



*Engineers, Architects, Surveyors
And Relation Professions
Professional Indemnity Proposal Form*

Once completed, please sign and return together with any additional sheets and attachments to:

Prime Underwriting Agency Pty Ltd
Suite 2, Level 4/501 La Trobe Street
MELBOURNE VIC. AUSTRALIA 3000

Tel: +61 3 9691 2288
Fax: +61 3 9670 0852
Email: info@primeunderwriting.com.au
Web: www.primeunderwriting.com.au

IMPORTANT NOTICE TO THE PROPOSER ON COMPLETION OF THIS PROPOSAL FORM

1. Disclosure

Any 'material change' must be disclosed to Insurers.

A 'material change' is any information which may alter the judgement of an Insurer or their perception of risk and exposure that has not previously been disclosed as a material fact.

Failure to provide all 'material facts' and/or notify all "material changes" may cause the contract of insurance to be void and may result in Insurers repudiating liability entirely.

2. Presentation

This Proposal Form must be completed and signed in ink by an authorised individual, a partner, principal or director of the Proposer.

All questions must be answered. If not applicable, state N/A.

If there is insufficient space to provide answers, additional information should be provided on the Proposer's letter headed paper.

Where available, brochures, standard contract conditions, conditions, agreements and letters of appointment should be provided.

Failure to present Insurers with information in an appropriate manner may adversely influence the ability or willingness of Insurers to offer terms.

3. Guidance

If in doubt as to the meaning of any question contained within this proposal form or the issues raised in Disclosure and/or Presentation, advice should be sought from your contact at Prime Underwriting or another insurance advisor in the first instance.

Additional information should be provided on your own separate HEADED notepaper clearly identifiable as forming part of the proposal form.

1. Name of Proposer(s) to be covered:

Establishment date(s):

2. Main address of the Proposer and any branch office addresses

Head Office Address:

Website:

Branch Office Address:

3. Please provide details of all Partners and Directors:

Name	Age	Qualifications	Date Qualified

4. Number of employees split between the following:

Qualified	<input type="text"/>
Administrative	<input type="text"/>
Self-employed consultants	<input type="text"/>
Other	<input type="text"/>
TOTAL	<input type="text"/>

5. Is the Proposer connected or associated (financially or otherwise) with any other entity? YES NO

If 'YES' please provide full details including nature of work undertaken and income derived:

6. During the past 10 years has the Proposer's name changed, has any other business been purchased and/ or has any merger or consolidation taken place? YES NO

If 'YES' please provide details:

7. Nature of Business

Please state in full the nature of your business.

8. Please confirm in the last financial year the percentage split of your work in the following disciplines where you have undertaken or been responsible for design or technical services:

Structural Engineering	%
Mechanical Engineering	%
Electrical Engineering	%
Civil Engineering	%
Chemical Engineering	%
Construction Management	%
Project Management	%
Town Planning	%
Surveying i) Land	%
ii) Quantity	%
iii) Building	%
Architecture	%
Environmental Engineering	%
Mining Engineering	%
Marine Engineering	%
Drafting	%
Interior Design	%
Other (Please specify)	%
TOTAL (must total 100%)	100 %

9. Please detail the approximate percentage of your work in the following areas:

Individual Dwellings	%
Low Rise Building (up to 3 floors)	%
High Rise Building (above 3 floors)	%
Institutional Buildings	%
Feasibility Studies, Investigations or Reports (excluding environmental)	%
Supervision of Construction	%
Bridges/ Dams	%
Mines/ Oil Pipelines/ Refineries	%
Domestic Surveying (individual dwelling & boundary survey)	%
Industrial & Commercial Surveys (Projects up to \$5 million in value)	%
Large Industrial & Commercial Surveys (Projects in excess of \$5 million in value)	%
Marine Surveys	%
Soil Testing & Foundation Investigations	%
Mechanical Plant and Bulk Handling Equipment	%
Environmental Reports	%
Contaminated Site Clean Up	%
Other (please specify)	%
TOTAL (must total 100%)	100%

10. Please provide your total fee income (including an estimate for the current and forthcoming years):
 Please indicate specific territories where overseas work is undertaken.

Year Ending	Home	Overseas	Total
/ /			
/ /			
/ /			

11. Please provide a percentage breakdown of the fee income disclosed in Question 10 by State or Territory. (Australia Only)

NSW	%	VIC	%	QLD	%	SA	%	NT	%
WA	%	ACT	%	TAS	%	O/S	%	TOTAL	100%

12. a) Please confirm your five largest contracts in the last three years where you have undertaken or been responsible for design or technical services.

Location and Description of Contract	Services Performed	Contract Value	Date Commenced	Completion Date

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

	Home	Overseas
Actual construction, fabrication, erection or any form or works contracting?		
Real estate development?		
The manufacturing?		

14. Do you engage in the manufacture or fabrication of any pre-engineered unit?

YES NO

If 'YES' please state the type of work normally carried out, whether consisting of well-established techniques or the nature of new and original thought developments, processes or designs employed.

15. Do you use independent specialist consultants?

YES NO

If 'YES' please supply details:

Do you require them to carry a minimum level of professional indemnity cover?

YES NO

If 'YES' please supply details:



UNDERWRITING AGENCY PTY. LTD.
A.F.S.L. No. 317217 ABN 65 112 486 361

CLAIMS INFORMATION

1. After enquiry have any Professional Indemnity claims ever been made against the firm(s) and/ or predecessors of the firm(s) and/ or your current and/ or retired partners, directors or principal, either individually or otherwise for any negligence, errors, omission breach of professional duty or the like, whether successful or not? YES NO

If 'YES' please supply details:

Date of Claim	Claimant	Details of claim

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2. After enquiry are any of the partners, director or principal aware of any pending and/ or circumstances existing which may give rise to a claim against the firm(s) and/ or predecessors of the firm(s) and/ or your current and/ or retired partners/ directors/ principal? YES NO

If 'YES' please supply details:

Date of circumstance	Claimant	Details of circumstance

DECLARATION

By signing this proposal form you consent to Prime Underwriting Agency Pty Ltd using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. In the course of performing our obligation to you, this information may be disclosed to agents and service providers appointed by us, insurers, (which includes their re-insurers, legal advisers, loss adjustors or agents). Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence.

I/We declare that the above statements and particulars are true, full enquiry having been made, and I/We have not omitted, suppressed or miss-stated any material facts which may be relevant to Insurers' consideration of this proposal form and undertake to inform the Insurer of any change to any material fact that occurs prior to the point at which the insurance contract has been agreed. I/We understand that the information I/We provide will be used in deciding the price charged by the Insurer for the risk and whether the Insurer will accept the application and the terms of any policy provided.

I understand that if my Practice acquires, merges with or absorbs another Practice during the period of insurance, insurers will require similar information in relation to that Practice and may charge an additional premium.

Print name:	
Signature (Partner):	
On behalf of:	
Date:	

Signing this form does not bind the Proposer to complete the insurance. We recommend that you should keep a record of all information supplied to us, including copies of letters and this proposal form, for the purpose of entering into this contract.
