

Design and Construct 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

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

2. Address of firm

Address

Postcode

<input type="text"/>	<input type="text"/>
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City

Phone

<input type="text"/>	<input type="text"/>
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Other locations

Email

Website

<input type="text"/>	<input type="text"/>
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3. The firm

Date firm established

/ /

Have any amalgamations or acquisitions taken place in the last six years?

Yes

No

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. Nature of your business

Please provide detail of the precise nature of your business

Please provide copies of any brochures which may assist the insurer to better understand your business.

Do you anticipate professional activities/services provided will change over the next 12 months?

Yes No

If Yes, please provide details.

7. 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.

8. Income/turnover

Please confirm total income figures as below:

	Australia	Overseas
Total turnover for the past 12 months	\$	\$
Total turnover for the previous 12 months	\$	\$
Estimated total turnover the next 12 months	\$	\$

Please provide a percentage breakdown of fees by location:

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

9. Breakdown of turnover

Please provide a breakdown of your turnover and fees

Type of activities	Last Completed Financial Year	Estimate for next Financial Year
a) Turnover where the insured is responsible for the design and construction where the design work is undertaken by employees of the insured	\$ <input type="text"/>	\$ <input type="text"/>
b) Turnover where the insured is responsible for the design and construction activities, but the design element was outsourced to independent third parties engaged by the insured (contingent exposure)	\$ <input type="text"/>	\$ <input type="text"/>
c) Fees received where you provided professional services only and did not undertake construction	\$ <input type="text"/>	\$ <input type="text"/>
d) Fees received for project/construction management where you were engaged as such	\$ <input type="text"/>	\$ <input type="text"/>
e) Turnover where the insured undertook construction only activities where the design was provided by the client and the insured held no responsibility for any professional services	\$ <input type="text"/>	\$ <input type="text"/>
f) Any other turnover including but not limited to sale/supply income. Please provide full details of this turnover	\$ <input type="text"/>	\$ <input type="text"/>

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.

10. Activities breakdown

PART A

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

Activity	Percentage	Activity	Percentage
Acoustic Engineering	<input type="text" value=""/>	Interior Refurbishment	<input type="text" value=""/>
Architecture	<input type="text" value=""/>	Landscaping	<input type="text" value=""/>
Building Surveying	<input type="text" value=""/>	Mechanical Engineering	<input type="text" value=""/>
Civil Engineering	<input type="text" value=""/>	Piling and Foundations	<input type="text" value=""/>
Cladding/Façades/Glazing	<input type="text" value=""/>	Soil/Geotechnical Engineering	<input type="text" value=""/>
Electrical Engineering	<input type="text" value=""/>	Structural Engineering	<input type="text" value=""/>
Heat/Ventilation/Air Conditioning Engineering	<input type="text" value=""/>	Other (please provide full details)	<input 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" value=""/>	Power Generation	<input type="text" value=""/>
Airport Works – Non Airside	<input type="text" value=""/>	Rail	<input type="text" value=""/>
Commercial Swimming Pools	<input type="text" value=""/>	Refineries, Chemical or Petrochemical Plants	<input type="text" value=""/>
Harbours/Jetties	<input type="text" value=""/>	Renewable Energy	<input type="text" value=""/>
Healthcare Facilities	<input type="text" value=""/>	Residential Swimming Pools	<input type="text" value=""/>
High Rise Buildings (6 Storeys And Above)	<input type="text" value=""/>	Roads and Highways	<input type="text" value=""/>
Hospitals	<input type="text" value=""/>	Specialist sports facilities (pitches/courts/golf courses etc)	<input type="text" value=""/>
Individual Dwellings	<input type="text" value=""/>	Stadiums/Arenas	<input type="text" value=""/>
Industrial Control Systems	<input type="text" value=""/>	Sewage/Water Works	<input type="text" value=""/>
Internal Refurbishment/Fit-Out	<input type="text" value=""/>	Tunnels, Bridges and Dams	<input type="text" value=""/>
Low Rise Buildings (Up To 5 Storeys)	<input type="text" value=""/>	Utilities (please provide full details)	<input type="text" value=""/>
Manufacturing Plants	<input type="text" value=""/>	Waste Water Treatment	<input type="text" value=""/>
Mining (Please Provide Full Details)	<input type="text" value=""/>	Other (Please Provide Full Details)	<input type="text" value=""/>
Modular Buildings	<input type="text" value=""/>		

Please provide any additional information.

11. Contracts

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

Start date	End date	Description	Services Provided	Project Value	Income
/ /	/ /			\$	\$
/ /	/ /			\$	\$
/ /	/ /			\$	\$
/ /	/ /			\$	\$
/ /	/ /			\$	\$

12. 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:

13. Cover requirements and insurance history

Limit 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.

Have you ever purchased any Specific Project Professional Indemnity insurance policies? Yes No

If Yes, please provide details of each project and policy.

14. 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

15. 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

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.

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

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

Claims Addendum

This section **must** be completed if you have answered Yes to the claims question 14.

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 \$