BUILDING INDUSTRY SOLUTIONS PTY. LTD.

Intermediary for Insurer

CGU

Insurer

PROFESSIONAL INDEMNITY INSURANCE PROPOSAL FORM

FOR DRAFTSPERSONS AND BUILDING DESIGNERS

- **Answer all questions. Blanks and/or dashes, or answers 'known to underwriters or brokers' or 'N/A' are not acceptable and will delay consideration of this proposal.**
- **If there is insufficient room to complete a question, please attach a signed and 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 and incorporated body to be insured as well as any unincorporated business or trading names.

   a) Date(s) of Commencement.

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

   c) If less than 5 years, please provide a resume of partners'/directors' prior experience.

2. Address

   a) Principal Address

   Telephone no. | Facsimile no. | Mobile

   Email address | Website address

   b) Other Locations:

3. Details of the Practitioners registered or applying to be registered

Name	Age	Date First Reg'd (VIC, TAS or QLD only)	Category/Reg'n No. (VIC, TAS or QLD only)	Qualifications

4. What other categories of registration do you currently hold? (include Registration numbers)

5. Total number of:

   a) Qualified staff – including Principals.

   b) Other technical staff.

   c) Non-technical staff (including administration staff).

   Total of all staff: 0

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

   No ☐ Yes ☐ *Please provide status of membership and the name of the association(s) or society(s).*

Professional activities and fees

7. Please state your Gross Professional Fee Income
   a) Actual for the past 12 months $
   b) Estimate for the next 12 months $
   c) For Stamp Duty purposes, please provide a percentage breakdown of the fee income disclosed in Question 7. a) by State or Territory

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

8. Please state the approximate percentage of your actual or estimated (if there is no actual) Gross Professional Fee Income shown in Question 7. a) or b) respectively, relating to the following fields of activity:

a) Plan Drawing under relevant state building legislation	%
b) Building Design work	%
c) Town Planning applications	%
d) Detail Drafting work; split between	%
i. Structural / Steel detailing or drafting	%
ii. Electrical detailing or drafting	%
iii. Mechanical / Services / Civil detailing or drafting	%
e) Interior Design	%
f) Contract Administration	%
g) Construction / Project Management	%
h) Thermal Performance Assessments	%
i) Other Activities *(please specify)*	%
Total:	100 %

9. Please state the approximate percentage of your actual or estimated (if there is no actual) Gross Professional Fee Income shown in Question 7. a) or b) respectively, derived from or relating to the following types of work:

a) Domestic buildings (including flats and townhouses)	%
b) Commercial and Industrial buildings (up to 10 metres in height)	%
c) High Rise buildings - exceeding 10 metres and not otherwise classified	%
d) Oil installations, Pipelines and Refineries	%
e) Other Activities *(please specify)*	%
Total:	100 %

10. Please give a description of the four (4) largest contracts undertaken by you in the last 5 years.

No.	Year	Nature of Project	Your Role	$ Contract Value	$ Fee Income
1					
2					
3					
4					

Claims experience

11. 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 complete Addendum A*
    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 complete Addendum A*
    c) Are there any claims against previous practices in which you have been a principal 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 complete Addendum A*

Insurance History

12. Has any Principal or staff member ever been subject to disciplinary proceedings for professional misconduct or been subject to any enquiry or audit by the Building Control Commission or the Building Practitioners Board?

    No ☐ Yes ☐ ▶ *Please provide details on your letterhead paper*

13. a) Are you currently insured for professional indemnity?

    No ☐ Yes ☐ ▶ *Please attach a copy of your current insurance certificate/schedule and complete the table below for the last three years.*

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

    No ☐ Yes ☐ ▶ *Please complete the table below for the last three years you were insured.*

Name of Insurer	Period Insured	Sum Insured	Excess

14. Have you ever had an insurer decline a proposal, decline to renew, cancel your insurance, or imposed special terms?

    No ☐ Yes ☐ ▶ *Please provide details below*

15. Are you now, or have you ever been a member of a joint venture for which you would like us to consider providing cover for under this proposed insurance?

    No ☐ Yes ☐ ▶ *Please provide details on your letterhead paper*

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

    No ☐ Yes ☐ ▶ *Please provide details on your letterhead paper*

Cover Required

17. Please indicate the Sum Insured you require:

    $2,000,000 ☐ $5,000,000 ☐ $10,000,000 ☐ Other ☐ ▶ Please specify $

    (minimum Sum Insured)

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 the 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 that 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 agree that, by submitting this form, the personal information I/we provide to CGU Insurance Limited in this form or otherwise may be collected, held, used and disclosed in the manner set out in the CGU Privacy Policy found at www.cgu.com.au/privacy, including for processing this application and providing me/us with cover.

I/We also confrm 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**

Name **Name**

Position **Position**

Addendum A

If you have answered 'Yes" to question 11 a), b) or c) of the Proposal Form, please provide the following details in respect of each matter.

Responses such as "known to insurer", or "refer to your files", or the like will not be accepted and will delay consideration of this proposal.

1. Year of notification

2. Name of Insurer (if any)

3. Name of Claimant

4. Nature of problem

5. Amount paid or estimated potential liability

   $

6. Has the matter been finalised or is it still pending?

   Finalised ☐ Pending ☐

   Please provide details

1. Year of notification

2. Name of Insurer (if any)

3. Name of Claimant

4. Nature of problem

5. Amount paid or estimated potential liability

   $

6. Has the matter been finalised or is it still pending?

   Finalised ☐ Pending ☐

   Please provide details

Signature	**Position**	**Date**

If there is insufficient space to answer questions fully, please provide further details as a separate sheet on your letterhead and attach it to this Addendum.

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 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 on notice 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.

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 it's 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 or 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 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.

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