk assessment carried out prior to any acceptance of new business by the firm?	Yes	No
If Yes, what areas of risk does this include?		

How do you monitor risk management performance and efficiency?

Can you model the effectiveness of your risk management procedures against previous years?	Yes	No
With regards to the areas that have caused claims, has the insured undertaken a full audit of all similar work undertaken within the company and or all work undertaken by the persons responsible for the errors?	Yes	No
If Yes, what has been the outcome and what steps have been taken to prevent any re-occurrences?		

Does all work need to be progressed through an internal electronic workflow process (as opposed to paper documents) so that all risk management requirements are addressed prior to the project/job being allowed to move onto the next stage in its life cycle?	Yes	No
Can the risk manager access the internal electronic work flows for all work being undertaken to review at what stage a project/contract is at and ascertain whether it is within the risk management guidelines?	Yes	No
Does the risk manager receive alerts electronically (or otherwise) from contracts where there is a breach of the risk management protocol or requirements?	Yes	No
If Yes, please provide details:		

Declaration

This Part of the Professional Indemnity Proposal Form requires the Applicant to declare that the Proposal Form has been completed by answering all of the required questions in full and in accordance with the Applicants Duty of Disclosure. The Applicant 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 hereby declare that:

- ✔ I/We are authorised by each of the Applicants to complete and sign this Proposal Form.
- ✔ I/We have read and understood the Important Information set out on page 1 of this Proposal Form including the Duty of Disclosure.
- ✔ I/We have made detailed enquiries in order to comply with the Duty of Disclosure and the statements and information contained in the Proposal Form are true, correct and complete.
- ✔ No material information or facts have been withheld or misstated in the Proposal Form.
- ✔ I/We understand that the duty to disclose continues after I/We have completed this Proposal Form and signed this declaration until I/We have received written acceptance of the risk from the Insurer. This includes the duty to disclose any alterations to the information and statements provided in the Proposal Form prior to the inception date of the policy.
- ✔ I/We understand that until the Insurer confirms acceptance of the risk, no insurance is in force.
- ✔ I/We have read the privacy statement and I/We agree that information about this insurance may be collected, used and disclosed as described in that statement. Where I/We have provided information about an individual such as an employee on this proposal form, I/ We have advised the individual of the fact and provided a copy of the privacy statement to the individual.

Signature:

Name:

Position held:

Date:

Signature

Name:

Position held:

Date:

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.

The information you provide will also be shared with the Royal Institution of Chartered Surveyors (RICS) on a periodic basis and for the purpose of reporting to RICS.

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, as well as other policy conditions.

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 Covid-19 Questionnaire, Claims History on Insurer Letterhead and CV's of director/s? 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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