

PROFESSIONAL INDEMNITY INSURANCE PROPOSAL FORM



IMPORTANT NOTICES

Claims Made Insurance

Your professional indemnity policy is issued on a 'claims made' basis. This means that the policy responds to: -

1. Claims first made against you during the policy period and notified to the insurer during that policy period, providing 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 you; and
2. Pursuant to Section 40 (3) of the *Insurance Contracts Act 1984* (Cth) which states: "*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 expires, no new notification 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 arising out of circumstances of which you were aware at any time prior to policy inception which would have put a reasonable person in your position on notice that a claim may be made against you.

When completing your proposal you are obliged to report and provide full details of all circumstances which have become known to you and which would put a reasonable person in your position on notice that a claim may be made against you (refer to question 3 of the proposal form).

This is important to ensure that:

- a) if you are currently insured and you notify a claim or circumstance prior to the expiry of your current policy, you are covered under your current policy in respect of any claim arising out of these circumstances; and
- b) you make proper disclosure (refer notice pursuant to the *Insurance Contracts Act 1984* (Cth) above and below) in order that your entitlement to full indemnity under your new policy is not placed in jeopardy.

In accordance with the provisions of the *Insurance Contracts Act 1984* (Cth) we are required to advise you of your responsibilities in relation to the disclosure of relevant information.

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 the 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.

(It should be noted that this duty continues after the proposal form has been completed up until the policy is entered into. i.e. the date the insurer receives acceptance of the quotation).

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. It is therefore vital that you enquire of all principals and senior staff before you complete your proposal form and before you sign any declaration that there has been no change in the information disclosed.

Average Provision

One of the insuring provisions of the professional indemnity insurance policy provides that where the amount required to dispose of a claim or claims exceed the Limit of Indemnity in the Policy then the Insurer shall be liable only for a proportion of the total costs and expenses. This shall be the same proportion of the total expenses as the policy limit bears to the total amount required to dispose of the claim or claims.

Utmost Good Faith

In accordance with Section 13 of the *Insurance Contracts Act 1984*(Cth) the policy of insurance is based on the doctrine of utmost good faith which requires each contracting party to act towards each other with the utmost good faith. Failure to do so on your part may prejudice any claim or the continuation of the insurance contract.

Non Renewable

Professional indemnity insurance is not a renewable insurance policy. Any policy issued by the insurer will terminate at a date and time specified in the policy schedule. There is no right to an automatic extension or renewal of the policy. If you wish to effect similar insurance for a subsequent period, it is necessary to complete a new proposal form prior to the termination of the expiring policy so that the insurer may consider whether or not to offer a replacement policy, and if so, on what terms.

Other Information You Should Know

All acceptances are to be communicated to Planned Cover. Upon receipt your unqualified written acceptance of the terms, and subject to the total premium payable, Planned Cover will place your insurance cover.

The above notes are not exhaustive and in no way should be read in isolation of the full policy terms, conditions, limitations and exclusions.

Privacy Notice

Planned Cover (a trading entity of IBL Limited) complies with the National Privacy Principles. If you would like a copy of our Privacy Policy visit our website www.plannedcover.com.au or if you wish to access the information we hold about you, contact our Complaints Manager on 1800 810 970. Where possible your request will be dealt with immediately although you may need to complete a formal request for more complex requests.

Contacting us or opting out

If you do not want us to disclose your personal information to any other organisation you can opt out by contacting us on Email: enquiries@plannedcover.com.au however we advise that such action may prevent us from providing products or services requested by you.

If you do not notify us otherwise before next dealing with us, you confirm agreement to the above on your own behalf and/or on behalf of those you represent.

If you have any Complaints

Planned Cover is committed to the efficient resolution of complaints received in relation to the services that are offered by our company. If you have any complaint about the service provided, you should take the following steps:

1. Contact your Account Manager and tell them about your complaint. If they are unable to resolve your complaint they will ask you to detail your complaint in writing.
2. Detail your complaint in writing and address it to the department manager. This will ensure that all parties involved fully understand your complaint.
3. Within 5 days of receipt of your written complaint, the department manager will notify you of any outcome or further discussions or investigations that need to occur. We will try to resolve your complaint quickly and fairly.
4. If you are not satisfied with the outcome you may contact our Complaints Manager on 1800 810 970.
5. If you still do not receive a satisfactory outcome, you may have the right to complain to the insurer or Financial Ombudsman Service. We will advise you of the contact details for these avenues if we have not satisfactorily resolved the complaint within 15 business days.

Please note before starting:

1. All questions must be answered giving full and complete answers
2. Blanks and/or dashes, or answers 'known to insurers or brokers' or 'N/A' are unacceptable and will delay completion of your insurance.
3. Upon completion, please sign and date BEFORE sending your submission.

IF THERE IS INSUFFICIENT SPACE TO COMPLETE A QUESTION, PLEASE ATTACH A SIGNED AND DATED ADDENDUM.

Victoria: Level 21, 41 Exhibition Street, Melbourne, VIC 3000 P: 03 8508 5400 F: 03 9500 2274
victoria@plannedcover.com.au

New South Wales: PO Box 1983, North Sydney, NSW 2059 P: 02 9957 5700 F: 02 9957 5722
sydney@plannedcover.com.au

Queensland: Level 1, 8 Martha Street, Camp Hill, QLD 4152 P: 07 3017 1500 F: 07 3846 2874
brisbane@plannedcover.com.au

South Australia: PO Box 229, Stepney, SA 5069 P: 08 8363 7366 F: 08 8363 7399
adelaide@plannedcover.com.au

Western Australia: Suite 6 123a Colin St, West Perth, WA 6005 P: 08 9261 1200 F: 08 9226 0927
perth@plannedcover.com.au

1. List full name of all current entities to be insured. It is essential to specify the names of all entities including trading names, service, administrative or nominee companies and subsidiaries that you wish to be covered by this policy.

Name	Date established	ACN	ABN

2. In respect of the current practice and any of its principals/partners/directors, have any professional indemnity insurers:

a. Declined a proposal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Imposed special or unusual terms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Declined to continue the practice's insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Cancelled the practice's insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Denied indemnity for a claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, to any of the above, provide details.	

3. Please answer the following questions after enquiry within the practice.

a. Have any claims or allegations of negligence or breach of professional duty been made in the last 10 years against the practice (or any of its predecessors in business or any prior practice of any of their present or former partners, principals or directors), OR have circumstances been notified to insurers that might give rise to a claim?					<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, supply details
Date notified	Name of insurer (if any)	Name of claimant or potential claimant	Description of problem	Amount paid or outstanding	Finalised or outstanding
b. Are there any additional claims or allegations of negligence or breach of professional duty against the practice (or any of its predecessors in business or any prior practice of any of their present or former partners, principals or directors) or are there circumstances that may give rise to a claim which have NOT been included in Question 3(a)?					<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, supply details
Date of loss	Name of claimant or potential claimant	Description of problem	Amount paid or outstanding	Finalised or outstanding	

4. If you require cover for incorporated entities the practice previously conducted, provide details.

Name	Date established	Date name changed or ceased trading

5. Provide details of the contact person and offices.			
Name			
Position			
Mobile			
Email address			
Street address			
Postal address			
Website address			
Phone number		Fax number	
Does the practice have any additional offices?		<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, provide an Additional Offices Addendum detailing the above information for each office.	

6. Provide details of each principal/partner/director.					
Individual's name	Age	Registered practitioner? Yes/No/NA	Years practicing as principal/ partner/director	Qualifications	Institute/Association membership

7. Provide details of the practice's staff.	
a. Number of qualified professionals	
b. Number of other technical staff	
c. Number of other staff	
Total Number of staff	
List below the professions of staff in question (b) above.	

8. Has any principal/partner/director or staff member ever been subject to disciplinary proceedings for professional misconduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please detail

9. Do you require principal's previous business cover?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Principal/Directors name	Name of previous unrelated practice	Date principal/director left	

10. Are you planning any substantial changes in your activities or are there any new operations contemplated during the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please detail

11. Has the practice or any principal/partner/director been a member of any joint venture which has NOT previously been notified to Planned Cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, complete Joint Venture Addendum
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12. Provide details of the practice's:	
a. Professional development program	
b. Internal risk management procedures	

13. Does the practice currently hold professional indemnity insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Current Insurer		
Policy due date		
Annual premium paid		
If NO, advise when practice last held professional indemnity insurance.		

14. Provide details of the practice's professional fees.						Australia	Overseas	
a. Professional fees earned for last 12 months (Excluding GST).						\$A	\$A	
b. State percentage of professional fees disclosed in 13(a) paid to sub consultants.						%	%	
c. Estimated professional fees for the next 12 months (Excluding GST).						\$A	\$A	
d. Provide a breakdown of professional fees earned for the last 12 months (Note: If a new practice, provide an estimate).								
NSW	VIC	QLD	SA	WA	TAS	NT	ACT	OVERSEAS
%	%	%	%	%	%	%	%	%

15. Do you engage consultants, sub-contractors or agents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, do you insist they carry their own professional indemnity insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

16. Has the practice worked on overseas projects which have NOT previously been notified to Planned Cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, complete Overseas Projects Addendum
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17. Express as a percentage, the practice's professional fees derived from the following activities:					
a. For professional services which are the responsibility of the practice; and					
b. Of these professional services, what percentage of (a) is performed by sub consultants?					
Activities	(a)	(b)	Activities	(a)	(b)
Architecture	%	%	Electrical Engineering	%	%
Landscape Architecture	%	%	Structural Engineering	%	%
Drafting	%	%	Heating & Ventilating/Air-Conditioning Engineering	%	%
Interior Design	%	%	Acoustical Engineering	%	%
Building Design	%	%	Chemical Engineering	%	%
Hydraulic/Fire Design Services	%	%	Geotechnical/Soil Engineering	%	%
Project Management	%	%	Hydraulic/Fire Engineering	%	%
Construction Management	%	%	Land Surveying	%	%
Town Planning	%	%	Quantity Surveying	%	%
Plumbing Engineering	%	%	Building Surveying	%	%
Environmental Engineering	%	%	Marine Surveying	%	%
Mining Engineering	%	%	Engineering Surveying	%	%
Nuclear Engineering	%	%	Environmental Consultancy	%	%
Marine Engineering	%	%	Other (specify below)	%	%
Civil Engineering	%	%	TOTAL	%	%
Mechanical Engineering	%	%	Please specify other activities:		

18. State the approximate percentage of work undertaken in the following areas:			
Individual Dwellings (residential, not being flats or townhouses)	%	Pre-Purchase Building Inspections	%
Low Rise Buildings (up to 5 storeys)	%	Bridges/Tunnels	%
High Rise Buildings - project value under \$75m	%	Roads/Drainage	%
High Rise Buildings - project value above \$75m	%	Subdivisions	%
Schools, Hospitals, Municipal Buildings	%	Dams	%
Aged Care	%	Mines	%
Hotels/Motels/Pubs	%	Harbours & Jetties	%
Sports Centres/Clubs	%	Soil Testing & Foundations Investigation Including Control of Earthworks	%
Retail Shops, Flats, Townhouses	%	Foundations & Underpinning (both excluding investigations for foundations)	%
Commercial Buildings	%	Sewerage, Water Systems - Commercial	%
Industrial Buildings	%	Sewerage, Water Systems - Domestic	%
Aquatic Centres	%	Oil & Gas Pipelines	%
Modular Buildings (involving repetitive design)	%	Petrochemicals, Refineries, Fertilizers, etc	%
Feasibility Studies, Investigations or Reports (but excluding Environmental)	%	Structures at Fairs	%
Commercial Tenancy Fitout	%	Trade Shows, Exhibitions	%
Domestic Surveying - (individual dwelling set outs & boundary surveys)	%	Mechanical Plant and Bulk Handling Equipment including Silos	%
Industrial & Commercial Surveys (projects up to \$1 million in value)	%	Environmental Appraisals/Impact Assessments/Audits	%
Swimming Pools - Commercial	%	Acoustics & Noise Prevention	%
Swimming Pools - Domestic	%	Risk and Hazard Assessments	%
Landscape Architecture	%	Pollution Control Equipment	%
Interior Design	%	Waste Disposal, Treatment or Management	%
Heritage Premises	%	Energy Rating Assessment/HMB Assessor	%
Town Planning	%	Other (specify below)	%
Teaching/Lecturing	%		
Expert Witness/Mediation	%	TOTAL	%
Please specify any other areas:			

19. Provide details of the 4 largest projects undertaken during the last 4 years. (Note: If a new practice, indicate scope of works anticipated.)					
	Project	Location	The practice's role	Project value	Professional Fees
1					
2					
3					
4					

20. Has the practice or any related entity ever engaged in or had a share of an entity engaged in:	
a. Actual construction, fabrication, erection or any form of building contracting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Real estate development?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Manufacture, sale or distribution of any product or process or patented production process?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer to any of the above is YES, list the names of the other entities involved and describe the relationship.	

21. Has the practice ever entered into a Collateral Warranty?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, does the practice require cover for the Collateral Warranty exposure?	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, complete Collateral Warranty Addendum

22. Limit of indemnity required:

<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> \$5,000,000	<input type="checkbox"/> \$10,000,000	<input type="checkbox"/> \$20,000,000	Other <input type="checkbox"/> \$
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23. Other Insurances Please advise if you are interested in obtaining details regarding the following insurance products to further protect your business.		
		Current Policy Expiry Date
a. Office or Business Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Public Liability Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c. Business Travel Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d. Contract Works Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e. Fleet Motor Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
f. Life/TPD Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
g. Income Protection Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	

I/We hereby declare that:

I/We have read and understood the important notices at the beginning of this proposal form.

The undersigned are authorised to act for and on behalf of all persons who may be entitled to indemnity under any policy which may be issued pursuant to this proposal and that I/we complete this proposal on their behalf.

The above statements are true, that I/we have not suppressed or mis-stated any facts, and 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.

- Enquiry should be made of all principals/partners/directors and senior staff to ensure full disclosure.
- The proposal should be signed by the principals/partners/directors.
- Signing the form does not bind the practice to accept the insurance or the insurers to provide a quotation.

PLEASE NOTE: THE PROPOSAL MUST BE SIGNED AND DATED

Principals/Partners/Directors	Signature(s)	Date
	Click to add signature	
	Click to add signature	