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## Professional Indemnity Insurance Proposal Form – Miscellaneous

### 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.

### YOUR DUTY OF DISCLOSURE

Before you enter into a contract of general insurance with the insurers, you have a duty, under the Insurance Contracts Act 1984, to disclose to the insurers every matter which you know, or could reasonably be expected to know, or could reasonably expected to know, is relevant to the Insurers' decision whether to accept the insurance risk and, if so, on what terms. You have the same duty to disclose those matters to the insurers before you renew, extend, vary or reinstate a contract of insurance.

Your duty however does not require disclosure of a matter:

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

### NON-DISCLOSURE

If you fail to comply with your duty of disclosure, the insurers may be entitled to reduce their liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurers may also have the option of avoiding the contract from its beginning.

### CLAIMS MADE POLICY

This proposal is for a 'claims made and notified' policy of insurance, which means that the policy will respond to claims first made against you and reported to the Insurer during the Period of Insurance, specified in the policy schedule. Any circumstances which you become aware of during the period of insurance, which could give rise to a future claim, provided you inform the Insurer in writing of such circumstances, as soon as practical, within period of insurance.

### 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](http://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>.

## Your Details

1	Full Name of All Entities to be Insured	ABN	Website	Date Commenced
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Contact Person Full Name	Contact Phone No	Email Address	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
3	Business Address (Principal address and other locations)			
	<input type="text"/>			

## Details of Practice

4	Particulars of all Principals, Partners or Directors.				
	Name of Partners/Principals/Directors	Age	Qualifications	Date Qualified	Date Appointed
	<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"/>

5. Provide total numbers of;

Principals, directors, partners  Professionally qualified staff  Other technical staff  Other

6	(a)	Has the name of the business ever changed?	<input type="text" value="Yes / No"/>
	(b)	Has any other business or practice amalgamated or merged with you?	<input type="text" value="Yes / No"/>
	(c)	Have you purchased any other business or practice?	<input type="text" value="Yes / No"/>
	(d)	Is any partner, principal or director connected or associated (financially or otherwise) with any other business or practice?	<input type="text" value="Yes / No"/>
	(e)	Do you or your business belong to any professional bodies or associations?	<input type="text" value="Yes / No"/>

*(If "Yes", to any of the above, please supply the details)*

## Details of Insurance Cover

- 7 (a) Does the Practice presently carry or has the practice ever carried Professional Indemnity Insurance? Yes / No  
 If "Yes", please complete below.
- Insurer  Expiry Date  Limit of Indemnity \$  Premium \$
- (b) Has the Practice or any Partner, Principal or Director ever been refused this type of insurance, or had similar insurance cancelled, or had an Application of renewal declined, or had special terms imposed? Yes / No  
 (If "Yes", please supply the details below).
- 

## Professional Activities

8. Nature of your business;
- (a) State fully the nature of your business (provide copies of any brochures or other documentation which may assist the insurer in gaining a better appreciation of the risk being proposed).
- 
- (b) Please list the categories of activities or business and indicate the percentage of your income derived from each category
- |                      |   |
|----------------------|---|
| <input type="text"/> | <input style="width: 50px;" type="text" value="%"/> |
| <input type="text"/> | <input style="width: 50px;" type="text" value="%"/> |
| <input type="text"/> | <input style="width: 50px;" type="text" value="%"/> |
| <input type="text"/> | <input style="width: 50px;" type="text" value="%"/> |
- (c) Provide clear details of the nature and type of advice given
- 
- (d) Are verbal reports or advice always confirmed in writing? Yes / No
- Please give details of what approximate percentage of reports have been given in the last 12 months as verbal reports only?
- (e) Are written disclaimers included with advice being given? Yes / No  
 (if "Yes" please attached an example)
- 9 Do you envisage any substantial changes in your activities or are there any major new operations being contemplated during the next 12 months? (If "Yes" to any of the above, please supply the details) Yes / No
-

## Professional Activities - Cont

- 10 Are you or have you any parent, subsidiary or other related entity? (i) engaged in or; (ii) have had a controlling share of an engaged in:
- (a) Actual construction, fabrication, erection or any form of contracting? (If "Yes" to any of the above, please supply the details)
- (b) Real estate development? (If "Yes" to any of the above, please supply the details)
- (c) The manufacture, sale or distribution of any product or process or patented production process? (If "Yes" to any of the above, please supply the details)
- (i) Name of the other entities involved, outlining their relationship to you
- 
- (ii) Full details, including a description of the nature of the involvement
- 
- 11 Do you engage consultants, sub-contractors or agents? (If "Yes", please supply the details)
- (a) Do you insist they carry their own Professional Indemnity Insurance?
- (b) Are there minimum sums insured that you require?
- (c) Do you enter into any hold-harmless agreements or otherwise waive any Legal rights or entitlements which you may have against consultants, sub-contractors or agents? (If "Yes" to any of the above, please supply the details)
- 

## Work (Outside Australia / New Zealand)

- 12 Do you perform work outside of Australia, or work for clients located overseas? (If "Yes" to any of the above, please supply the details)
- 

## Miscellaneous

- 13 Does any one client (or group of companies) account for more than 50% of your income? If "Yes", in respect of each such client, state the approximate percentage of you income derived from that client or group of companies. Also explain your relation with that client and the nature of the work you perform for them. Please attach information to a separate sheet of paper if required.
- 
- 14 For sole traders - What arrangements do you have to cover the business or practice during your temporary absence while away on business, sick leave etc?
-

# Risk Management

- 15 (a) Do you have a document Risk Management Program (Consistent with Australian Standards AS/NZS 4360:1999) which address your professional duty of risk? (Please provide a copy)
- (b) What date was the program implement?
- (c) Is the program independently/monitored/audited?
- (d) When was that program reviewed and updated to ensure it complies with the current standards applying to your profession?
- (e) Is there a principal/director/partner responsible for overseeing risk management within your practice?

*(If "Yes" to any of the above, please supply the details)*

# Fee Income

- 16 (a) Please state your Gross Professional Fees over the periods stated. Include fees paid to sub-contractors appointed by you. Exclude fee collected for disbursement to Consultants appoint be your client together with traveling accommodation or similar expenses reimbursed by your clients.

	Australia	Overseas
Estimated Current Year	<input type="text" value="\$"/>	<input type="text" value="\$"/>
Previous Financial Year	<input type="text" value="\$"/>	<input type="text" value="\$"/>
Prior Financial Year	<input type="text" value="\$"/>	<input type="text" value="\$"/>

- (b) Please provide a percentage breakdown of the fee income disclosed in Question 18 (a) by State or Territory

ACT	<input style="width: 50px;" type="text" value="%"/>	NSW	<input style="width: 50px;" type="text" value="%"/>	VIC	<input style="width: 50px;" type="text" value="%"/>	QLD	<input style="width: 50px;" type="text" value="%"/>	SA	<input style="width: 50px;" type="text" value="%"/>
WA	<input style="width: 50px;" type="text" value="%"/>	TAS	<input style="width: 50px;" type="text" value="%"/>	NT	<input style="width: 50px;" type="text" value="%"/>	O'Seas	<input style="width: 50px;" type="text" value="%"/>	TOTAL	<input style="width: 50px;" type="text" value="%"/>

- 17 Please provide a brief description and fees for the three (3) largest contracts undertaken over the past five years.

Brief Description	Total Contract Value	Earned Fees \$
<input type="text"/>	<input type="text"/>	<input type="text" value="\$"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="\$"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="\$"/>

# Insurance History

18 Please answer the following questions, after enquiry, within your organization. During the past 10 years has any Claim been made, or has negligence been alleged, against you or any of the present or former Principals, or have any circumstances which may give rise to a claim against you or any of the present or former Principles been notified to insurers? *(If "Yes", please supply the details)*

Date Notified	Name of Insurer	Name of Claimant	Brief Description of Matter	Amounts Paid & Estimated	Current Status
<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"/>	<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"/>

19 Are there any Partners Principal or Directors, after enquiry, aware of any Claim or has negligence been alleged, against you or any of the present or former Principals, or have any circumstances which may give rise to a claim against you or any of the present or former Principals been notified to insurers? *(If "Yes", please supply the details)*

Name of (potential) Claimant	Brief Description of Matter	Estimate of Potential Liability \$
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

20 (a) Has any Principal or staff member ever been subject to disciplinary proceedings for Professional Misconduct? *(If "Yes", please supply the details)*

(b) Are any of the principals, partners or directors aware, after enquiry of all staff, managers and contractors, of any accounts overdue for payment where is reason to believe that the client is dissatisfied with the professional services rendered? *(If "Yes", please supply the details)*

## Cover Required

21 Please confirm:

(a) Amount of preferred Total Sum Insured

(b) Amount of preferred excess

22 **RETROACTIVE COVER** - Do you require retroactive cover which may be subject to an 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 from known circumstance as policy inception

Please state date from which retroactive cover is required.

## Cover Required - *Cont*

23 OPTIONAL EXTENSION - Do you require fidelity guarantee cover? (If "Yes", please provide details)

Yes / No

(a) Amount of preferred Total Sum Insured? \$50,000  \$100,000  \$250,000

(b) Have you ever sustained any loss through the fraud or dishonesty of any employee?

Yes / No

(c) Are cash, securities and negotiable instruments subject to control by a partner, principal or director, or by at least two (2) employees?

Yes / No

(d) Are cheques signed / co-signed by a partner, principal or director, or by at least two (2) employees?

Yes / No

(e) Are bank reconciliations carried out by someone not authorised to deposit into or withdraw from bank accounts?

Yes / No

(f) Are cheque signed / co-signed by a partner, principal or director, or by at least two (2) employees?

Yes / No

(g) Do you always require and obtain satisfactory references before hiring employees?

Yes / No

If you answered "No" to any of the above questions please supply relevant details and indicate what extra precautions you take to minimise the chances of fraud or dishonesty of employees

Yes / No

24 OPTIONAL EXTENSION - Complete this section if cover is required for any previous business owned by any of the current principals, directors, partners or employees and which requires ongoing insurance cover under this policy.

Name of person

Name of principals previous business practice

Date the principal left that business

25 Please complete this section if cover is required in respect of past work for any principal, director or director who has left, retired or died?

Name of all principal, director or director

Date the principal left that business

# Declaration

I/We hereby declare that:

My/Our attention has been drawn to the Important Notice at the beginning of 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 statements contained within this Proposal (including any Addendum) 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 authorize CGIB and the Insurers whom we contact for terms, to collect or disclose any personal information relating to this insurance to/from any insurers or insurance reference service. Where I/we provided information about another individual I/we declare that the individual has been or will be made aware of that fact.

I/we also confirm that the undersigned is/are authorize 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/Manager Partner/Managing Director/Principal of the associated/Partnership/Company/Practice/Business.

Signature

Title/Position

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 us since non-disclosure may affect an Insured's right of recovery under the policy or lead to the policy being voided.

## 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 the products that you would like further information)*

Public & Products Liability Insurance

Management Liability Insurance

Office Insurance (Contents, Portable Items, etc)

Other, *please provide details*