Professional Indemnity Insurance

PROPOSAL FORM

|  |
| --- |
| * Please answer all questions fully; do not leave blanks or use dashes. * If there is insufficient room to complete a question, please attach a signed and dated addendum. * Please return completed application and supporting documents to: [admin@insurancelab.com.au](mailto:admin@insurancelab.com.au). * If you have any questions regarding completion of this form, please call us on 03 9059 4000. |

|  |  |  |
| --- | --- | --- |
| Your details | | |
| 1. Insured business/entity name(s) | | |
| Please state the legal name of each entity to be insured; also name any subsidiaries and previous entities (collectively referred to in this document as ‘You’ or ‘Your’). | | |
| Name |  | Date commenced |
|  |  |  |
|  |  |  |
|  |  |  | |
|  |  |  | |
|  |  |  | |
|  | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Are you registered for GST? | Yes |  |  | No |  |  | Your ABN |  |
|  | | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Contact details | | | | | | | | |
| Primary contact | | |  | Postal address | | | | |
|  | | |  |  | | | | |
| Mobile |  | Office telephone | | | | |  | Email |
|  |  |  | | | | |  |  |
| Main office location | | | | |  | Other locations | | |
|  | | | | |  |  | | |
|  | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Particulars of all principals | | | | | | | | | | | | |
| Name of principal |  | Age |  | Qualifications |  | Years practising as a principal | | | |  | | Name of previous business practice(s) |
|  |  |  |  |  |  | Current |  | Previous |  |  |  | |
|  |  |  |  |  |  |  |  |  |  |  |  | |
|  |  |  |  |  |  | Current |  | Previous |  |  |  | |
|  |  |  |  |  |  |  |  |  |  |  |  | |
|  |  |  |  |  |  | Current |  | Previous |  |  |  | |
|  |  |  |  |  |  |  |  |  |  |  |  | |
|  |  |  |  |  |  | Current |  | Previous |  |  |  | |
|  | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Principal’s previous business (incoming) | | | | | | | | | | | | |
| If you require cover for claims arising from any previous business controlled or owned by any of your principals, directors, partners or employees, please provide details. | | | | | | | | | | | | |
| Name of person | | |  | Name of principal’s previous business practice |  | Date the principal left that business | | | | | | |
|  | | |  |  |  |  | | | | | | |
|  | | |  |  |  |  | | | | | | |
|  | | |  |  |  |  | | | | | | |
|  | | | | | | | | | | | | |
| 1. Prior entities | | | | | | | | | | | |
| Has the name of the person, firm or incorporated body provided in answer to Question 1 changed, or has any other business been purchased, or has any merger or consolidation of your business taken place? | | | | | | | Yes |  |  | No |  |
| Date of change |  | Please detail the changes that took place | | | | | | | | | |
|  |  |  | | | | | | | | | |
|  |  |  | | | | | | | | | |
|  |  |  | | | | | | | | | |
|  | | | | | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Retired partners, directors and/or principals | | | | |
| Please provide details of those partners, directors or principals who have retired from your business. | | | | |
| Name |  | Date involvement ceased |  | Number of years involved |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Your staff details and professional association/institute memberships | | | | | | | | | | | | |
| 1. Number of qualified staff (including principals) |  | |  | | Other technical staff | | | | |  | |  |
|  | | | | | | | | | | | | |
| Number of non-technical staff (data entry, typists, receptionists, etc.) | |  | |  | | | | | | | | |
|  | | | | | | | | | | | | |
| 1. Are you or any of your principals a member of a professional association/institute? | | | | | | Yes |  |  | No | |  | |
| If YES, please provide name of principal, name of professional association, and type of membership if applicable (member, fellow, associate, technologist etc.) | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Related entities | | | | | |
| Does the firm detailed in Question 1 own, control or have a commercial association with any other firm, corporation or company, or do you own or control any other entity? | Yes |  |  | No |  |
|  | | | | | |
| If YES, please provide details: | | | | | |
|  | | | | | |
|  | | | | | |

|  |  |  |
| --- | --- | --- |
| Your professional activities | | |
| 1. Nature of your business | | |
| 1. Please describe in detail the nature of your business and professional services provided. You can also attach a company profile, brochures or other documentation that may assist. | | |
|  | | |
| 1. If the nature of your business or professional services provided by you or on your behalf now differs from in the past, please provide details of past business or professional services. | | |
| Description of past business or professional services |  | Date ceased |
|  |  |  |
|  | | |

| 1. Professional services | | | | |
| --- | --- | --- | --- | --- |
| 1. Please detail the nature of professional services provided by you and the approximate percentage of your fee income derived from each (% of total fee income must add to 100%): | | | | |
| **Profession/discipline (please specify):** |  | **% of total fee income** |  | **% provided by external consultants** |
|  |  | % |  | % |
|  | | | | |
|  |  | % |  | % |
|  | | | | |
|  |  | % |  | % |
|  |  |  |  |  |
|  |  | % |  | % |
|  | | | | |
|  |  | % |  | % |
|  | | | | |
|  |  | % |  | % |
|  | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | 1. Do you foresee any significant changes to the percentages detailed above or are there any new operations to be commenced during the next 12 months? | Yes |  |  | No |  | | | | | |
|  | | | | |
| If YES, please provide details: | | | | |
|  | | | | |
|  | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Insurance history | | | | | | | | | | | | | | | |
| 1. Previous insurance | | | | | | | | | | |  |  |  |  |  |
| 1. Do you currently have professional indemnity insurance? | | | | | | | | | | | Yes |  |  | No |  |
|  | | | | | | | | | | | | | | | |
| If NO, have you ever had professional indemnity insurance? | | | | | | | | | | | Yes |  |  | No |  |
| If YES to either of the above, please complete the table below with details of your three most recent policies: | | | | | | | | | | | | | | | |
| Name of insurer |  | Period insured | | |  | Sum insured |  | Excess |  | Total cost of insurance | | | | | |
|  |  |  | to |  |  | $ |  | $ |  | $ | | | | | |
|  | | | | | | | | | | | | | | | |
|  |  |  | to |  |  | $ |  | $ |  | $ | | | | | |
|  | | | | | | | | | | | | | | | |
|  |  |  | to |  |  | $ |  | $ |  | $ | | | | | |
|  | | | | | | | | | | | | | | | |
| 1. Please advise the ‘retroactive date’ specified on your current policy schedule: | | | | | | | | |  |  | | | | | |
| (Please also provide a copy of your current policy schedule, if you are not currently insured through us.) | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Have you or any partner, director or principal ever had a liability insurer: | | | | | |
| 1. decline a proposal form or application for insurance? | Yes |  |  | No |  |
|  | | | | | |
| 1. impose special terms or conditions? | Yes |  |  | No |  |
|  | | | | | |
| 1. decline to accept or renew your insurance? | Yes |  |  | No |  |
|  | | | | | |
| 1. cancel your insurance? | Yes |  |  | No |  |
| If YES to any of the above, please provide a detailed explanation below or on your own letterhead: | | | | | |
|  | | | | | |
|  | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Claims, circumstances, and disciplinary proceedings | | | | | |
| 1. Please answer the following questions after enquiry within your organisation. | | | | | |
| 1. Has any Claim ever been made, or has any negligence ever been alleged, against you or any of the present or former principals, or have any circumstances that may give rise to a claim been notified to insurers? | Yes |  |  | No |  |
|  | | | | | |
| 1. Are there any circumstances not already notified to insurers which may give rise to a Claim against you or any entity to be insured by this insurance? | Yes |  |  | No |  |
|  | | | | | |
| 1. Are there any Claims against previous practices which have been identified in Questions 5 and 6 of this Proposal, which may give rise to a Claim against either a principal or you? | Yes |  |  | No |  |
|  | | | | | |
| 1. Has any principal or staff member ever been subject to disciplinary proceedings for professional misconduct? | Yes |  |  | No |  |
| If YES to any of the above, please complete a Claims Addendum for any claims or circumstances or provide a summary of each disciplinary or misconduct matter on your own letterhead. | | | | | |
|  | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Overseas services (outside Australia/New Zealand) | | | | | | | | |
| 1. Have you ever undertaken or are you likely to provide services overseas? | | | | | | | | |
| Country |  | Branch/representation |  | Dates of commencement/ closure |  | Fee income |  | Nature of services |
|  |  |  |  |  |  |  |  |  |
|  | | | | | | | | |
|  |  |  |  |  |  |  |  |  |
|  | | | | | | | | |
|  |  |  |  |  |  |  |  |  |
|  | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Miscellaneous | | | | | |
| 1. Major clients | | | | | |
| Does any one client (or group of companies) account for more than 20% of your income? | Yes |  |  | No |  |
| If YES, please provide details of the client, % of income and services provided: | | | | | |
|  | | | | | |
|  | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Large projects | | | | | | | | |
| Please provide details of the largest projects (contracts if your services are not project based) that you (specifically the business to be insured) have been involved in during the last 5 years. | | | | | | | | |
| Name/brief description |  | Location |  | Your professional role |  | Estimated total project cost |  | Actual/estimated fee income |
|  |  |  |  |  |  | $ |  | $ |
|  | | | | | | | | |
|  |  |  |  |  |  | $ |  | $ |
|  | | | | | | | | |
|  |  |  |  |  |  | $ |  | $ |
|  | | | | | | | | |
|  |  |  |  |  |  | $ |  | $ |
|  | | | | | | | | |
|  |  |  |  |  |  | $ |  | $ |
|  | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Have you ever been or are you currently a member of any Joint Venture? | | Yes | |  | |  | | No | |  |
| If YES, please provide details: | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| 1. Manufacturing, construction and real estate activity | | | | | | | | | | |
| 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: | | | | | | | | | | |
| 1. actual construction, fabrication or any form of works contracting? | Yes | |  | |  | | No | |  | |
|  | | | | | | | | | | |
| 1. real estate development? | Yes | |  | |  | | No | |  | |
|  | | | | | | | | | | |
| 1. the manufacture, sale or distribution of any product or process or patented process? | Yes | |  | |  | | No | |  | |
|  | | | | | | | | | | |
| If YES to any of the above, please provide names of entities involved, their relationship to you and details of relevant activities: | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Fee income and risk management | | | | | | | | | | | | | | | | | | | |
| 1. Please provide gross fee income estimated for the coming year and for the last 2 years: | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| 1. **Gross fee income** | | | | | | |  | **Australia** | | | |  | **Overseas** | | | |  | **Total** | |
| Estimated for the next 12 months | | | | | | |  | $ | | | |  | $ | | | |  | $ | |
|  | | | | | | | | | | | | | | | | | | | |
| 12 months to date (i.e. previous year) | | | | | | |  | $ | | | |  | $ | | | |  | $ | |
|  | | | | | | | | | | | | | | | | | | | |
| 12 months prior (i.e. prior to the previous year) | | | | | | |  | $ | | | |  | $ | | | |  | $ | |
|  | | | | | | | | | | | | | | | | | | | |
| ***Include*** fees paid to sub-consultants appointed by you.  ***Exclude*** fees collected for disbursement to consultants appointed by your client together with any travelling, accommodation and similar expenses reimbursed by your client.  ***Exclude*** statutory charges such as permit levies, fees payable to utility authorities or local councils that are collected by you/paid on behalf of your client. | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| 1. For stamp duty purposes, please provide a percentage breakdown of fee income by State or Territory: | | | | | | | | | | | | | | | | | | | |
| NSW: | % |  | VIC: | % |  | QLD: | | | % |  | SA: | | | % |  | NT: | | | % |
|  | | | | | | | | | | | | | | | | | | | |
| WA: | % |  | ACT: | % |  | TAS: | | | % |  | Overseas: | | | % |  | TOTAL: | | | % |
|  | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Risk management | | | | | |
| 1. Do you use written disclaimers when giving advice? | Yes |  |  | No |  |
|  | | | | | |
| If YES, please provide an example. | | | | | |
|  | | | | | |
| 1. Do you have a system for reviewing potential clients? | Yes |  |  | No |  |
|  | | | | | |
| 1. Do you use standard contracts that limit your liability? | Yes |  |  | No |  |
|  | | | | | |
| If YES, please provide an extract of the relevant clause(s). | | | | | |
|  | | | | | |
| 1. Do you have and follow a documented Risk Management Program that addresses your professional risk? | Yes |  |  | No |  |
|  | | | | | |
| If YES, please provide a copy or extract/overview. | | | | | |
|  | | | | | |
| 1. Are you a member or do you intend to apply for membership of a limited liability scheme under the Professional Standards Act 1994 (NSW) or similar legislation in another State? | Yes |  |  | No |  |
|  | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Cover required | | | | | | | | | | | |
| 1. Please specify: | | | | | | | | | | | |
|  | | | | | | | | | | | |
| 1. Limit of indemnity required? | | $ |  | $ | |  | $ | | | | |
|  | | | | | | | | | | | |
| 1. Preferred excess? | | $ |  |  | |  |  | | | | |
|  | | | | | | | | | | | |
| Are you registered/accredited under any of the following? | | | | | | | | | | | |
|  | | | | | | | | | | | |
| 1. Building Act (VIC) | | | | | Yes | | |  |  | No |  |
|  | | | | | | | | | | | |
| 1. Building Act (QLD) | | | | | Yes | | |  |  | No |  |
|  | | | | | | | | | | | |
| 1. Planning, Development and Infrastructure Act (SA) | | | | | Yes | | |  |  | No |  |
|  | | | | | | | | | | | |
| 1. Environmental Planning and Assessment Act (NSW) | | | | | Yes | | |  |  | No |  |
|  | | | | | | | | | | | |
| 1. Building Act (TAS) | | | | | Yes | | |  |  | No |  |
|  | | | | | | | | | | | |
| 1. Other (please specify) |  | |  | | Yes | | |  |  | No |  |
|  | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Uninsured risks: please specify additional insurances you may require | | | | | | | |
|  | | | | | | | |
| 1. Public liability, covers liability from property damage or personal injury you may cause | | | Yes |  |  | No |  |
|  | | | | | | | |
| 1. Cyber insurance (can include privacy breaches, extortion, data recovery, social engineering) | | | Yes |  |  | No |  |
|  | | | | | | | |
| 1. Management liability (includes directors and officer’s liability, employment practices liability, statutory fines and penalties, crime (theft by employees) | | | Yes |  |  | No |  |
|  | | | | | | | |
| 1. Other insurance (please specify) |  |  | Yes |  |  | No |  |
|  | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Declaration | | | | | | | |
| I/We hereby declare that:  My/Our attention has been drawn to the Important Notices accompanying this Proposal 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 immediate notice thereof.  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 on their behalf.  To be signed by a Director/Principal of the company/business. | | | | | | | |
|  | | | | | | | |
| Signature |  |  | | Date | |  |  |
|  | | | | | | | |
| Name |  |  | Position | |  | | |
|  |  |  |  | |  | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Single Broker Authorisation – Only applicable to new Insurance Lab clients | | | | | | | | | | |
| When negotiating insurance for you we act as your agent and therefore, in accordance with our legal obligations, we act in your best interests. When you engage us, we use our expertise to understand your business, to present it to insurers and negotiate terms on your behalf. We have access to more than 20 different professional indemnity insurance providers and will approach those that we consider most appropriate, taking into account our understanding of the nature of your business, your objectives, insurer likes and dislikes (underwriting appetite) and the scope of cover available from the different providers.  Engaging multiple brokers can complicate matters and prejudice our ability to achieve the best outcome for you. When approached by multiple brokers, some insurers will decline outright while others may be hamstrung from negotiating amendments with us because they have already provided terms to another broker.  Such complications can be avoided by appointing Insurance Lab as the sole insurance broker acting on your behalf. If you are not currently insured, appointing us in this manner gives us the ability to negotiate without constraint. If you are already insured elsewhere and choose to appoint us it will allow us to review your current policy and advise whether there is scope for improvement.  To appoint us as your broker, please complete the relevant authority below. Alternatively, if you would like us to only negotiate alternatives to your current insurer, please provide the below claims authority; this will allow us to obtain any necessary information from your current/previous insurer(s) without altering your current broker relationship.  If you are unsure which approach best suits you, please call us to discuss. | | | | | | | | | | |
|  | | | | | | | | | | |
| Please select either A or B of the following authorisations: | | | | | | | | | | |
|  | | | | | | | | | | |
| 1. **Notice of appointment as sole authorised insurance broker** | | | | | | | | | |  |
| I/we appoint Insurance Lab Pty Ltd as our insurance broker for the purpose of arranging professional indemnity insurance.  As our appointed broker, Insurance Lab Pty Ltd is authorised to negotiate with insurers and their agents on our behalf and is the only intermediary authorised to do so; any previous authorisations are hereby revoked.  This appointment also constitutes authority and instructions for all our insurers, past and present, to provide Insurance Lab Pty Ltd any documents or information requested in relation to our professional indemnity insurance.  This appointment entitles Insurance Lab Pty Ltd to all commissions and service allowances paid by your company in conjunction with the placement, amendment, installation and servicing of our insurance contracts undertaken by them. | | | | | | | | | | |
|  | | | | | | | | | | |
| 1. **Authorisation to obtain claims information only** | | | | | | | | | |  |
| We hereby instruct all our insurers, past and present, to furnish Insurance Lab Pty Ltd with any requested documents or information relating to our professional indemnity insurance claims history. | | | | | | | | | | |
|  | | | | | | | | | | | |
| To be signed by a person with the requisite authority to provide the above authorisations. | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Signature |  | | |  | | Date | |  |  | | |
|  | | | | | | | | | | | |
| Company/ Business Name: | |  |  | | Position | |  | | | | |
|  | | | | | | | | | | | |