

- Answer all questions. Blanks &/or dashes, or answers 'known to underwriters or brokers' or 'N/A' are not acceptable & will delay consideration of this proposal.
- If there is insufficient room to complete a question, please attach a signed & dated addendum.
- Any documents attached to the proposal form are part of this proposal.
- Where appropriate, please tick the yes or no box which best indicates your reply.

Your details

- 1. Name** **a.** Year of commencement
 Full legal name of each natural person, incorporated body and subsidiary to be insured as well as any unincorporated business or trading names.

- b.** Are you registered for GST purposes? No Yes What is your ABN?

- 2. Address**

Principal address Postcode

Telephone no. Facsimile No. Mobile

Email address Website address

- 3. Particulars of all Principals**

Name of Principal	Age	Qualifications / Experience	Years practicing as Principal	
			Current Business Practices	Previous Business Practice

- 4. Principals' previous business (incoming):**

Name of Principal	Name of Principal's previous business practice	Date Principal left that practice
<input style="width: 250px;" type="text"/>	<input style="width: 300px;" type="text"/>	DD / MM / YY <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
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- 5. Prior corporate entity:**

Has the name of the person, firm or incorporated body detailed in answer to Question 1 been changed, or has any other business been purchased or has any merger or consolidation of your businesses taken place?

- No Yes Please detail changes in chronological order.

6. Total number of:

- a. Principals / Directors / Partners
- b. Other employees (full time equivalent)
- c. Contractors / volunteer workers / students

Total of all staff

7. Are you a member in good standing of a professional association or society?

No

Yes



Please provide status of membership and the name of the association(s) or society(s).

Your Professional Activities

8. a. State fully the professional services provided by your business. Please provide clear details of the nature and type of advice given and copies of any brochures or other documentation which may assist CGU Professional Risks in gaining a better appreciation of the risk being proposed.

b. Please categorise the activities undertaken as described in Question 8. a. above, and indicate the percentage of your total income each activity represents.

	%
	%
	%
	%

c. Does the nature or type of the professional services now undertaken by you or on your behalf and described in Question 8. a. and b. above, differ in any respect from the nature or type of professional services provided at any time in the past by you or on your behalf?

N.B. Cover will not be provided for claims arising from the types of professional services which are not detailed in the policy schedule.

No

Yes



Please provide details of the nature and type of professional services previously provided; the dates between which they were provided and annual fee income from these professional services. Please also advise why those services are no longer being provided by you.

9. Are you or have you or any parent, subsidiary or other related entity either: (i) engaged in, or; (ii) have or had a controlling share of an entity engaged in:

a. Actual construction or fabrication?

No

Yes



Please answer Question 10.

b. Real estate development?

No

Yes



Please answer Question 10.

c. The manufacture, sale or distribution of any product or process or patented production process?

No

Yes



Please answer Question 10.

N.B. These activities may be excluded by the policy or we may be unable to provide cover for these activities.

10. Do you require cover for the activities specified in Question 9. above?

No

Yes



Please provide the following information.


a. Names of the other entities involved, outlining their relationship to you.

b. Full details, including (but not limited to) a description of the activities engaged in, the revenue/fees generated from these activities and the nature of your involvement.

N.B. We may still be unable to provide cover for these activities.

Joint Ventures


11. a. Are you or any principal currently, and /or have you or any principal ever been a member of any Joint Venture?

No Yes  Please provide the following information in respect of each such Joint Venture.

b. Please provide the description (including names/parties) and nature of the Joint Venture project. Additional information may be requested depending on the nature, size and type of Joint Venture.

Overseas Work (Outside Australia/New Zealand)

12. Have you ever undertaken, or are you likely to undertake, work overseas?

No Yes  Please provide the following details of such work.

Country	Type of Representation (e.g. branch or affiliate office)	Dates of Commencement/ Closure	Annual Income	Type of Work
		DD / MM / YY		

Fee Income

13. a. Gross professional fees for the last 12 months. **Include** fees paid to sub-consultants appointed by you. **Exclude** fees collected for disbursement to consultants appointed by your client together with travelling, accommodation or similar expenses reimbursed by your clients.

Australia \$ Overseas \$

b. Estimated gross professional fees for the next 12 months. **Include** fees paid to sub-consultants appointed by you. **Exclude** fees collected for disbursement to consultants appointed by your client together with travelling, accommodation or similar expenses reimbursed by your clients.

Australia \$ Overseas \$

c. For Stamp Duty purposes, please provide a percentage breakdown of the fee income disclosed in **a.** above by State or Territory.


ACT	%	NSW	%	VIC	%	QLD	%	SA	%
WA	%	TAS	%	NT	%	Overseas	%	Total	%

Risk Management

14. For Sole Traders only

What arrangements do you have to cover the business or practice during your temporary absence while away on business, leave, sick, etc.?


15. Does any one client (or group of companies) account for more than 20% of your income? If so, in respect of each such client, state the approximate percentage of your income derived from that client or group of companies. Also explain your relationship with that client and the professional services you provide to them.



16. a. Are written disclaimers included with advice being given? No Yes  Please provide an example.

b. Do you have in place a system for assessing potential clients?

No Yes  Please provide details.

c. Do you have a documented quality assurance or risk management program which addresses the professional services being proposed for insurance?

No Yes  Please provide highlights of the program which you have implemented to reduce / manage the risks related to the professional services being proposed for insurance.

- d. Is there a principal/director/partner responsible for overseeing risk management within your practice?
 No Yes  Please provide the role such person has in the business and the qualifications and experience of this person.
- e. Is there a principal/director/partner responsible for overseeing risk management within your practice?
 No Yes  Please provide the role such person has in the business and the qualifications and experience of this person.

Claims and Circumstances

17. Please answer the following questions after enquiry within your organisation.

- a. During the past 10 years has any claim been made, or has negligence been alleged, against any entity or individual to be insured by this insurance (including any prior corporate entity and any of the present or former principals), or have any circumstances which may give rise to a claim against any of these been notified to insurers?

No Yes  Please give details

Year Notified	Insured With	Claimant	Nature of Problem	Amount Paid and/or Outstanding

- b. Are there any circumstances not already notified to insurers which may give rise to a claim against any entity or individual to be insured by this insurance (including any prior corporate entity and any of the present or former principals).

No Yes  Please give details

Name of Practice and Principal	Claimant	Nature of Problem	Estimate

- c. Are there any claims against previous practices which have been identified in Questions 4. or 5. of this proposal, which may give rise to a claim against any entity or individual to be insured by this insurance (including any prior corporate entity and any of the present or former principals).

No Yes  Please give details

Name of Practice and Principal	Claimant	Nature of Problem	Amount Paid and/or Outstanding

- d. Has any principal or staff member ever been subject to disciplinary proceedings for professional misconduct?

No Yes  Please give details

Name of Practice and Principal/Staff member	Claimant	Nature of Problem	Amount Paid and/or Outstanding

Insurance History

18. a. Are you currently insured for professional indemnity?


No Yes  Please complete the table below for the last 3 years.

b. If you are not, have you ever been insured for professional indemnity?

No Yes  Please complete the table below for the last 3 years you were insured.

Name of Insurer	Period Insured	Sum Insured	Excess

c. Have you ever had an insurer decline a proposal, decline to renew, cancel your insurance, or imposed special terms?

No Yes  Please provide details below.

Cover Required


19. Please indicate which policy limit(s) you would like a quote for:

\$1 million \$2 million \$5 million Other \$

Retroactive Cover


20. Do you require retroactive cover which may be subject to additional premium?

Retroactive cover extends cover under the policy to liability arising from work carried out prior to the inception of the policy to which this proposal relates. There will be no cover for claims arising from a known circumstance as at policy inception.

No Yes  Please state date from which retroactive cover is required: / /

Optional Extensions – Cyber Cover Extension

21. a. Do you require the Cyber Cover Optional Extension, subject to additional premium?







No Yes  Please answer parts **b.** and **c.**

b. Please specify within which band the number of records* held as part of your business:

Number of records held:


*For the purposes of this question, record means any record that contains personally identifiable information and/or personal health information.

c. Please identify your business' critical vendors:


Type of Vendor	No	Yes	Name of Vendor
Cloud / Back-up / Web Hosting	<input type="checkbox"/>	<input type="checkbox"/> 	<input type="text"/>
Internet Service Provider (ISP)	<input type="checkbox"/>	<input type="checkbox"/> 	<input type="text"/>
Business Critical Software Provider	<input type="checkbox"/>	<input type="checkbox"/> 	<input type="text"/>
Data Processors (e.g. payment processing)	<input type="checkbox"/>	<input type="checkbox"/> 	<input type="text"/>
Point of Sale (POS) Hardware Provider	<input type="checkbox"/>	<input type="checkbox"/> 	<input type="text"/>
Managed Security Services (e.g. firewall, intrusion detection, anti-virus)	<input type="checkbox"/>	<input type="checkbox"/> 	<input type="text"/>

Optional Extensions – Employment Practices Liability and/or Fidelity

22. a. Do you require Employment Practices Liability cover, subject to additional premium?

No Yes  A further addendum will need to be completed. Please request a copy of this form.

b. Do you require Fidelity cover, subject to additional premium?

No Yes  A further addendum will need to be completed. Please request a copy of this form.

Declaration

I/We hereby declare that:

My/Our attention has been drawn to the Important Notice accompanying this proposal form and further I/we have read these notices carefully and acknowledge my/our understanding of their content by my/our signature/s below.

The above statements are true, and I/we have not suppressed or mis-stated any facts and should any information given by me/us alter between the date of this proposal form and the inception date of the insurance to which this proposal relates I/we shall give immediately notice thereof.

I/we agree that, by submitting this form, the personal information I/we provide to CGU Insurance in this form or otherwise may be collected, held, used and disclosed in the manner set out in the CGU Privacy Policy found at www.cgu.com.au/privacy, including for processing this application and providing me/us with cover.

I/We also confirm that the undersigned is/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 form and I/we complete this proposal form on their behalf.

To be signed by the Chairman/President/Managing Partner/Managing Director/Principal of the association/partnership/company/practice/business.

Signature

Date

Signature

Date

It is important the signatory/signatories to the Declaration is/are fully aware of the scope of this insurance so that all questions can be answered. If in doubt, please contact your insurance broker since non-disclosure may affect an insured's right of recovery under the policy or lead to it being avoided.

Insurance Broker's Details

Broker Name

Account Number

Address

Postcode

Phone

Fax

Contact Name

Enquiries 13 24 81
Claims 13 24 80

Mailing address
GPO Box 9902 in your capital city

Sydney
388 George St
Sydney
NSW 2000

Melbourne
181 William St
Melbourne
VIC 3000

Brisbane
189 Grey St
South Bank
QLD 4101

Perth
46 Colin St
West Perth
WA 6005

Adelaide
80 Flinders St
Adelaide
SA 5000



Insurance Australia Limited
ABN 11 000 016 722
trading as CGU Insurance

backed by iag



CGU.COM.AU/PROFESSIONAL_RISKS

AN IMPORTANT NOTICE TO THE APPLICANT

'CLAIMS MADE' CONTRACTS OF INSURANCE

PLEASE READ AND RETAIN IN YOUR FILE

The proposed insurance is issued on a 'claims made' basis.

This means that the policy responds to:

1. claims first made against the insured during the policy period and notified to CGU Professional Risks during that policy period, providing that the insured was not aware, at any time prior to the policy inception, of circumstances which would have alerted a reasonable person in the insured's position that a claim may be made against the insured; and
2. 'claims circumstances' notified pursuant to Section 40 (3) of the *Insurance Contracts Act* 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'.

After policy expiry, no new claims can be made on the expired policy even though the event giving rise to the claim may have occurred during the policy period.

If during the policy period you become aware of circumstances which a reasonable person in your position would consider may give rise to a claim, and which you fail to notify to us during the policy period, we may not cover you under a subsequent policy for any claim which arises from these circumstances.

When completing the proposal you are obliged to report and provide full details of all circumstances of which you are aware and which a reasonable person in your position would consider may give rise to a claim.

It is important that you make proper disclosure (see **Duty of Disclosure**, below) so that your cover under any new policy with us is not compromised.

Pursuant to the *Insurance Contracts Act* your duty to disclose all relevant information is set out below.

DUTY OF DISCLOSURE

Before entering into a contract of general insurance, you have a duty, under the *Insurance Contracts Act*, to disclose to us every matter that you are aware of, or could reasonably be expected to be aware of, that is relevant to our decision about insuring you and if so, on what terms. You have the same duty to disclose these matters to us before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of matter -

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

You should note that your duty continues after the proposal form has been completed until the policy is entered into.

Non-disclosure

If you fail to comply with your duty of disclosure, we may be entitled to reduce our liability under the policy in respect of a claim or may cancel the policy. If your non-disclosure is fraudulent, we may also have the option of avoiding the contract from its beginning. It is therefore vital that you enquire of all entities comprising the insured, including senior staff, before completing the proposal form and before you sign any declaration confirming no change in the information disclosed.

Retroactive Liability

The proposed insurance may be limited by a retroactive date either stated in the schedule or endorsed onto the policy. Where the retroactive cover provided by the proposed policy is subject to such a date, then the policy does not cover any claim arising from actual or alleged act, error, omission or conduct occurring prior to such retroactive date.

Average Provision

One of the insuring provisions of the proposed insurance may provide that where the amount required to dispose of a claim exceeds the limit of the sum insured in the policy then CGU Professional Risks 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.

Surrender of Waiver of any Right of Contribution or Indemnity

If another person or company is liable to compensate you or hold you harmless for part or all of any loss or damage otherwise covered by our policy, but you agree with that person or company (either before or after the inception of our policy) that you would not seek to recover any loss or damage from them, we will not cover you for this loss or damage.

Enquiries	13 24 81	Mailing address
Claims	13 24 80	GPO Box 9902 in your capital city

Sydney 388 George St Sydney NSW 2000	Melbourne 181 William St Melbourne VIC 3000	Brisbane 189 Grey St South Bank QLD 4101	Perth 46 Colin St West Perth WA 6005	Adelaide 80 Flinders St Adelaide SA 5000
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Insurance Australia Limited
ABN 11 000 016 722
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