

# 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
<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"/>	<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"/>	<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"/>

Number of staff

Directors	Qualified	Administrative	Other	Total All Staff
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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	\$ <input type="text"/>	\$ <input type="text"/>
Actual gross fees for the previous 12 months	\$ <input type="text"/>	\$ <input type="text"/>
Estimated gross fees for the next 12 months	\$ <input type="text"/>	\$ <input type="text"/>

Please provide a percentage breakdown of fees by location:

NSW	VIC	QLD	SA	WA	TAS	NT	ACT	Overseas
<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"/> %

## 8. Activities breakdown

### PART A

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

Activity	Percentage	Activity	Percentage
Acoustic Engineering	<input style="width: 50px;" type="text" value="%"/>	Interior Design	<input style="width: 50px;" type="text" value="%"/>
Aerospace Engineering	<input style="width: 50px;" type="text" value="%"/>	Land surveying	<input style="width: 50px;" type="text" value="%"/>
Architectural	<input style="width: 50px;" type="text" value="%"/>	Marine Engineering	<input style="width: 50px;" type="text" value="%"/>
Building Surveying	<input style="width: 50px;" type="text" value="%"/>	Mechanical Engineering	<input style="width: 50px;" type="text" value="%"/>
Chemical Engineering	<input style="width: 50px;" type="text" value="%"/>	Mining Engineering	<input style="width: 50px;" type="text" value="%"/>
Civil Engineering	<input style="width: 50px;" type="text" value="%"/>	Nuclear Engineering	<input style="width: 50px;" type="text" value="%"/>
Drafting only	<input style="width: 50px;" type="text" value="%"/>	Plumbing Engineering	<input style="width: 50px;" type="text" value="%"/>
Electrical Engineering	<input style="width: 50px;" type="text" value="%"/>	Project/Construction Management	<input style="width: 50px;" type="text" value="%"/>
Environmental Engineering	<input style="width: 50px;" type="text" value="%"/>	Property Development	<input style="width: 50px;" type="text" value="%"/>
Fire Engineering	<input style="width: 50px;" type="text" value="%"/>	Quantity Surveying	<input style="width: 50px;" type="text" value="%"/>
Geotechnical/Soil Engineering	<input style="width: 50px;" type="text" value="%"/>	Structural Engineering	<input style="width: 50px;" type="text" value="%"/>
Heat/Ventilation/Air Conditioning Engineering	<input style="width: 50px;" type="text" value="%"/>	Town Planning	<input style="width: 50px;" type="text" value="%"/>
Hydraulic Engineering	<input style="width: 50px;" type="text" value="%"/>	Other (please provide full details)	<input style="width: 50px;" type="text" value="%"/>

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

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	<input type="text"/>	Renewal date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Limit of indemnity	\$ <input type="text"/>	Retroactive date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Premium	\$ <input type="text"/>	Excess	\$ <input type="text"/>

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. 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

### 13. 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:

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

Telephone: 02 9930 9500  
Facsimile: 02 9930 9501  
Web: [sura.com.au](http://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](http://www.sura.com.au).

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

Telephone: 02 9930 9500  
Facsimile: 02 9930 9501  
Web: [sura.com.au](http://sura.com.au)

## 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

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

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

# Claims Addendum

This section **must** be completed if you have answered Yes to the claims question 12.

### 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