



Insurance Brokers Professional Indemnity Insurance Proposal Form

IMPORTANT NOTICES

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 Pacific Indemnity Underwriting Solutions Pty Ltd 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, i.e. until the date we receive instructions to bind cover.

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 Pacific Indemnity Underwriting Solutions Pty Ltd 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.

Wholesale only

Pacific Indemnity Underwriting Solutions Pty Ltd is only licensed to offer or provide General Insurance products or services which do not include any of the following types of General Insurance (which are defined by the Corporations Act as "retail"): Motor Vehicle, Home Building, Home Contents, Sickness and Accident, Consumer Credit, Travel, Personal or Domestic Property, Medical Indemnity or any other kind of General Insurance which has been prescribed by the Corporations Regulations.

About Pacific Indemnity Underwriting Solutions Pty Ltd

Pacific Indemnity Underwriting Solutions Pty Ltd, ABN 14 606 511 639, specialises in Professional Risk insurance (including Professional Indemnity Insurance, Malpractice Insurance, Information & Computer Technology Insurance, Management Liability Insurance and similar products).

Pacific Indemnity's Australian Financial Service Licence number is 480863.

Insurance Brokers Professional Indemnity Insurance Proposal Form

1. Details of Proposer

Full Legal Name(s) of each natural person & incorporated body to be insured, and any Trading Name(s)

ABN

Contact Person

Commencement Date of Business

Name(s) of any Legal Entity the Business has operated under other than those answered above)

Name(s) of any other business your Business has purchased, merged or consolidated with

2. Address

Street Address

Suburb

State

Postcode

Telephone

Postal Address
(If different)

Email Address

Website

Number of Office
Locations

Other Office
Locations

3. Details of the principals/partners/directors:

Name	Qualifications	Years as a principal of this practice	Years as a principal of prior practice	Name of prior practice in which you were a principal
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Number of full-time equivalent staff in the following categories:

Partners/principals/ directors	<input type="text"/>	Professional/technical staff	<input type="text"/>
Administration/support staff	<input type="text"/>	Other staff (please specify)	<input type="text"/>
			Total <input type="text"/>
Details of Other Staff	<input type="text"/>		

5. Total amount of income and premium placed for the following periods:

Your income should include income from joint ventures and fees attributable to sub-contractors and sub-consultants.

	Previous 12 months (to date)		Last 12 months (to date)		Next 12 months (estimate)	
	Premium	Gross Income	Premium	Gross Income	Premium	Gross Income
Australia	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Elsewhere	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Total	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

6. Details of your Business

a) What is your AFS licence number?

b) Please provide the percentage of commission / brokerage or other income derived from the following categories:

Category	%	Category	%
General Insurance Broking	<input type="text"/> %	Underwriting Agency	<input type="text"/> %
General Insurance Agency	<input type="text"/> %	Life Insurance Agency	<input type="text"/> %
Authorised Representative of General and/or Life Insurer	<input type="text"/> %	Life Insurance Broking	<input type="text"/> %
Authorised Representative of General and/or Life Insurance Broker	<input type="text"/> %	Risk Management Consulting/ Services	<input type="text"/> %
Reinsurance Broking	<input type="text"/> %	Other (Please specify below)	<input type="text"/> %

TOTAL 100 %

c) Please advise the percentage of Total Premium paid to insurers in the following classes of insurance.

Class of Insurance	%	Class of Insurance	%
Liability	<input type="text" value=""/>	Livestock / Bloodstock	<input type="text" value=""/>
Workers Compensation	<input type="text" value=""/>	Motor (carrying capacity under 10 tonnes)	<input type="text" value=""/>
Professional Risks (incl Directors & Officers etc)	<input type="text" value=""/>	Heavy Motor (carrying capacity over 10 tonnes)	<input type="text" value=""/>
Other Financial Lines	<input type="text" value=""/>	Compulsory Third Party	<input type="text" value=""/>
Property (incl business packages)	<input type="text" value=""/>	Aviation	<input type="text" value=""/>
Construction	<input type="text" value=""/>	Credit Insurance	<input type="text" value=""/>
General Accident	<input type="text" value=""/>	Other (please specify below)	<input type="text" value=""/>
Marine	<input type="text" value=""/>	<input type="text" value=""/>	
		TOTAL	100%

d) Do you hold a binding authority with any insurance capacity provider? **YES NO**

If 'Yes' please provide the following detail

Class of Business	Name of Insurer / Security	Maximum Limits
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>

e) Please advise the approximate % of commission derived from binders %

f) Are you authorised to settle claims on behalf of insurers? **YES NO**

If 'Yes' please provide details

g) Do you sign insurance proposals on behalf of clients? **YES NO**

If 'Yes' please provide details

h) Is it your practice to provide clients with a copy of the policy wording and schedule? **YES** **NO**

If 'No', how do you ensure that your client is informed of policy terms conditions and limitations

i) Do you have any on-line facilities providing access to an insurers computer systems for the purpose of arranging insurance or issuing policy documentation? **YES** **NO**

If 'YES', please provide details of each such arrangement and the % of total premium placed by you which is arranged via such arrangements.

j) Do you place risks (directly or indirectly) with insurers who are not licensed to operate in Australia? **YES** **NO**

If 'YES', please provide details of each such insurer and the classes of insurance placed

k) Do you always fully comply with the provisions of Section 34 of the Insurance (Agents & Brokers) Act in respect of business placed with an Unauthorised Foreign Insurer? **YES** **NO**

If 'No', please explain why

If 'YES', please supply a copy of the 'Acknowledgement' form used

l) Do you have any Authorised Representatives (ARs)? **YES** **NO**

If 'YES', please provide the following details of each AR

Name of AR	Age	Qualifications	Yeas of insurance experience
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>

m) Do you require your ARs to maintain their own PI insurance? **YES** **NO**

Please detail how you control and supervise your ARs.

n) Please provide details of any other Professional Services undertaken.

o) Have you previously undertaken any types of Professional Services which are not now undertaken? **YES NO**

p) Do you issue any brochures (or other promotional material)? **YES NO**

If "Yes", please provide copies of each

7. Are you a member of a joint venture, consortium or partnership? **YES NO**

If "Yes", please provide details

8. Do you undertake any work or provide any services for any business or entity in which it has a controlling interest? **YES NO**

If "Yes", please provide details of the name of the client and what service(s) are provided (if insufficient room below, provide details on a piece of your letterhead)

9. Please provide a brief description of your five (5) largest contracts or projects during the last 5 years **YES NO**

Name of Contract or Project	Nature of Services	Contract Period	Contract Value
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

10. Please advise the average project value of your contracts

11. Are any of your professional services performed outside of Australia or provided to clients based outside of Australia? **YES NO**

If "Yes", please give details of the name of the client(s), the country they are located within and what service(s) are provided

Claims Information

12. After enquiry of the Partners/Principals/Directors and employees, has there been or is there now pending a claim against the Proposed Insured, its Subsidiaries, its predecessors in business or its current or former Partners/ Principals/Directors or employees for a Civil Liability in the performance of the Proposed Insured's Professional Services? **YES** **NO**

If "Yes", please give details

Date of Claim	Details of each Claim	Claimant	Amount Paid and/or Outstanding
/ /			\$
/ /			\$
/ /			\$

13. After enquiry of the Partners/Principals/Directors and employees, is the Proposed Insured or any of its Subsidiaries aware of any circumstance or incident which may give rise to a claim against the Proposed Insured, its Subsidiaries or its Partners/ Principals/ Directors or employees? **YES** **NO**

If "Yes", please give details

Name of Practice and/or Principal	Claimant	Details of each Claim	Amount Paid and/or Outstanding
			\$
			\$
			\$

14. After enquiry of the Partners/Principals/Directors and employees, is the Proposed Insured or any of its Subsidiaries aware of any prosecution or investigation (actual or pending) of the Proposed Insured, any Subsidiary, or any Partner / Principal/ Director or employees under any International, Commonwealth, State or Local statute, legislation, regulation or By Law? **YES** **NO**

If "Yes", please give details

15. After enquiry of the Partners/Principals/Directors and employees, has the Proposed Insured, any Subsidiary or any Partner/Principal/Director or employee ever been subject to any disciplinary action, been fined or penalised, or been the subject of an inquiry investigating or alleging professional misconduct? **YES** **NO**

If "Yes", please give details

Details of Current Insurance

20. As at today's date do you have Professional Indemnity Insurance currently in force that has been paid for? YES NO

If "Yes", please state

Insurer	<input style="width: 100%;" type="text"/>		
Indemnity Limit	<input style="width: 100%;" type="text"/>		
Expiry Date	<input style="width: 25%;" type="text"/>	Retroactive Date	<input style="width: 25%;" type="text"/>

21. Have you ever had any Insurer decline a proposal, imposed any special terms, cancelled or refused to renew a Professional Indemnity Insurance Policy? YES NO

If "Yes", please give details

22. Please advise the preferred Policy Limit and Excess

Policy limit

\$1,000,000	\$2,000,000	\$5,000,000	\$10,000,000
Other	<input style="width: 100%;" type="text"/>		

Excess

\$2,000	\$5,000	\$10,000	\$20,000
Other	<input style="width: 100%;" type="text"/>		

Stamp Duty

23. For the purpose of calculating Stamp Duty please state the percentage of the gross income/fees that was earned in each state in the last 12 months:

NSW	VIC	QLD	SA	WA	TAS	ACT	NT	Overseas	Total
<input style="width: 50px;" type="text"/> %	<input style="width: 50px;" type="text"/> %	<input style="width: 50px;" type="text"/> %	<input style="width: 50px;" type="text"/> %	<input style="width: 50px;" type="text"/> %	<input style="width: 50px;" type="text"/> %	<input style="width: 50px;" type="text"/> %	<input style="width: 50px;" type="text"/> %	<input style="width: 50px;" type="text"/> %	<input style="width: 50px;" type="text"/> 100 %

**If "Yes" to overseas operations, please give details of the overseas work*

Additional information and accompanying documents

Please provide any additional information that is material to this application and list any accompanying documents below.

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 Pacific Indemnity Underwriting Solutions Pty Ltd in this form or otherwise may be collected, held, used and disclosed in the manner set out in the Pacific Indemnity Privacy Policy 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.

Name:

Title:

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.