

Proposal Form



Design & Construction Professional Indemnity

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

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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, 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.



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A.F.S.L. No. 317217 ABN 65 112 486 361

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 been 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:

Architecture	<input data-bbox="651 1079 784 1119" style="width: 80%;" type="text" value="%"/>	Chemical Engineering	<input data-bbox="1406 1079 1539 1119" style="width: 80%;" type="text" value="%"/>
Civil Engineering	<input data-bbox="651 1163 784 1203" style="width: 80%;" type="text" value="%"/>	Soil Engineering	<input data-bbox="1406 1163 1539 1203" style="width: 80%;" type="text" value="%"/>
Structural Engineering	<input data-bbox="651 1247 784 1287" style="width: 80%;" type="text" value="%"/>	Nuclear Engineering	<input data-bbox="1406 1247 1539 1287" style="width: 80%;" type="text" value="%"/>
Mechanical Engineering	<input data-bbox="651 1331 784 1371" style="width: 80%;" type="text" value="%"/>	Surveying – Land	<input data-bbox="1406 1331 1539 1371" style="width: 80%;" type="text" value="%"/>
Electrical Engineering	<input data-bbox="651 1415 784 1455" style="width: 80%;" type="text" value="%"/>	Surveying – Quantity	<input data-bbox="1406 1415 1539 1455" style="width: 80%;" type="text" value="%"/>
Heating & Ventilation Engineering	<input data-bbox="651 1499 784 1539" style="width: 80%;" type="text" value="%"/>	Surveying – Building	<input data-bbox="1406 1499 1539 1539" style="width: 80%;" type="text" value="%"/>
Project Management	<input data-bbox="651 1583 784 1623" style="width: 80%;" type="text" value="%"/>	Town Planning	<input data-bbox="1406 1583 1539 1623" style="width: 80%;" type="text" value="%"/>
Construction Management	<input data-bbox="651 1688 784 1728" style="width: 80%;" type="text" value="%"/>	Other	<input data-bbox="1406 1688 1539 1728" style="width: 80%;" type="text" value="%"/>

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

<u>Home Building</u>		<u>Engineering Construction</u>	
Individual Dwellings	<input style="width: 50px;" type="text" value="%"/>	Roads/ Highways	<input style="width: 50px;" type="text" value="%"/>
Low Rise Multiple Dwellings	<input style="width: 50px;" type="text" value="%"/>	Bridges, Tunnels or Dams	<input style="width: 50px;" type="text" value="%"/>
High Rise Multiple Dwellings	<input style="width: 50px;" type="text" value="%"/>	Railways, Airports, Harbours or Jetties	<input style="width: 50px;" type="text" value="%"/>
Modular Dwellings	<input style="width: 50px;" type="text" value="%"/>	Sewerage/ Water Schemes	<input style="width: 50px;" type="text" value="%"/>
<u>Industrial Building</u>		<u>Others</u>	
Power Plants	<input style="width: 50px;" type="text" value="%"/>	Hospitals & Nursing Homes	<input style="width: 50px;" type="text" value="%"/>
Refineries or Petro-Chemical Plants	<input style="width: 50px;" type="text" value="%"/>	Schools & Universities	<input style="width: 50px;" type="text" value="%"/>
Manufacturing Plants	<input style="width: 50px;" type="text" value="%"/>	Hotels or Recreation Centres	<input style="width: 50px;" type="text" value="%"/>
Industrial Building Systems	<input style="width: 50px;" type="text" value="%"/>	Retail Business Parks	<input style="width: 50px;" type="text" value="%"/>
Offices/ Commercial	<input style="width: 50px;" type="text" value="%"/>	Other	<input style="width: 50px;" type="text" value="%"/>

10. Please state your total fee income:

	Australia	Overseas	Total
Estimate this year	\$	\$	\$
Actual last year	\$	\$	\$
Actual previous year	\$	\$	\$

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

- b) Please give details of your three largest known new projects where construction is likely to commence in the coming 12 months where you will undertake or be responsible for design or technical services:

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

13. a) Current Insurance Details:

Insurer:		Expiry Date:	
Indemnity:		Premium:	

- b) Required Limit of Indemnity:

\$1,000,000
 \$2,000,000
 \$5,000,000
 \$10,000,000
 Other

- c) If you require a quotation for Public Liability insurance please advise your preferred limit:

\$10,000,000
 \$20,000,000
 Other \$

14. (a) Please confirm the amount of your total turnover/ fees in the last financial year:

	Last completed Financial Year:	Current Financial Year:	Forthcoming Financial Year:
a) Turnover where you design and construct (i.e. construct from own design and provide full technical supervision)	\$	\$	\$
b) Fees where you provide design and technical services only (i.e. no construction is performed by you)	\$	\$	\$
c) Fees where you provide project management or supervision of construction services only (i.e. no design or construction is performed by you)	\$	\$	\$
d) Turnover where you construct from others designs performed on your behalf (i.e. where you are responsible for the appointment of sub-consultants undertaking design and technical supervision)	\$	\$	\$
e) Turnover where you construct from others design and technical supervision performed <u>on your behalf</u> (i.e. where you are responsible for the appointment of sub-consultants undertaking design and technical supervision)	\$	\$	\$
f) Turnover for all work where you undertake construction but have no responsibility for design or technical supervision	\$	\$	\$
g) Turnover not mentioned above (please provide full details below)	\$	\$	\$
Total Turnover	\$	\$	\$

14. (b) In respect of Turnover declared for d) and e) above, advise steps taken by you to ensure that all sub-consultants appointed by you carry and maintain their own Professional Indemnity Insurance?

Notes

Turnover – should comprise the total annual revenue paid to the firm by Clients and/or Principals for delivery of projects works including the cost of materials and workmanship. The Professional content of such work is represented by a “notional” fee amount that is included within the overall revenue. The turnover the firm declares here should represent the total contract revenue, not merely the estimated “notional” fee content.

Fees – will comprise the combined annual fees paid to the Proposer for Professional services performed for third parties in a purely consultative capacity including design, consulting, project management and technical supervision with no responsibility for supply, construction or installation

On behalf of – this refers to work for which the Proposer is responsible to the Client and/or Principal under contract but which is passed on by sub-contract to a specialist contractor or consultant that is appointed by the Proposer. The Proposer retains vicarious (contingent) liability for the work performed on their behalf by the sub-contractor or sub-consultant.

15. 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.

16. Do you use independent specialist consultants? YES NO

If 'YES' please supply details:

17. Do you have a risk management program which addresses your professional duty risk? YES NO

If YES, please supply a copy (via email preferred)

18. Do you require retroactive cover? YES NO

Retroactive cover extends cover under the Policy to liability arising from work carried out prior to the inception of the policy to which this Proposal relates. There will be no cover for Claims arising from a known circumstance



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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

2. **After enquiry**, are any of the partners, directors 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.
