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Professional Indemnity Insurance Proposal Form Design and Construct

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 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

Construction Professionals Indemnity Proposal Form

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 Procover Underwriting Agency 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 reasonable 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 provide 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 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 1984 your duty to disclose all relevant information is set out below.

YOUR DUTY OF DISCLOSURE: -

Before you enter into a contract of 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 reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk, 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 insurance.

Your duty however, does not require the disclosure of matters:

- that diminishes the risk to be undertaken
- that is of common knowledge
- that your insurer knows, or in the ordinary course of his/her business, ought to know
- as to which compliance with your duty is waived by the insurer

Please note: Your duty of disclosure 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.

Furthermore, please note that information contained in your website is not considered to satisfy your duty of disclosure and all material facts regarding the risk should be disclosed in the proposal form.

NON-DISCLOSURE

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce 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.

PRIVACY

Lloyd's and its agent are bound by the obligations of the Privacy Act 1988 as amended by the Privacy Amendment (Private Sector) Act 2000 (the Act). This sets out the basic standards relating to the collection, use, disclosure and handling of personal information.

Personal Information is essentially information or an opinion about a living individual whose identity is apparent or can reasonably be ascertained from the information or opinion. Information will be obtained from individuals directly where possible. Sometimes it may be collected indirectly. Only information necessary for the arrangement and administration of Lloyd's business by Lloyd's, its agents and their representatives will be collected. This includes information necessary to accept the risk, to assess a claim, to determine competitive and appropriate premiums.

Lloyd's and its agents disclose personal information to third parties who they believe are necessary to assist them in doing. These parties will only use the personal information for the purposes we provided it to them for (or if required by law).

When you give Lloyd's and its agents personal information about other individuals, we rely on you to have made or make them aware that you will or may provide their personal information to us, the types of third parties we may provide it to, the relevant purposes we and the third parties we disclose it to will use it for, and how they can access it. If it is sensitive information we rely on you to have obtained their consent on these matters. If you have not done or will not do either of these things, you must tell us before you provide the relevant information.

You are entitled to access your information if you wish and request correction if required. You may also opt out of receiving materials sent by Lloyd's by contacting Procover Underwriting Agency Pty Ltd on 02 9307 6600.

Contact details for Procover Underwriting Agency are:

Procover Underwriting Agency Pty Ltd
Level 5, 97-99 Bathurst Street, Sydney NSW 2000
Phone +61 2 9307 6600
Fax +61 2 9307 6699

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 by the proposed policy is subject to such date, then the policy does not cover any claim arising from any actual or alleged act, error, omission or conduct occurring prior to such retroactive date.

KEY FACTORS

These questions reflect the key factors that are taken into account when determining your premium.

For Your Information

- ① 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.
- 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.
- ⑤ To qualify for additional premium discounts, please submit all requested additional information as per page 12.

YOUR DETAILS

1. Name

Full legal name of each incorporated body or natural persons including any business or trading names

ABN

Date(s) of Commencement

<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"/>

Tax Credits Claimed

Are you registered for GST?

Yes No

2. Address

(a) Principal Address

(b) Other locations

(c) Website address

DETAILS OF PRACTICE

3. Please supply the following details:

	1	2	3	4
Name of all Partners/ Principals/Directors	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Age	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Qualifications	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date Qualified	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Period Practicing as Partner/Principal/Director				
This Practice	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous Practice	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Total number of:

(a) Principals/Partners/Directors	<input type="text"/>
(b) Professionally qualified staff	<input type="text"/>
(c) Other technical staff (including trainees)	<input type="text"/>
(d) Non-technical staff	<input type="text"/>
(e) Total	<input type="text"/>

DETAILS OF PRACTICE (CONT)

5.

- (a) Has the name of the Practice ever been changed or have you traded under any other names? Yes No
- (b) Has any other practice or business amalgamated or merged with you? Yes No
- (c) Have you purchased any other practice or business? Yes No

If you have answered Yes to either (a), (b) or (c) please supply details:

6.

- (a) Is any Partner/Principal/Director connected or Associated (Financially or otherwise), with any other practices or business? Yes No
- (b) Does this practice conduct work for or trade with any associations or related entities? Yes No

If you have answered Yes to either (a) or (b) please supply details:

7.

Are you a current member of a professional association or society? Yes No

Please provide full particulars (where you are an incorporated body or Partnership, particulars must be given of each Principal or Partner)

Name of Association

Current Status

<input type="text"/>	<input type="text"/>
----------------------	----------------------

<input type="text"/>	<input type="text"/>
----------------------	----------------------

<input type="text"/>	<input type="text"/>
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DETAILS OF INSURANCE COVER

8.

- (a) Does the Practice presently carry or has the practice ever carried Professional Indemnity Insurance? Yes No

If yes, please supply details:

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 details:

YOUR PROFESSIONAL ACTIVITIES

9. Nature of your Business

(a) State fully the nature of your business (Please 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 express as a percentage of your gross professional fees stated in question 18, your revenue derived from the following fields of activity. (If no actual fees, answer in relation to estimated fees)

(a) Structural Engineering	%	(i) Surveying	%	(j) Land	%
(b) Geotechnical Engineering	%			(ii) Quantity	%
(c) Mechanical Engineering	%			(iii) Building	%
(d) Electrical Engineering	%	(j) Architecture			%
(e) Civil Engineering	%	(k) Other (please specify):			
(f) Chemical Engineering	%				%
(g) Construction and/or Project Management	%				%
(h) Town Planning	%				

(c) To enable Us to better appreciate the type of work You do or have been involved in, please state as an approximate percentage of your gross professional fees

(a) Domestic/Residential Buildings (up to 3 floors)	%	(l) Oil & Pipelines	%
(b) Commercial Buildings (including townhouses and flats over 3 floors)	%	(m) Refineries	%
(c) Institutional Buildings	%	(n) Mechanical & Bulk Handling Equipment	%
(d) Industrial Buildings	%	(o) Fair Grounds and Exhibitions	%
(e) High Rise Buildings (not other wise classified)	%	(p) Subsurface Surveys, Ground & Soil Testing	%
(f) Town Planning	%	(q) Land Reclamation/Remediation	%
(g) Marine	%	(r) Retaining Wall	%
(h) Bridges	%	(s) Other (please specify)	
(i) Tunnels	%		%
(j) Dams	%		%
(k) Mines	%		

(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 provide an example

YOUR PROFESSIONAL ACTIVITIES (CONT')

10.

Do you envisage any substantial changes in your activities or are there any major new operations being contemplated during the next 12 months?

Yes No

If Yes, please provide an example

11. Are you or have you any parent, subsidiary or other related entity:

(i) engaged in or;

(ii) have had a controlling share of an entity engaged in:

(a) Actual construction, fabrication, erection or any form of contracting?

Yes No

(b) Real estate development?

Yes No

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

Yes No

If Yes, please provide details:

(i) Names of the other entities involved, outlining their relationship to you

(ii) Full details, including a description of the nature of the involvement

12. Consultants, Sub-consultants and Agents

Do you engage consultants, sub-contractors or agents?

Yes No

If Yes,

(a) Do you insist they carry their own Professional Indemnity Insurance?

Yes No

(b) Are there minimum sums insured that you require?

Yes No

(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?

Yes No

If you have answered Yes to either (a), (b) or (c) please supply details:

13. Specific Project Policies

Have you ever undertaken work in respect of which with the potential professional liability arising there from has been or is protected by a specific project insurance policy?

Yes No

Please provide details:

14. Work (Outside Australia/New Zealand)

Do you perform work outside of Australia, or work for clients located overseas?

Yes No

If Yes, please provide details:

YOUR PROFESSIONAL ACTIVITIES (CONT')

15. Miscellaneous

Does any one client (or group of companies) account for more than 50% of your income?

Yes No

If Yes, 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 nature of the work you perform for them.

Please attach information to a separate sheet of paper if required.

16. For Sole Traders only

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

17. Risk Management

(a) Do you have a document Risk Management Program (Consistent with Australian Standards AS/NZS 4360:1999) which address your professional duty of risk?

Yes No

Please provide a copy

(b) What date was the program implemented?

(c) Is the program independently reviewed/monitored/audited?

Yes No

If Yes, please provide details:

(d) When was that program last 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?

Yes No

If Yes, please provide details:

FEE INCOME

18.

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

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

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

NSW	VIC	QLD	SA	WA	TAS	NT	ACT	O'Seas	TOTAL
<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"/> %

FEE INCOME (CONT')

19.

Please provide a brief description and fees for the five (5) largest contracts undertaken over the past five years.

Brief Description	Total Contract Value	Earned Fees \$
<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"/>

CLAIMS AND CIRCUMSTANCES

20.

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

During the past ten 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 Principals been notified to insurers? Yes No

If Yes, please give details in respect to each matter:

Matter ①

Date	Name of Insurer (if any)	Name of Claimant or Potential Claimant	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Brief Description of matter			
<input type="text"/>			
Amount	Amount Type		
<input type="text"/>	<input type="checkbox"/> Paid	<input type="checkbox"/> Estimate	<input type="checkbox"/> Potential Liability <input type="checkbox"/> Unknown
Status			
<input type="checkbox"/> Finalised <input type="checkbox"/> Outstanding			

Matter ②

Date	Name of Insurer (if any)	Name of Claimant or Potential Claimant	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Brief Description of matter			
<input type="text"/>			
Amount	Amount Type		
<input type="text"/>	<input type="checkbox"/> Paid	<input type="checkbox"/> Estimate	<input type="checkbox"/> Potential Liability <input type="checkbox"/> Unknown
Status			
<input type="checkbox"/> Finalised <input type="checkbox"/> Outstanding			

Matter ③

Date	Name of Insurer (if any)	Name of Claimant or Potential Claimant	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Brief Description of matter			
<input type="text"/>			
Amount	Amount Type		
<input type="text"/>	<input type="checkbox"/> Paid	<input type="checkbox"/> Estimate	<input type="checkbox"/> Potential Liability <input type="checkbox"/> Unknown
Status			
<input type="checkbox"/> Finalised <input type="checkbox"/> Outstanding			

CLAIMS AND CIRCUMSTANCES (CONT')

21.

Are there any Partners Principals 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 which has not been referred to in the previous question?

Yes No

If Yes, please give details in respect to each matter:

Principals/Partners Matter ①

Name of claimant or potential claimant

Estimate of potential liability

Brief Description of matter

Principals/Partners Matter ②

Name of claimant or potential claimant

Estimate of potential liability

Brief Description of matter

Principals/Partners Matter ③

Name of claimant or potential claimant

Estimate of potential liability

Brief Description of matter

22.

Has any Principal or staff member ever been subject to disciplinary proceedings for Professional Misconduct?

Yes No

If Yes, please give details in respect to each matter:

Are any of the principals, partners or directors aware, after enquiry of all staff, managers and contractors, of any accounts overdue for payment where there is reason to believe that the client is dissatisfied with the professional services rendered?

Yes No

If Yes, please provide details:

23. Have your or any partner(s) shareholder(s) or director(s) of the business:

(a) Ever been declared bankrupt?

Yes No

(b) Ever been involved in a company or business which became insolvent or subject to any form of insolvency administration (e.g. liquidation or receivership)?

Yes No

(c) Been convicted of any criminal offence within the past 5 years (other than minor traffic convictions)?

Yes No

(d) Been liable for any civil offence or pecuniary penalty (exceeding \$5,000)?

Yes No

(e) Any other matters you should disclose?

Yes No

If Yes to any of the above, please supply details:

COVER REQUIRED

24.

Please state:

(a) Amount of preferred Total Sum Insured

(b) Amount of preferred excess

(N.B.) Your policy will be subject to a minimum excess

RETROACTIVE COVER

25. Retroactive Cover

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

Yes No

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 a Known Circumstance at Policy inception.

Please state date from which retroactive cover is required.

OPTIONAL EXTENSIONS

26. Fidelity Guarantee

Do you require fidelity guarantee cover which may be subject to additional premium?

Yes No

If Yes, please provide details:

- (a) Sub-Limit Required: \$50,000 \$100,000 \$250,000 N/A
- (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) 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 the relevant details and indicate what extra precautions you take to minimise the chances of fraud or dishonesty of employees.

27. Principals Previous Business Cover

Do you require cover for any Principals in respect of their previous business?

Yes No

If Yes, please provide details:

Previous Business ①

Name of practice

Type of profession/business

From Date

To Date

Did the previous business activities differ from the activities of the current business?

Yes No

If Yes, please provide details:

Please state the Gross Professional Fees earned for the Previous Business' last full year of trading

Previous Business ②

Name of practice

Type of profession/business

From Date

To Date

OPTIONAL EXTENSIONS (CONT)

27. Principals Previous Business Cover

Did the previous business activities differ from the activities of the current business?

Yes No

If Yes, please provide details:

Please state the Gross Professional Fees earned for the Previous Business' last full year of trading

Previous Business ³

Name of practice

Type of profession/business

From Date

To Date

Did the previous business activities differ from the activities of the current business?

Yes No

If Yes, please provide details:

Please state the Gross Professional Fees earned for the Previous Business' last full year of trading

These questions reflect the key factors that are taken into account when determining your premium.

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 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 authorize Procover Underwriting Agency Pty Ltd, to collect or disclose any personal information relating to this insurance to/from any insurers or insurance reference service.

I/we have 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 authorized 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.

Applicant 1	<input type="text"/>	<input type="text"/>
	NAME	TITLE
	<input type="text"/>	<input type="text"/>
	SIGNATURE	DATE (DD/MM/YY)

Applicant 2	<input type="text"/>	<input type="text"/>
	NAME	TITLE
	<input type="text"/>	<input type="text"/>
	SIGNATURE	DATE (DD/MM/YY)

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 the policy being voided.

REQUIRED ATTACHMENTS

The following documentation must be attached to this Proposal in order for your application to be considered for full premium discounts available:

- 1 CV or resume for each Partner/Principal/Director/Senior professionally qualified staff
- 2 Copies of all brochures and promotional material
- 3 Copies of all Disclaimers
- 4 Copies of Risk Management procedures
- 5 Full details of all Claims Notifications
- 6 Standard Contract Terms and Conditions (or Service Agreements) identifying areas of Liability Limitations or Waiver of any rights

Design & Construct Addendum

IMPORTANT INFORMATION

The purpose of this addendum is to identify the component of your turnover, which is attributable to the value of Professional Business Services provided by you on your behalf. In respect of contracts where construction works are also undertaken "Fees" should represent either the amounts paid to subconsultants or the reasonable component of turnover attributable to expenditure on design or specification etc.

These questions reflect the key factors that are taken into account when determining your premium.

Date of last financial year end:

Past Financial Year

Current Financial Year Estimate

Turnover

"Fees"

Turnover

"Fees"

a.) Contracts where you provided Professional Business Services in addition to construction works and undertook the Professional Business yourself.

b.) Contracts where you provided Professional Business Services in addition to construction works, but sub contracted these to other parties.

c.) Contracts where you are employed for a fee in a professional capacity to provide design only services (you are not undertaking construction works).

d.) Contracts where you are employed for a fee to provide project management or construction management services (you are not undertaking construction works).

e.) Contracts where you only undertake construction works and do not provide any Professional Business Services.

f.) Other turnover or fee income not specified above (please provide details).

g.) Total of all contracts undertaken by you.

"Professional Business Services" shall mean:

Design or specification, feasibility study, surveying, inspection, project management and construction management, but excluding supervision of construction, erection or installation services performed by you.

These questions reflect the key factors that are taken into account when determining your premium.

DUTY OF DISCLOSURE

I THE UNDERSIGNED, AFTER ENQUIRY, DECLARE AS FOLLOWS:

- ① I am authorised by each of the persons or entities in the definition of "You" to make this proposal.
- ② I have read this addendum and the accompanying documents and acknowledge the contents of the same to be true and complete.
- ③ I understand that, up until a contract of insurance is entered into, I am under a continuing obligation to immediately inform the insurers of any change in the particulars or statements contained in this addendum or in the accompanying documents.

Although the signing of this addendum does not bind the applicants to effect insurance, I acknowledge that the particulars and statements contained in this addendum and in the accompanying documents shall be the basis of the contract if a policy is issued. I also acknowledge that the addendum and the accompanying documents will be incorporated in the contract of insurance.

Applicant's

NAME OF BUSINESS OR PRACTICE:

NAME OF SIGNATORY (PLEASE PRINT):

SIGNED: PARTNER, PRINCIPAL OR DIRECTOR:

DATE (DD/MM/YY)

COMMENTS: