Construction Professionals Professional Indemnity Proposal Form

1. Name of firm to be insured

(Please include full names of all entities to be insured)

Name of insured(s)

ABN

2. Address of firm

Address

Postcode

City

Phone

Other locations

Email

Website

3. The firm

Date firm established / /

Do you own, control or have a professional or commercial association with any other firm, corporation or company? ☐ Yes ☐ No

If Yes, please provide details.

Do you own or control any other entity? ☐ Yes ☐ No

If Yes, please provide details.

4. Details of the principal(s) of the firm

Name	Age	Qualifications	Date qualified	How long practicing as partner/director: This firm	Previous firm
			/ /		
			/ /		
			/ /		
			/ /		
			/ /		

Number of staff

Directors	Qualified	Administrative	Other	**Total All Staff**

Has any principal ever been convicted of a criminal offence or any charges/prosecutions pending, or been investigated/reprimanded/disqualified by their professional body? ☐ Yes ☐ No

If Yes, please provide details.

Please provide full details if any principal has been made personally bankrupt or has been associated with any business which has ceased trading either voluntarily or compulsorily.

5. Professional memberships

Please list the professional body/s or Association/s of which the insured is a member and/or holds a practising certificate for.

Has the insured ever been disqualified, expelled or deregistered by a professional body/Association or regulator? ☐ Yes ☐ No

If Yes, please provide details.

6. Overseas work (Outside Australia/New Zealand)

Have you undertaken work, are you currently undertaking or do you intend to undertake work overseas? ☐ Yes ☐ No

If Yes, please provide details.

7. Income

Please confirm total income figures as below:

	Australia	Overseas
Actual gross fees for the past 12 months	$	$
Actual gross fees for the previous 12 months	$	$
Estimated gross fees for the next 12 months	$	$

Please provide a percentage breakdown of fees by location:

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

8. Activities breakdown

PART A

Please provide a breakdown of your activities in the last financial year:

Activity	Percentage	Activity	Percentage
Acoustic Engineering	%	Interior Design	%
Aerospace Engineering	%	Land surveying	%
Architectural	%	Marine Engineering	%
Building Surveying	%	Mechanical Engineering	%
Chemical Engineering	%	Mining Engineering	%
Civil Engineering	%	Nuclear Engineering	%
Drafting only	%	Plumbing Engineering	%
Electrical Engineering	%	Project/Construction Management	%
Environmental Engineering	%	Property Development	%
Fire Engineering	%	Quantity Surveying	%
Geotechnical/Soil Engineering	%	Structural Engineering	%
Heat/Ventilation/Air Conditioning Engineering	%	Town Planning	%
Hydraulic Engineering	%	Other (please provide full details)	%

Please provide any additional information.

PART B

Please provide a breakdown of last year's turnover derived from the following work areas:

Activity	Percentage	Activity	Percentage
Airport Works – Airside	%	Modular Buildings	%
Airport Works – Non Airside	%	Power Generation	%
Commercial Swimming Pools	%	Rail	%
Harbours/Jetties	%	Refineries, Chemical or Petrochemical Plants	%
Healthcare Facilities	%	Renewable Energy	%
High Rise Buildings (6 Storeys And Above)	%	Residential Swimming Pools	%
Hospitals	%	Roads and Highways	%
Individual Dwellings	%	Sewage/Water Works	%
Industrial Control Systems	%	Tunnels, Bridges and Dams	%
Internal Refurbishment/Fit-Out	%	Utilities (please provide full details)	%
Low Rise Buildings (Up To 5 Storeys)	%	Waste water treatment	%
Manufacturing Plants	%	Other (Please Provide Full Details)	%
Mining (Please Provide Full Details)	%		

Please provide any additional information:

Do you anticipate professional activities/services provided will change over the next 12 months? ☐ Yes ☐ No

If Yes, please provide details.

Are you or have you or any parent, subsidiary or other related entity either engaged in, or have or had a controlling share of any entity engaged in;

a) Actual construction, fabrication, erection or any form of works 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 to the above questions, please detail below.

Have you ever undertaken any work on projects exceeding 6 storeys in height? ☐ Yes ☐ No

If Yes, please provide details.

9. Contracts

Please provide details of your five largest contracts undertaken in the last 5 years and the income derived from each contract.

Date	Description	Services Provided	Project Value	Income
/ /			$	$
/ /			$	$
/ /			$	$
/ /			$	$
/ /			$	$

10. Risk management

Have you at all times used written agreements for each contract undertaken which clearly outline the services to be provided, and you confirm all changes to the specification or agreed deliverables in writing, explaining the cost changes and other implications? ☐ Yes ☐ No

If no, please detail what procedures are undertaken to ensure that any revised specification/deliverables are agreed and understood by all parties.

Do you limit your liability in contracts with clients? ☐ Yes ☐ No

Do you exclude liability for consequential losses in contracts? ☐ Yes ☐ No

Do you engage the services of sub-contractors? ☐ Yes ☐ No

a) If Yes, what percentage of fees/turnover was paid to sub-contractors during the last 12 months? %

b) Do you always require your sub-contractors to hold their own professional indemnity policy, and verify that it is in force? ☐ Yes ☐ No

c) If Yes, please confirm the minimum limit you require them to maintain: $

11. Cover requirements and insurance history

Amount of Indemnity required ☐ $1m ☐ $2m ☐ $3m ☐ $4m ☐ $5m ☐ $10m Other $

Excess requested $

Are you currently insured for professional indemnity insurance? ☐ Yes ☐ No

If Yes, please provide confirm:

Name of insurers		Renewal date	/ /
Limit of indemnity	$	Retroactive date	/ /
Premium	$	Excess	$

Has any insurer, in respect of risks to which this proposal relates, ever:

a) Declined a proposal, refused a renewal or terminated insurance? ☐ Yes ☐ No

b) Required an increased premium or imposed special conditions? ☐ Yes ☐ No

c) Declined an insurance claim by the insured or reduced its liability to pay an insurance claim in full (other than by application of excess)? ☐ Yes ☐ No

If Yes to the above questions please give details.

12. Optional extensions

Previous business	Would you like cover to extend to work undertaken by your principals, partners and directors prior to joining the current entity to be insured?	☐ Yes	☐ No
Assumed liability	Would you like cover to extend to cover any assumed duty or obligation provided by you in a professional service contract but only to the extent that your liability is due to your performance of professional services?	☐ Yes	☐ No
Limitation of liability contracts	Would you like cover to extend to instances where you enter into written contracts with other parties relating to the performance of professional services which may exclude or limit the liability of such parties, we will agree that such contracts will not prejudice your right to indemnity under the policy?	☐ Yes	☐ No
Principal's indemnity	Would you like cover to extend to indemnify any principal in regards to professional services undertaken by or on your behalf for any claim against such principal?	☐ Yes	☐ No
Proportionate liability	Would you like cover to extend to cover any liability assumed under contract by reason of it having contracted out of the operation of proportionate liability legislation?	☐ Yes	☐ No

13. Claims

Have any claims for negligence or breach of professional duty ever been made against the firm or the firm's predecessors in business, or against any of the partners or directors is/was a partner, director or chief executive? ☐ Yes ☐ No

If Yes please complete details on the Claims Addendum at the back of this document

After inquiry, is the firm or any of the partners or directors, aware of any circumstances which may result in a claim being made against the firm, or against any of the partners or directors, or against any partnership or firm of which any of the partners or directors is/was a partner, director or chief executive? ☐ Yes ☐ No

If Yes please complete details on the Claims Addendum at the back of this document

Has the firm sustained any loss or know of any possible loss through fraud or dishonesty of any director/partner/principal employee of the firm? ☐ Yes ☐ No

14. Signatories

Is any person who is not a director/partner/principal allowed to sign cheques on their signature alone? ☐ Yes ☐ No

If Yes, please provide the name:

SURA PROFESSIONAL RISKS

Level 14 / 141 Walker St
North Sydney NSW 2060
PO Box 1813
North Sydney NSW 2059

Construction Professionals
Professional Indemnity Proposal Form

Telephone: 02 9930 9500
Facsimile: 02 9930 9501
Web: sura.com.au

Important Information

The information you provide in this document and through any other documentation, either directly or through your insurance broker, will be relied upon by the insurer to decide whether or not to accept your insurance as proposed and if so, on what terms.

Every question must be answered fully, truthfully and accurately. If space is insufficient for your answer, please use additional sheets, sign and date each one and attach them to this document.

If you do not understand or if you have any questions regarding any matter in this document, including the Important Notices, please contact us or your insurance broker before signing the Declaration at the end of this document.

Unless we have confirmed in writing that temporary cover has been arranged, no insurance is in force until the risk proposed has been accepted in writing by us and you have paid or agreed to pay the premium.

General Advice Warning

Any advice about this insurance that we or SURA give you is of a general nature. We do not consider your individual objectives, financial situation or needs. it is up to you to choose the cover you need, and you should carefully read this document and any other documents that form part of the policy before deciding whether this insurance is right for your individual objectives, financial situation and/or needs.

Duty of Disclosure

Before the contracting insured enters into an insurance contract (referred to as "you" and "your" in this notice), you have a duty to tell us of anything that you know, or could reasonably be expected to know, that may affect our decision to insure you and on what terms. You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary, or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for;
- is of common knowledge;
- we know or should know as an insurer; or
- we waive your duty to tell us about.

Subject to applicable law or unless we state otherwise, a breach of the duty by one insured affects all insureds in these ways.

If you do not tell us something

If you fail to comply with your duty of disclosure, and we would not have entered into the contract, for the same premium and on the same terms and conditions, had the failure not occurred, we may, subject to applicable law:

- be entitled to cancel your contract or reduce the amount we will pay you if you make a claim, or both; or
- if your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Agent of the Insurer

In arranging this insurance, SURA Professional Risks Pty Ltd is acting under an authority given to it by insurers, and is acting as the agent of the insurer and not as your agent.

Claims Made and Notified

This policy is issued on a claims made and notified basis. This means that the policy covers "claims" that are first made against you by another person (as defined) during the period of insurance and notified to us also during that period of insurance, after any retroactive date on the policy. The policy doesn't cover facts or circumstances which you first became aware of prior to the period of insurance, and which you knew or ought reasonably to have known had the potential to give rise to a claim against you.

Not a Renewable Contract

This proposal is for a policy that is not a renewable contract so the policy will terminate on the expiry date indicated. If you therefore require a subsequent policy, you will need to complete and submit a new proposal form for assessment prior to the termination of the current policy.

Privacy

Your personal information will be collected and handled in accordance with our Privacy Policy. A copy of our Privacy Policy is located on our website at www.sura.com.au.

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Declaration

By signing this document you represent that you are authorised to sign on behalf of all persons/entities identified as the intending insured(s). A misstatement or misrepresentation by one applicant of any material facts relevant to the insurer's decision whether to accept or reject this risk is treated as a misstatement or misrepresentation by all applicants.

I/we have read and understood the information herein, including the Important Information, and the SURA Privacy Policy.

I/we agree that this Proposal Form together with any other information supplied by me/Us shall form the basis of any contract of insurance effected.

I/we declare that the statements and particulars contained in this Proposal Form are true, correct, and complete and that I/we have not omitted, misstated or suppressed any material facts.

I/we undertake to inform the insurer of any material alteration to this information occurring before the proposed insurance commences.

I/we acknowledge that by submitting this completed Proposal Form (with any other information) I/we consent that the insurer may use and disclose my/our personal information in accordance with the "Privacy Statement" within this Proposal. This consent remains valid until I/we alter or revoke it by written notice. I/we also undertake to advise any changes to my/our personal information.

Name of firm

Signature

(This Proposal is to be signed by a principal, partner or director of the proposed insured)

Title of signatory

Full name

Date

/ /

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Claims addendum

This section **must** be completed if you have answered Yes to the claims question 13.

Claim 1

Date matter notified to insurer or insurance broker / /

Name of claimant or potential claimant

Brief description of the matter:

Estimated loss or possible loss

Is this matter finalised or outstanding ☐ Finalised ☐ Outstanding

If finalised, please advise total of all costs $

Claim 2

Date matter notified to insurer or insurance broker / /

Name of claimant or potential claimant

Brief description of the matter:

Estimated loss or possible loss

Is this matter finalised or outstanding ☐ Finalised ☐ Outstanding

If finalised, please advise total of all costs $