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Professional Indemnity Insurance Proposal Form – Media and Publishing

IMPORTANT NOTICES

Commercial & General Insurance Brokers (Aust) Pty Ltd (CGIB) is a licensed General Insurance Broker Your application will be forwarded to our Insurer panel requesting them to provide a quote. We will confirm the outcome to you on receipt of their quotations. You may be requested to provide further information. Please feel free to contact us if you would like further details.

COMPLETING THIS FORM

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

STATUTORY NOTICES

In this form You, Your, or Yours refers to question one (1) and We, Us or Our refers to the insurer who accepts this form.

DEFINITIONS

Insurers: Any insurer from our panel of insurers.

Insurance Provider: The Insurer from our panel of Insurers whose offer for Insurance has been accepted by the applicant.

RETROACTIVE LIABILITY

The retroactive date is the date after which any errors or omissions of the Insured are covered. Any errors or omissions made before the retroactive date are excluded by the policy. The retroactive date may be the time that the Insured first purchased a Professional Indemnity or Directors' & Officers' Liability policy. It is important to make sure that the retroactive date is correct. Remember, that the actual event that causes a claim to be made under the policy may have occurred in a prior period of insurance, but is only covered if it is notified to the Insurers in the period of insurance when the Insured first becomes aware of the claim or circumstances. The act, error or omission must arise from work done after the retroactive date shown in the schedule of the policy for the insurance to respond.

OTHER PRODUCTS & SERVICES

Please visit us at www.cgib.com.au for further information.

PRIVACY STATEMENT

We and our Insurer panel will only collect personal information from you or about you which is relevant to processing and assessing your application and use it in a way you would reasonably expect. Without this personal information we may not be able to process your application. Please see our privacy policy at: http://www.cgib.com.au/privacy.

Important Information Require	Important Information Required – Please Attach								
Copy of CV for all directors and personal providing advice		Copy of your services &/or products information brochure							
Copy of your service contract (if applicable)									
Recommendations (Please select to	the prod	lucts that you would like further information)							
Public & Products Liability Insurance		Management Liability Insurance							

Media and publishing





Professional indemnity insurance application form

You must read this notice before you complete the application form.

1. Disclosure of relevant facts

Duty of Disclosure

Under the *Insurance Contracts Act 1984* (Cth) (the Act), you have a Duty of Disclosure. You are required before you enter into, renew, vary, extend or reinstate your Policy, to tell us everything you know and that a reasonable person in the circumstances could be expected to know, is a matter that is relevant to our decision whether to insure you, and anyone else to be insured under the Policy, and if so, on what terms.

· You do not have to tell us about any matter

- that diminishes the risk
- that is of common knowledge
- that we know or should know in the ordinary course of our business as an insurer, or
- which we indicate we do not want to know.

· If you do not tell us

If you do not comply with your Duty of Disclosure we may reduce or refuse to pay a claim or cancel your Policy. If your non-disclosure is fraudulent we may treat this Policy as never having worked.

2. Claims made Policy

This declaration is for a "claims made and notified" policy of insurance. This means that the policy covers you for claims made against you and notified to the insurer during the period of cover.

This policy does not provide cover in relation to:

- claims made after the expiry of the period of cover even though the event giving rise to the claim may have occurred during the period of cover;
- claims notified or arising out of facts or circumstances notified (or which ought reasonably to have been notified) under any previous policy;
- · claims made, threatened or intimated against you prior to the commencement of the period of cover;
- facts or circumstances of which you first became aware prior to the period of cover, and which you knew or ought reasonably to have known had the potential to give rise to a claim under this policy;
- claims arising out of circumstances noted on the application form for the current period of cover or on any previous application form.

Where you give notice in writing to the insurer of any facts that might give rise to a claim against you as soon as reasonably practicable after you become aware of those facts but before the expiry of the period of cover, you may have rights under Section 40(3) of the *Insurance Contracts Act 1984* (Cth) (the Act), to be indemnified in respect of any claim subsequently made against you arising from those facts notwithstanding that the claim is made after the expiry of the period of cover. Any such rights arise under the legislation only. The terms of the policy and the effect of the policy is that you are not covered for claims made against you after the expiry of the period of cover.

3. Average provision

The policy may provide that if a payment in excess of the limit of indemnity available under the policy has to be made to dispose of a claim, the insurer's liability for costs and expenses incurred with its consent shall be such proportion thereof as the amount of indemnity available under this policy bears to the amount paid to dispose of the claim.

You should familiarise yourself with our standard form of policy for this type of cover before submitting this declaration.

4. Privacy statement

QBE includes information about how we manage your personal information in our Product Disclosure Statements and policy booklets. You can obtain a copy of the QBE Privacy Policy Statement from our website www.qbe.com or contact in writing, to The Compliance Manager, QBE Insurance (Australia) Limited, GPO Box 82 Sydney NSW 2001 or email: compliance.manager@qbe.com.

QM2802-0714

Media and publishing





Professional indemnity insurance application form

 $IMPORTANT: Please \ answer \ ALL \ questions fully. \ If there is insufficient \ space \ please \ provide \ details \ on \ your \ letterhead.$ Where provided, tick (\checkmark) appropriate box to indicate answer.

A. Your details										
 Full name of all entities to be insured. (You must s subsidiaries that are to be covered by this Policy). 		ames of all en	tities inclu	ding serv	ice, admi	nistrative o	or nominee	companie	s and	
Address of head office or principal office.										
				Wel	osite					
						State	P	ostcode		
3. Address(es) of branch offices or other locations.										_
						State		ostcode		_
						State		ostcode		
						State	Р	ostcode		
4. Date on which the business was established	1	1								
5. Partners/principals/directors details:							racticing a principal/d			
Names of all partners/principals/directors	Age	Qualification	ons	Date qua	alified	This bus		Previous	busines	SS
				1	1					
				1	1					
				1	1					
				1	1					
				1	1					-
				1	1					\blacksquare
				1	/					
6. Total number of:		(A) Non to			: 					
(i) Partners/principals/directors		(v) Non-te				ot o				\dashv
(ii) Professional qualified staff (iii) Other technical staff		(vii) Other				etc				-
(iv) Trainee staff		(vii) Other s				and staff				\dashv
							6		_	
Please provide curriculum vitaes or resumes for all par B. Business details	tners/princ	ipais/director	s detailing	quaiirica	tions and	a summar	y or career	experience	e.	
7. (a) Has the name of the business ever been chan	ged?							Ye	s l	No
(b) Have you merged with any other business?								Ye	s l	No
(c) Have you purchased any other business?							s l	No		
If you answered 'Yes', to either (a), (b) or (c), please	e provide de	etails:								
8. Is any partner, principal or director connected or associated (financially or otherwise) with any other business?							es l	No		
If 'Yes', please provide details:										

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B. Business details			
9. Please list the professional bodies or associations you belong to.			
 Please provide the approximate percentage of your fee income derived from the following fie Activity 	lds of work.	%	
-		/0	
(a) Advertising agency services (b) Data collection services			
(c) Electronic advertising agency services (d) Craphic design agencylting agencies			
(d) Graphic design consulting services			
(e) Magazine publishing services			
(f) Market research consulting services (g) Marketing consulting services			
(h) Public relations consulting services (i) Web design and publishing			
(i) Web design and publishing			
(j) Newspaper publishing services			
(k) Book publisher (fiction)			
(I) Book publisher (non-fiction)			
(m) Television broadcasting (sports)			
(n) Television broadcasting (drama)			
(o) Television broadcasting (lifestyle programming)			
(p) Television broadcasting (current affairs, live shows and other)			
(q) Printing (prospectus documents and public company meeting notices)			
(r) Printing (stored value cards, cash-back coupons and similar)			
(s) Printing (other)			
(t) Event management			
(u) Editing and proof reading			
(v) Other (Please provide details)	Total	100%	
	IOLAI	100%	
11. Do you provide any services to any publicly listed companies?		Yes	No
If 'Yes', please provide details:			
12. Do you provide written reports to clients?		Yes	No
If 'Yes', please provide sample copies of typical reports together with details of any disclaimer	s and/or warranties used in	103	140
connection with such reports.			
13. Please provide a brief description and fees for the five (5) largest contracts you have undertaken	ken in the past five (5) years.		
Brief description		Fees\$	
14. Does any contract or client represent more than 50% of your annual work or fees?		Yes	No
If 'Yes', please provide details:			

B. Busi	iness c	ictalis										
	_	ge consultants,	sub-contractors o	or agents?						Yes	s	No
If 'Ye	•	noist that sawn t	bair aum profess	ional indomnity is						Va	_	NI -
	•	you insist they carry their own professional indemnity insurance? you enter into any hold-harmless agreements or otherwise waive any legal rights or entitlements which you may have								Yes		No
	against such consultants, sub-contractors or agents?								Yes	5	No	
If 'Ye	es' to qu	estion (b), please	provide details:									
	there be	•	changes in your a	activities or are th	nere any major ne	ew operations co	ontemplated du	ıring 1	the next	Yes	s	No
If 'Ye	es', pleas	e provide details	5 :									
	ou issue	any brochures	or other promotic	onal material (inc	luding capability	statements) des	cribing your ac	tivitie	es	Ye	•	No
If 'Ye	es',, plea	se provide copi								16:	5	NO
		orm work outside se provide details	e of Australia, or v s:	vork for clients ic	cated overseas?					Ye	S	No
10	o, picas	e provide details	,									
C. Fina	ancial o	details										
19. (a) V	When is	your financial ye	ar end				, ,					
			oss income/fees	for the following:		Australia	1 1		Overseas			
		rrent financial ye		J		\$A			\$A			
((ii) las	t financial year				\$A			\$A			
((iii) pr	evious financial y	/ear			\$A			\$A			
(c) \	What is	the amount of th	e largest annual f	ee for any one cl	ient	\$A			\$A			
20. Pleas	se provi	de the approxim	ate percentage o	f your activities (based on gross ir		licable to each	State	•	d Overs	eas	
NSW		VIC	QLD	SA	WA	TAS	NT	A	ACT	O/S		
	%	%	%	%	%	9	Ś	%	ı	%		%
D. Clai	ms de	tails										
Please a	nswer t	he following AF	TER ENQUIRY of a	all persons to be	insured under th	!a.a.a.!!a						
21. (a) H	Have an				misured under ti	iis policy:						
		y claim(s) been n	nade, or negligen	ce alleged in the						Ye	S	No
((i) yo	u;		ce alleged in the						Ye	S	No
((i) yo (ii) an	u; y predecessors i	n business;	J	last ten (10) years	against:				Ye	S	No
((i) yo (ii) an (iii) an	u; y predecessors i y prior business	n business; of any of your pas	st or present dire	last ten (10) years	against:				Ye	s	No
((((i) yo (ii) an (iii) an (iv) an	u; y predecessors i y prior business y person to be in	n business;	st or present dire policy; or	last ten (10) years	against:						
(((b) F If 'Ye	(i) yo (ii) an (iii) an (iv) an Have an es', pleas	u; y predecessors i y prior business y person to be in y circumstances se provide the fol	n business; of any of your pas sured under this been notified to i llowing details in	st or present dire policy; or insurers that may respect of each n	ctors, partners of give rise to a clanatter.	against: principals; m?				Ye	S	
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23. Have you or any of your partners, principals or directors ever been declared bankrupt in the last five (5) years? If 'Yes', please provide details: 24. Have you or any of your partners, principals or directors been the subject of administration proceedings in the last five (5) 25. Have you or any person to be insured under this policy ever been subject to disciplinary proceedings for professional misconduct? If 'Yes', please provide details: 26. Have you or any of your partners, principals or directors been convicted of any criminal offence (other than minor traffic convictions) in the last five (5) years? If 'Yes', please provide details: 27. Do you presently carry or has the business ever carried professional indemnity insurance? 28. Insurance cover details 29. Insurer Expiry date Limit of indemnity Premium \$ 10. Application for cover 28. (a) Limit of indemnity required (b) Deductible/excess requested (each and every claim) (c) Optional extensions: Aggregated limit of indemnity (reinstatement) Fidelity Previous business Yes Notes Yes Yes Notes Yes Notes Yes Yes Notes Yes Notes Yes Yes Yes Notes Yes Yes Yes Yes Yes Yes Yes	If 'Yes', please provide	licy?	notified to insurers which may give rise to a claim against you or any person Is in respect of each matter.	Yes	No
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convictions) in the last five (5) years? If 'Yes', please provide details: F. Insurance cover details			his policy ever been subject to disciplinary proceedings for professional	Yes	No
convictions) in the last five (5) years? If 'Yes', please provide details: F. Insurance cover details					
E. Insurance cover details 27. Do you presently carry or has the business ever carried professional indemnity insurance? If 'Yes', please provide details: Insurer Expiry date Limit of indemnity Premium \$ F. Application for cover 28. (a) Limit of indemnity required (b) Deductible/excess requested (each and every claim) (c) Optional extensions: • Aggregated limit of indemnity (reinstatement) • Fidelity • Previous business 29. Fidelity cover (To be completed only if you are applying for the fidelity extension) (a) Do you presently carry any fidelity guarantee insurance? If 'Yes', please provide details: Insurer Expiry date Limit of indemnity S (b) Has the business sustained any loss through the fraud or dishonesty of any employee?			·	Yes	No
27. Do you presently carry or has the business ever carried professional indemnity insurance? If 'Yes', please provide details: Insurer Expiry date Limit of indemnity Premium S F. Application for cover 28. (a) Limit of indemnity required (b) Deductible/excess requested (each and every claim) (c) Optional extensions: - Aggregated limit of indemnity (reinstatement) - Fidelity - Previous business - Previous business - Previous pure eapplying for the fidelity extension) (a) Do you presently carry any fidelity guarantee Insurance? If 'Yes', please provide details: Insurer Expiry date - / / Limit of indemnity S No If 'Yes', please provide details: Insurer Expiry date - / / Limit of indemnity S Deductible/excess S (b) Has the business sustained any loss through the fraud or dishonesty of any employee? Yes No		- (e) / cu. c	F100100 F101100 G101011		
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Fidelity Previous business Yes Note: Previo	 27. Do you presently carry or If 'Yes', please provide definsurer Expiry date Limit of indemnity Premium F. Application for cover 28. (a) Limit of indemnity re 	has the business ev tails: / \$ \$ quired	/ / \$	Yes	No
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Insurer Expiry date / / Limit of indemnity \$ Deductible/excess \$ (b) Has the business sustained any loss through the fraud or dishonesty of any employee?	27. Do you presently carry or If 'Yes', please provide det Insurer Expiry date Limit of indemnity Premium F. Application for cover (b) Deductible/excess re (c) Optional extensions: Aggregated limit Fidelity Previous busines:	thas the business evalualis: / \$ quired quested (each and each of indemnity (reinstates)	yery claim) \$ atement)	Yes Yes	No No
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(b) Has the business sustained any loss through the fraud or dishonesty of any employee?	27. Do you presently carry or If 'Yes', please provide del Insurer Expiry date Limit of indemnity Premium F. Application for cover 28. (a) Limit of indemnity re (b) Deductible/excess re (c) Optional extensions:	tails: / \$ quired quested (each and e of indemnity (reinsta	\$ very claim) \$ atement)	Yes Yes Yes	No No No
Vas No	27. Do you presently carry or If 'Yes', please provide det Insurer Expiry date Limit of indemnity Premium F. Application for cover 28. (a) Limit of indemnity re (b) Deductible/excess re (c) Optional extensions:	tails: / \$ quired quested (each and e of indemnity (reinsta	\$ very claim) \$ atement)	Yes Yes Yes	No No No
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F. Application for cover								
(c) Is any member of you	r staff allowed to handle cash or transferable do	cuments or sign cheques	on his/her signature alo	ne? Yes No				
(d) How often and by whom are the entries in the cash book checked with vouchers and reconciled with bank statements and returned cheques?								
(e) Do you always require	e and obtain satisfactory references when engag	ing employees?		Yes No				
30. Previous business cover								
(To be completed only if y	ou are applying for the previous business exte n	ision)						
Name of principal, partner or director seeking previous business cover	Name(s) of previous business(es)	Estimate gross income for previous business(es) for two (2) financial/ calendar year ends immediately prior to principal, partner or director leaving	To the best of your knowledge, does the previous business(es) carry their own current Professional Indemnity Policy?	Please provide details of the types of professional services offered by the previous business(es)				
Your answers to the claims and previous business.	d circumstances questions in this application for	m must fully reflect the o	claims and circumstances	s history of any prior or				
G. Declaration and author	orisation							
1. I have received a copy of t	he Policy Booklet.							
2. I am authorised to complete and sign this application on behalf of the business.								
3. The responses provided are made based on information provided to me by the principals, partners and officers of the business.								
	(Australia) Limited ABN 78 003 191 035 to give of formation about this insurance or any other insury and credit history.							
Sign: Partner, principal or dire	ector		Date	1 1				

 $\label{prop:prop:prop:prop:prop:special} Please \ return \ the \ completed \ application \ form \ to \ your \ financial \ services \ provider.$

 $This\ Policy\ is\ underwritten\ by\ QBE\ Insurance\ (Australia)\ Limited\ ABN\ 78\ 003\ 191\ 035\ of\ 8\ Chifley\ Square,\ Sydney,\ NSW\ 2000\ ABN\ 78\ 003\ 191\ 035\ of\ 8\ Chifley\ Square,\ Sydney\ NSW\ 2000\ ABN\ 78\ 003\ 191\ 035\ of\ 8\ Chifley\ Square,\ Sydney\ NSW\ 2000\ ABN\ 78\ 003\ 191\ 035\ of\ 8\ Chifley\ Square,\ Sydney\ NSW\ 2000\ ABN\ 78\ 003\ 191\ 035\ of\ 8\ Chifley\ Square\ NSW\ 2000\ ABN\ 78\ 003\ 191\ 035\ of\ 8\ Chifley\ Square\ NSW\ 2000\ ABN\ 78\ 003\ 191\ 035\ of\ 8\ Chifley\ Square\ NSW\ 2000\ ABN\ 78\ 003\ 191\ 035\ of\ 8\ Chifley\ Square\ NSW\ 2000\ ABN\ 78\ 003\ 191\ 035\ of\ 8\ Chifley\ Square\ NSW\ 2000\ ABN\ 78\ 003\ 191\ 035\ of\ 8\ Chifley\ Square\ NSW\ 2000\ ABN\ 78\ 003\ 191\ 035\ of\ 8\ Chifley\ Square\ NSW\ 2000\ ABN\ 78\ 003\ 191\ 035\ of\ 8\ Chifley\ Square\ NSW\ 2000\ ABN\ 78\ 003\ 191\ 035\ of\ 8\ Chifley\ Square\ NSW\ 2000\ ABN\ 78\ 003\ 191\ 035\ of\ 8\ Chifley\ Square\ NSW\ 2000\ ABN\ 78\ 003\ 191\ 035\ of\ 8\ Chifley\ Square\ NSW\ 2000\ ABN\ 78\ 003\ 191\ 035\ of\ 8\ Chifley\ Square\ NSW\ 2000\ ABN\ 78\ 003\ 191\ 035\ of\ 8\ Chifley\ Square\ NSW\ 2000\ ABN\ 78\ 003\ 191\ 035\ of\ 8\ Chifley\ Square\ NSW\ 2000\ ABN\ 78\ 003\ 191\ 035\ of\ 8\ Chifley\ Square\ NSW\ 2000\ ABN\ 78\ 003\ 191\ 035\ of\ 8\ Chifley\ NSW\ 2000\ ABN\ 78\ 003\ 191\ 035\ of\ 8\ Chifley\ NSW\ 2000\ ABN\ 78\ 003\ 191\ 035\ of\ 8\ Chifley\ NSW\ 2000\ ABN\ 78\ 003\ 191\ 035\ of\ 8\ Chifley\ NSW\ 2000\ ABN\ 78\ 003\ 191\ 035\ of\ 8\ Chifley\ 191\ of$