



Professional Indemnity Insurance Proposal Form for Engineers and Construction Professionals

- 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.
- If there is insufficient room to complete a question, please attach a signed & dated addendum.
- Any documents attached to the proposal form are part of this proposal.
- Where appropriate, please tick the yes or no box which best indicates your reply.

Your Details

1. Name

Full legal name of each natural person & incorporated body to be insured as well as any unincorporated business or trading names (the person/s, incorporated bodies, unincorporated business and /or trading names will be referred to in this document collectively as "you").

(a) Date(s) of Commencement.

(b) Are you registered for GST purposes? No Yes What is your ABN?

(c) If you have practiced as a principle for less than 5 years, please provide a resume of partners/directors prior experience.

2. Address

(a) Registered Office:

(b) Other Locations:

3. Principals' previous business (incoming):

Name of Principal	Name of Principal's previous Business Practice	Date Principal left that business
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Prior corporate entity:

Has the name of the person, firm or incorporated body detailed in answer to Question 1 been changed, or has any other business been purchased or has any acquisition, merger or consolidation of your business with any other business taken place?

No Yes Please detail changes in chronological order.

5. Particulars of all Principals

Name of Principal	Age	Qualifications	Years Practising as Principal		Name of Previous Business Practices
			Current Business Practices	Previous Business Practice	

6. Total number of:

- (a) Qualified staff – including Principals *(please specify each professional discipline)*.
- (b) Other technical staff.
- (c) Non-technical staff *(including typists, receptionists, etc.)*.

Total of all staff

7. Are you a member in good standing of a professional association or society?

No Yes *Please provide full particulars (where you are an incorporated body or partnership, particulars must be given of each Principal or partner).*

Insurance History

8. (a) Are you currently insured for professional indemnity?

No Yes *Please complete the table below for the last 3 years.*

(b) If you are not, have you ever been insured for professional indemnity?

No Yes *Please complete the table below for the last 3 years you were insured.*

Name of Insurer	Period Insured	Sum Insured	Excess

9. Have you ever had a liability insurer:

- (a) Decline a proposal? No Yes *Please provide details on your letterhead*
- (b) Impose special terms? No Yes *Please provide details on your letterhead*
- (c) Decline to renew your insurance? No Yes *Please provide details on your letterhead*
- (d) Cancel your insurance? No Yes *Please provide details on your letterhead*

Your Professional Activities

10. (a) Nature of your Business

State fully the nature of your business. *(Please provide copies of any brochures or other documentation which may assist CGU Professional Risks in gaining a better appreciation of the risk being proposed).*

(b) Does the nature or type of the professional services now undertaken by you (or on your behalf) and described in Question 10.(a) above, differ in any respect from the nature or type of services provided at any time in the past by you or on your behalf? (Note: cover will not be provided for claims arising from the types of professional services which are not disclosed in the proposal form and detailed in the policy schedule)

No Yes Please provide details of the nature and type of professional services previously provided; the dates between which they were provided and the scale of those services in annual fee income and largest contract. Please also advise why those services are no longer being provided by you.

11. Please express as a percentage of your gross professional fees stated in question 23(a), your revenue derived from the following fields of activity.

(If no actual fees, answer in relation to estimated fees):

- (a) Structural Engineering
- (b) Mechanical Engineering (including Hydraulic Engineering)
- (c) Electrical Engineering
- (d) Civil Engineering
- (e) Chemical Engineering
- (f) Construction and/Project Management
- (g) Town Planning
- (h) Surveying – (i) Land
(ii) Quantity
(iii) Building
- (i) Architecture
- (j) Other (specify)

11.1 For professional services which are the responsibility of your firm/company.

11.2 Of these professional services what % of 11.1 are sub-contracted or otherwise referred to consultants external to your firm/company?

(a)	%
(b)	%
(c)	%
(d)	%
(e)	%
(f)	%
(g)	%
(h) (i)	%
(ii)	%
(iii)	%
(i)	%
(j)	%

(a)	%
(b)	%
(c)	%
(d)	%
(e)	%
(f)	%
(g)	%
(h) (i)	%
(ii)	%
(iii)	%
(i)	%
(j)	%

12. To enable CGU Professional Risks to better appreciate the type of work which your firm or company has been involved in, please state as an approximate percentage of your gross professional fees for the last year (or if none, your estimated fees for the current year) derived from the following types of work:

(a) Domestic Buildings (not inc. Flats/Townhouses)	%	(i) Tunnels	%
(b) Commercial Buildings (inc. Flats/Townhouses)	%	(j) Dams	%
(c) Institutional Buildings	%	(k) Mines	%
(d) Industrial Buildings	%	(l) Oil and Pipelines	%
(e) High Rise Buildings – exceeding 3 floors and not otherwise classified	%	(m) Refineries	%
(f) Town Planning	%	(n) Mechanical Plant and Bulk Handling Equipment	%
(g) Marine Surveys	%	(o) Fair and Exhibition Grounds	%
(h) Bridges	%	(p) Subsurface Surveys, Ground and Soil Testing	%
		(q) Land Reclamation Schemes	%
		(r) Other Activities	%

Do you foresee any substantial changes in the percentages provided in answer to Question 12 above occurring during the next 12 months?

No Yes Please provide details.

Claims and Circumstances

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

- (a) During the past 10 years has any Claim been made, or has negligence been alleged, against any entity or individual to be insured by this insurance (including any prior corporate entity and any of the present or former Principals), or have any circumstances which may give rise to a claim against any of these been notified to insurers?

No Yes *Please give details.*

Year Notified	Insured With	Claimant	Nature of Problem	Amount Paid and/or Outstanding

- (b) Are there any circumstances not already notified to insurers which may give rise to a Claim against any entity or individual to be insured by this insurance (including any prior corporate entity and any of the present or former Principals).

No Yes *Please give details.*

Name of Practice and Principal	Claimant	Nature of Problem	Estimate

- (c) Are there any Claims against previous practices which have been identified in Questions 3 or 4 of this Proposal, which may give rise to a Claim against any entity or individual to be insured by this insurance (including any prior corporate entity and any of the present or former Principals).

No Yes *Please give details.*

Name of Practice and Principal	Claimant	Nature of Problem	Amount Paid and/or Outstanding

- (d) Has any Principal or staff member ever been subject to disciplinary proceedings for professional misconduct?

No Yes *Please give details.*

Name of Practice and Principal/ Staff member	Claimant	Nature of Problem	Amount Paid and/or Outstanding

Joint Ventures

14. Are you or any Principal currently, and /or have you or any principal ever been a member of any Joint Venture?

No Yes *Please provide the following information in respect of each such Joint Venture.*

- (a) Please provide details of the description (name/parties) and nature of the Joint Venture project.
Additional information may be requested depending on the nature, size and type of Joint Venture disclosed.

Overseas Work (Outside Australia/New Zealand)

15. Have you ever undertaken, or are you likely to undertake, work overseas?

No Yes *Please provide the following details of such work.*

Country	Branch/Representation	Dates of Commencement/Closure	Annual Income	Type of Work

Miscellaneous

16. For Sole Traders only: What arrangements do you have in place to cover the business or practice during your temporary absence while away on business, sick or holiday leave etc.?

17. Does any one client (or group of companies) account for more than 20% of your income? If so, 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 involved.

18. Please give a brief description of the project, contract value, type of structure and fees derived from the five largest contracts undertaken by you during the last 5 years.

Brief Description	Location	Professional Role (i.e. Engineer, Surveyor etc.)	Contract Value	Total fees earned and/or total fees expected to be earned
1.				
2.				
3.				
4.				
5.				

19. (a) Are written disclaimers included with advice given by you?

No Yes *Please provide an example.*

- (b) Are verbal reports or advice always confirmed by you in writing?

Yes No *Please give details of approximate percentage of reports that have been given by you in the last 12 months as verbal reports only.*

%

- (c) Do you have in place a system for assessing potential clients?

No Yes *Please give details.*

20. 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:

- (a) actual construction, fabrication, erection or any form of works contracting?

No Yes *Please provide details.*

- (b) real estate development?

No Yes *Please provide details.*

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

No 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 in the relevant activity.

--

21. Does the firm detailed in answer to Question 1:
- (a) own, control or have a professional or commercial association with any other firm, corporation or company; or
 - (b) own or control any other entity.

No Yes *Please provide details.*

Specific Project Policies

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

No Yes *Please provide details.*

Fee Income

23. (a) Gross professional fees for the last 12 months
Include fees paid to sub-consultants appointed by you. Exclude fees collected for disbursement to consultants appointed by your client together with travelling, accommodation or similar expenses reimbursed by your clients.

Australia \$	Overseas \$
--------------	-------------

- (b) Estimated gross professional fees for the next 12 months
Include fees paid to sub-consultants appointed by you. Exclude fees collected for disbursement to consultants appointed by your client together with travelling, accommodation or similar expenses reimbursed by your clients.

Australia \$	Overseas \$
--------------	-------------

- (c) Please provide a percentage breakdown of the fee income disclosed in Question 23(a) by State or Territory.

NSW %	VIC %	QLD %	SA %	NT %
WA %	ACT %	TAS %	Overseas %	Total %

Risk Management

24. (a) Do you have a documented Risk Management Program (consistent with Australian Standard AS/NZS 4360:2004) which addresses your professional duty risk?

No Yes *Please provide a copy.*

- (b) What date was that program first implemented?

/ /

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

No Yes *Please provide details.*

(d) When was that program last reviewed and updated to ensure that it complies with the current standards applying to your profession?

/ /

(e) What are the highlights of the program which you have implemented to reduce / manage risk related to breach of professional duty?

(f) Is there a principal/director/partner responsible for the administration of risk management within your practice?

Please provide details.

Cover Required

25. Please state:

(a) Limit of the **Total Sum Insured**. \$

(b) Amount of preferred excess. (N.B. Your policy will be subject to a minimum excess.) \$

26. Are you registered as a building practitioner under the following acts?

- (a) Building Act 1993 (Victoria) No Yes *Please fill out table below*
- (b) Building Act 1995 (Queensland) No Yes *Please fill out table below*
- (c) Development Act 1993 (South Australia) No Yes *Please fill out table below*
- (d) Other, please identify No Yes *Please fill out table below*

*If "Yes", please state your full names, or names of your **employees or consultants** who: are currently **Registered Building Practitioners**; or intend to apply to become **Registered Building Practitioners** during the proposed **Period of Insurance**; or intend to cease to be a **Registered Building Practitioner** during the **Period of Insurance**.*

Name	Date of Birth	Date First Reg'd	Registration Status (i.e Current, Proposed or Ceased)

Retroactive Cover

27. Do you require retroactive cover which may be subject to additional premium?
Retroactive cover extends cover under the policy to liability arising from relevant work carried out prior to the inception of the Policy to which this Proposal relates. There will be no cover for Claims arising from a Known Circumstance as at Policy inception.

No Yes *Please state date from which retroactive cover is required:* / /

Optional Extensions - Entity Cover Employment Practices Liability - Fidelity

28. Do you require Employment Practices Liability cover, subject to additional premium?
 No Yes *A further addendum will need to be completed. Please request a copy of this form.*

Declaration

I/We hereby declare that:

My/Our attention has been drawn to the Important Notice accompanying this Proposal form and further I/we have read these notices carefully and acknowledge my/our understanding of their content by my/our signature/s below.

The above statements are true, and I/we have not suppressed or mis-stated any facts and should any information given by me/us alter between the date of this Proposal form and the inception date of the insurance to which this Proposal relates I/we shall give underwriters immediate notice thereof.

I/We authorize CGU Professional Risks Insurance, a division of CGU Insurance Limited, to collect or disclose any personal information relating to this insurance to/from any other insurers or insurance reference service. Where I/we have provided information about another individual (for example, an employee, or client), I/we declare that the individual has been or will be made aware of that fact and the section in the Policy on "The way we handle your personal information".

I/We also confirm that the undersigned is/are authorised to act for and on behalf of all persons who may be entitled to indemnity under any policy which may be issued pursuant to this Proposal form and I/we complete this Proposal form on their behalf.

To be signed by the Chairman/President/Managing Partner/Managing Director/Principal of the association/partnership/company/practice/business.

Signature

Date

 / /

Signature

Date

 / /

It is important the signatory/signatories to the Declaration is/are fully aware of the scope of this insurance so that all questions can be answered. If in doubt, please contact your insurance broker since non-disclosure may affect an Insured's right of recovery under the policy or lead to it being avoided.

Insurance Broker's Details

Broker Name

Account Number

Address

Postcode

Phone

Fax

Contact Name

NSW Office

388 George Street Sydney NSW 2000
 PO Box H90 Australia Square Sydney NSW 1215
 Tel. (02) 8224 4655 Fax (02) 8224 4030

Queensland Branch

Level 12 189 Grey Street South Bank QLD 4101
 PO Box 1495 Milton QLD 4064
 Tel. (07) 3135 1566 Fax (07) 3135 1564

South Australia Branch

Level 4 150 Grenfell Street Adelaide SA 5000
 GPO Box 9902 Adelaide SA 5001 DX 394 Adelaide
 Tel. (08) 8425 6650 Fax (08) 8425 6592

Victorian Office

Level 4 CGU Centre 485 La Trobe Street Melbourne VIC 3000
 GPO Box 4609 Melbourne VIC 3001 DX 38206 Flagstaff
 Tel. (03) 9601 8700 Fax (03) 9602 5255

Western Australia Branch

Level 3 The Insurance Centre 46 Colin Street
 West Perth WA 6005 DX 199 Perth
 PO Box 7018 Cloisters Square Perth 6850
 Tel. (08) 9254 3750 Fax (08) 9254-3751

CGU Professional Risks Insurance

A Division of CGU Insurance Limited ABN 27 004 478 37. An IAG Company.



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 CGU Professional Risks Insurance during that policy period, providing that the insured was not aware, at any time prior to the policy inception, of circumstances which would have alerted a reasonable person in the insured's position that a claim may be made against the insured; and
2. 'claims circumstances' notified pursuant to Section 40 (3) of the *Insurance Contracts Act* which states:

'where the insured gave notice in writing to the insurer of facts that might give rise to a claim against the insured as soon as was reasonably practicable after the insured became aware of those facts but before the insurance cover provided by the contract expired, the insurer is not relieved of liability under the contract in respect of the claim, when made, by reason only that it was made after the expiration of the period of insurance cover provided by the contract'.

After policy expiry, no new claims can be made on the expired policy even though the event giving rise to the claim may have occurred during the policy period.

If during the policy period you become aware of circumstances which a reasonable person in your position would consider may give rise to a claim, and which you fail to notify to us during the policy period, we may not cover you under a subsequent policy for any claim which arises from these circumstances.

When completing the proposal you are obliged to report and provide full details of all circumstances of which you are aware and which a reasonable person in your position would consider may give rise to a claim.

It is important that you make proper disclosure (see **Duty of Disclosure**, below) so that your cover under any new policy with us is not compromised.

Pursuant to the *Insurance Contracts Act* your duty to disclose all relevant information is set out below.

Duty of Disclosure

Before entering into a contract of general insurance, you have a duty, under the *Insurance Contracts Act*, to disclose to us every matter that you are aware of, or could reasonably be expected to be aware of, that is relevant to our decision about insuring you and if so, on what terms. You have the same duty to disclose these matters to us before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of matter -

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

You should note that your duty continues after the proposal form has been completed until the policy is entered into, i.e. until the date we receive instructions to bind cover.

Non-disclosure

If you fail to comply with your duty of disclosure, we may be entitled to reduce our liability under the policy in respect of a claim or may cancel the policy. If your non-disclosure is fraudulent, we may also have the option of avoiding the contract from its beginning. It is therefore vital that you enquire of all entities comprising the insured, including senior staff, before completing the proposal form and before you sign any declaration confirming no change in the information disclosed.

Retroactive Liability

The proposed insurance may be limited by a retroactive date either stated in the schedule or endorsed onto the policy. Where the retroactive cover provided by the proposed policy is subject to such a date, then the policy does not cover any claim arising from actual or alleged act, error, omission or conduct occurring prior to such retroactive date.

Average Provision

One of the insuring provisions of the proposed insurance may provide that where the amount required to dispose of a claim exceeds the limit of the sum insured in the policy then CGU Professional Risks Insurance shall be liable only for a proportion of the total costs and expenses. This shall be the same proportion of the total expenses as the policy limit bears to the total amount required to dispose of the claim.

Surrender of Waiver of any Right of Contribution or Indemnity

If another person or company is liable to compensate you or hold you harmless for part or all of any loss or damage otherwise covered by our policy, but you agree with that person or company (either before or after the inception of our policy) that you would not seek to recover any loss or damage from them, we will not cover you for this loss or damage.

NSW Office

388 George Street Sydney NSW 2000
PO Box H90 Australia Square Sydney NSW 1215
Tel. (02) 8224 4655 Fax (02) 8224 4030

Queensland Branch

Level 12 189 Grey Street South Bank QLD 4101
PO Box 1495 Milton QLD 4064
Tel. (07) 3135 1566 Fax (07) 3135 1564

South Australia Branch

Level 4 150 Grenfell Street Adelaide SA 5000
GPO Box 9902 Adelaide SA 5001 DX 394 Adelaide
Tel. (08) 8425 6650 Fax (08) 8425 6592

Victorian Office

Level 4 CGU Centre 485 La Trobe Street Melbourne VIC 3000
GPO Box 4609 Melbourne VIC 3001 DX 38206 Flagstaff
Tel. (03) 9601 8700 Fax (03) 9602 5255

Western Australia Branch

Level 3 The Insurance Centre 46 Colin Street
West Perth WA 6005 DX 199 Perth
PO Box 7018 Cloisters Square Perth 6850
Tel. (08) 9254 3750 Fax (08) 9254-3751

CGU Professional Risks Insurance

A Division of CGU Insurance Limited ABN 27 004 478 37. An IAG Company.