

## **MISCELLANEOUS PROFESSIONS PROFESSIONAL INDEMNITY PROPOSAL FORM**

### **IMPORTANT INFORMATION**

**Please read the following information before completing this proposal**

#### **A. Obtaining a Quotation**

To minimise delays in obtaining a quotation please provide complete answers to all questions in the proposal form and attach relevant brochures, CV's etc that you believe will help us understand your business.

#### **B. 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 reasonable 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 any matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows or, in the course of his 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.

## C. Claims Made and Notified Policy

This proposal form is for Professional Indemnity Insurance on a “Claims made and Notified” basis. This means that the policy covers you for claims made against you and notified to the insurer during the period of cover. It does not provide cover for:

- claims arising from an event which occurred before the policy’s “retroactive date” where such a date is specified in the schedule;
- claims made after the period of cover expires (even where the event giving rise to the claim occurred during the period of cover);
- claims made, threatened or intimated before the period of cover commenced;
- claims arising from facts or circumstances of which you first became aware before commencement of the policy and which you knew or ought reasonably to have known, had the potential to give rise to a claim under the policy of any previous policy;
- claims arising from circumstances noted on the proposal form or any previous proposal form.

## D. Subrogation Agreements

Where another person would be liable to compensate you for any loss or damage otherwise covered by the insurance, but you have agreed with that person either before or after the loss or damage occurred that you would not seek to recover any monies from that person, the Insurer will not cover you under the insurance for such loss or damage.

## E. Privacy Statement

The Privacy Act 1988 (as amended) applies to this proposal and requires us to advise you that:

### Purpose of collection

W.R. Berkley Insurance Australia collects personal information (this is information or an opinion about an individual whose identity is apparent or can reasonably be ascertained and which relates to a natural living person) for the purposes of:

- providing insurance services to you;
- evaluating your application;
- evaluating any request for changes to any insurance provided;
- issuing administering and managing the insurance provided after acceptance of an application;
- investigating and, if covered, managing claims made in relation to any insurance you have with us.

The personal information collected can be used or disclosed by us for secondary purposes related to those purposes listed above, but only if you would expect us to use or disclose the information for such secondary purpose. However, for sensitive information the secondary purpose must be directly related to the purposes listed above.

### Disclosure

When necessary and in connection with the purposes listed above W.R. Berkley Insurance Australia may disclose your personal information to and/or receive information from other companies within the same group, your insurance broker or our agent, government bodies, loss assessors, claim investigators, reinsurers, other insurance companies, mailing houses, claims reference providers, other service providers, hospitals, medical and health professionals, legal and other professional advisers.

### Consequences if information is not provided

If you do not provide us with the information we need we will be unable to consider your application for insurance cover, administer your policy or manage any claim under your policy.

### Access

You may request access to the personal information we hold about you by contacting W.R. Berkley Insurance Australia at the address shown:

### Contact Details

W. R. Berkley Insurance Australia  
Tower 2, Level 21, Darling Park  
201 Sussex Street  
SYDNEY NSW 2000

Ph: 02 9006 1140  
Fax: 02 9006 1010  
Email: [australia@wrberkley.com](mailto:australia@wrberkley.com)  
Web site: [www.wrbaustralia.com.au](http://www.wrbaustralia.com.au)

**SECTION 1 – GENERAL DETAILS**

1. Please provide the following details:

Name of proposer(s) to be covered	ABN	Date Established

2. Main address of the proposer and any other addresses:

E mail address:

Web address:

3. Individual, partner, principal, director, consultants details:

Name	Age	Qualifications	Date(s) Qualified	Length of Service	
				This Practice	Previous Practice

**Please attach CV where the proposer has been established less than 3 years and/or where any individual has no relevant qualifications.**

4. Number of employees split between the following:

Principals/Directors      Qualified Staff      Administrative      Other (specify)

5. Is the proposer connected or associated (financially or otherwise) with any other entity? Yes/No

5.1 If yes is cover required for any work undertaken for any associated entity? Yes/No

5.2 If yes please provide full details including nature of the work undertaken and income derived.

6. During the past 6 years has the proposer's name been changed, has any other business been purchased and/or has any merger or consolidation taken place? Yes/No  
If yes please provide details.

**SECTION 2 – CLAIMS INFORMATION**

7. After full enquiry has the proposer sustained any loss through the fraud or dishonesty of any person? Yes/No  
If yes please provide details.

8. After full enquiry is the proposer aware of any fraud, dishonesty, bankruptcy or administration order applicable to any past or present principal, partner, director or employee? Yes/No  
If yes please provide details.

9. After full enquiry has any claim been made against the proposer's business or any principal, partner, director or employee whilst in this or any other business? Yes/No  
 If yes please provide details.

Date matter Notified	Insurer	Claimant (or Potential claimant)	Brief Description	Amount Paid including legal costs	Estimate of Liability if not paid	Finalised or open

10. After full enquiry is the proposer aware of any circumstance or incident which has or could result in any claim being made against the proposer's business, or any principal, partner, director or employee whilst in this or any other business? Yes/No  
 If yes please provide details.

11. After full enquiry has any principal, partner, director or employee been subject to any disciplinary proceedings or actions for misconduct in a professional respect whilst in this or any other business? Yes/No  
 If yes please provide details.

**SECTION 3 – THE BUSINESS: WORK UNDERTAKEN**

12. Please provide the proposer's fees/income in each of the financial years derived from clients based in:

	Last Financial Year Ended -- / --	Current Financial Year Ending -- / --	Coming Financial Year Ending -- / --
Australia			
Elsewhere			
Total			

If fees/income are/is declared as derived from clients based in "Elsewhere" please provide details including territories involved and income derived.

Please give a percentage split totalling 100% of which state(s) generate the proposer's income

NSW	VIC	QLD	SA	WA	TAS	NT	ACT	O/S
%	%	%	%	%	%	%	%	%

13. Please provide a full description of the activities undertaken by the proposer.

14. Is the proposer aware of any change in activity/structure that will occur in the coming financial year? Yes/No  
 If yes please provide details.

15. What is the proposer's largest fee earned from one client and the average fee per client in the last year?

Largest:

Average:

16. Please list the proposer's five largest contract assignments undertaken in the last three years.

Type of Service and Country	Fee	Contract Value	Date Commenced	Date Completed

17. Is the proposer a member of a consortium or has the proposer entered into any joint venture agreement?

Yes/No

If yes please provide details.

**SECTION 4 – THE BUSINESS: RISK MANAGEMENT**

18. Is the proposer admitted to any Association or accredited to any quality systems such as the ISO9000?

Yes/No

If yes please provide details.

19. What are the proposer's procedures in operating a diary system?

20. If the proposer is a sole practitioner, please provide details of arrangements to maintain service and standards in the event of sickness or holiday?

21. Does the proposer have written procedures or checklists for the services performed?

Yes/ No

If yes please provide details.

22. What records are kept by the proposer of telephone conversations and attendance at meetings?

23. Does the proposer subscribe to any form of Continuing Professional Development or Education?

Yes/No

If yes please provide details.

24. What are the proposer's procedures, such as letters of engagement, to ensure that a clients requirements are clearly identified and can be met?

25. Does the proposer always obtain satisfactory written references when engaging employees?

Yes/No

If no please provide details.

26. Does the proposer ensure that any outside consultants engaged carry their own Professional Indemnity Insurance

Yes/No

If no please provide details.

**SECTION 5 – INSURANCE COVERAGE**

27. Does the proposer currently have Professional Indemnity Insurance in force for the activities for which cover is being sort? Yes/No  
 If yes please provide the following details.

Insurer

Limit

Excess

Renewal date

Number of years cover has been continuously in force

28. Has any Proposal for similar insurance made on behalf of the proposers business, any predecessor of the business, or any principal, partner or director ever been declined or has such insurance ever been cancelled, renewal refused or any special terms imposed (other than general market increases)? Yes/No  
 If yes please provide details.

**SECTION 6 – INSURANCE REQUIRED**

Please indicate the limit of indemnity you require and the excess you are prepared to accept by circling the relevant amounts:

29. Limit of Indemnity required:

- a) \$1,000,000      b) \$2,000,000      c) \$5,000,000      d) Other (specify) .....

30. Excess:

- a) \$1,000      b) \$2,000      c) \$5,000      d) Other (specify) .....

**SECTION 7 – DECLARATION**

I/We declare that I/we have read the important notices in this proposal form and that the statements and particulars contained in the proposal are true and complete and that I/we have not mis-stated or suppressed any material facts. I/We agree that this proposal together with any other information supplied by me/us shall form the basis of any contract of insurance effected thereon.

I/We undertake to inform Insurers of any material alteration to these facts occurring before completion of the contract of insurance. However, the duty to disclose material facts continues after the completion of the proposal form and throughout any period of insurance (and any extension thereto), upon which this proposal form was used as the basis of the contract of insurance.

Signing this proposal does not bind the proposer to complete this insurance.

..... Date:.....  
 Signature of authorised individual/partner/principal/director