



# Professional Indemnity (Construction Industry Consultants) Proposal Form

## Important Notices:

Please read the following advice before completion of this Proposal Form

- The persons whose interests are to be insured under this policy should understand the terms, definitions and cover provided by this policy by reference to our Policy Wording. It is available from Your Insurance Adviser or our Website.
- When SRS Underwriting Agency Pty Ltd place this policy of insurance under an authority given to us by the Insurer, we will be effecting the contract as Agent of the Insurer.

## Claims Made Policy

This Proposal is for a claims made Policy. This means that the policy only responds to:

- Claims first made against you and notified to the Insurer during the policy period arising from events after any retroactive date on the policy, and
- Events of which you first become aware during the policy period that could give rise to a future claim provided that you notify the Insurer during the policy period of the circumstances of such events and they arose after any retroactive date on the policy.

When the policy expires, no claims can be made on the policy even though the event giving rise to the claim may have occurred during the policy period.

It is therefore advisable to renew the policy each year on a claims made basis with retroactive cover for past activities.

## Your Duty of Disclosure.

When we provide Insurance terms for you, whether for a new policy, renewal of a policy or changes to or reinstatement of your policy, we rely on the information you provide to us. You must tell us anything that you know, or should know, that could affect

- Our decision to insure you,
- the amount of the premium we charge you or
- whether we should impose special conditions to this cover.

You do not need to tell us about anything which:

- Reduces the likelihood of a claim
- Is of common knowledge
- We know, or as an Insurer should know
- We indicate that we do not want to know

**What you must tell us.** When answering our questions, you must be honest and you have a duty under law to tell us anything known to you, and which a reasonable person in the circumstances, would include in answer to the question. We will use the answers in deciding whether to insure you and anyone else to be insured under the policy, and on what terms.

**Who needs to tell us.** It is important that you understand you are answering our questions in this way for yourself and anyone else whom you want to be covered by the policy.

**If you do not tell us.** If you do not answer our questions in this way, we may reduce or refuse to pay a claim, or cancel the policy. If you answer our questions fraudulently, we may refuse to pay a claim and treat the policy as never having existed

## Underinsurance

The policy provides that if a payment in excess of the limit of liability available under the policy is made to dispose of a claim, the insurers liability for defence costs incurred with their consent shall be such proportion of the total defence costs as the limit of liability available under the policy bears to the amount paid to dispose of the claim.

## Privacy Statement

We are committed to protecting your privacy. We only use the personal information you provide to us to quote on and insure your risks. We only provide personal information to our underwriters and reinsurers (and their representatives) and those we appoint to assist us with claims under your policy. We will not trade, rent or sell your information.

If you do not provide us with complete information, we cannot properly quote for your insurance and we cannot insure you. You can check the personal information we hold about you at any time.

If you provide us with personal information about anyone else, we rely on you to have told them that you will provide their information to us, to whom we may provide it, the purposes for which we will use it and that they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters.

For more information about our Privacy Policy, ask us for a copy or visit our website.

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SRS Underwriting Agency Pty Ltd  
ABN 89 113 929 516  
AFSL 290518

**No Cover if Rights “Signed Away”**

This policy does not cover loss, destruction, damage or legal liability in respect of which any right which you may otherwise have had against any person, company or partnership is excluded or limited by reason of any agreement you may enter into. Please be careful before you sign anything that you do not jeopardise your entitlement to be covered under this Policy.

**Persons Covered**

Unless this insurance is otherwise extended, the insurance proposed here will, when incepted, cover only the interests of those persons/entities specifically named in this proposal and accepted by us. It will not cover the interests of any other persons / entities.

**Alteration to your Business**

The Insured must notify us in writing within 7 days of any material alteration to the Insured's Professional Business, including but not limited to:

- Any material alteration made or permitted by the Insured to the nature of the Insured's Professional Business; any acquisition by the Insured of, or merger of the Insured with, any other business, whether or not of the same nature as the Insured's professional business;
- (where the Insured is a natural person) the Insured becoming a bankrupt or entering into a debt agreement under Part IX of the Bankruptcy Act or entering into an arrangement with creditors under Part X of the Bankruptcy Act; or (where the Insured is a firm or body corporate) the appointment of an administrator, receiver, provisional liquidator or liquidator to the Insured;

If an Insured's statutory registration or registration with their professional association is cancelled, suspended or has conditions imposed.

**Please note if there is insufficient space** provided to fully answer any question, please attach an additional sheet of paper with the extra information as required. All such attachments will form part of your application for insurance and be subject to the Declaration on the last page of this Proposal.

**Please answer all questions.** Any question left unanswered or answered as known to broker or insurer or otherwise answered in an incomplete way may delay the processing of your request for this insurance. **Ensure the cover you request is adequate for your requirements.**

**Your Insurance adviser** can assist you to complete this form. They will send it to us so that we may quote on your insurance request.

Please print and/or tick the appropriate answers to the all questions below.

This application is for  New Business  Renewal - Policy Number (if known) is: .....

**1. Proposer(s)**

Please provide the full name and ABN of **ALL** entities to be insured (it is essential to specify the names of all entities including service, administration or nominee companies and subsidiaries that are to be covered by the policy):

<i>Name</i>	<i>ABN</i>
.....	.....
.....	.....
.....	.....
.....	.....

**2. Address of head office or principal office:**

Address: ..... Postcode: .....  
 Phone: ..... Fax: .....  
 Website: .....

**3. Address of branch offices or other locations:**

1. ....
2. ....
3. ....
4. ....

**4. Date on which the company was established: Day:..... Month:..... Year: .....**

**5. Please supply the following details for **ALL** directors:**

<i>Name</i>	<i>Qualifications</i>	<i>Date Qualified</i>	<i>Date first appointed as Director</i>

**6. Please advise the total number of staff:**

	<i>Full Time</i>	<i>Part Time</i>
(i) Directors:	.....	.....
(ii) Professionally qualified staff not included in (i) above:	.....	.....
(iii) Other technical staff:	.....	.....
(iv) Trainee technical staff:	.....	.....
(v) Non-technical administrative staff:	.....	.....
(vi) Clerical staff (typists, receptionists, office juniors, etc):	.....	.....
(vii) Other staff – please specify below .....	.....	.....
<b>Total:</b>	.....	.....

- 7. (i) Has the name of the business ever changed?  Yes or  No**  
**(ii) Has any other business amalgamated or merged with you?  Yes or  No**  
**(iii) Have you purchased any other business?  Yes or  No**

If Yes to any of the above, please provide details:  
 .....  
 .....

8. Please describe the precise nature of the activities or business:

.....  
 .....  
 .....  
 .....

9. Is any director connected or associated (financially or otherwise) with any other business practice?  Yes or  No

If Yes, please provide details: .....  
 .....  
 .....

10. (i) Please supply details of any change in the nature of the business, including any activities previously undertaken but which are no longer performed (eg. please disclose businesses no longer owned / operated by the company but for which residual liabilities may arise):

.....  
 .....

(ii) Is any substantial change in the nature of the business envisaged or are any major new expansions contemplated during the next 12 months?  Yes or  No

If Yes, please provide details: .....  
 .....

11. Please detail the approximate percentage of fee income derived from the following fields of consulting work:

<i>Type of Work</i>	<i>Percentage</i>
Civil engineering	.....%
Mechanical engineering	.....%
Electrical engineering	.....%
Structural engineering	.....%
Acoustical engineering	.....%
Chemical engineering	.....%
Geotechnical / soil engineering	.....%
Hydraulic / fire engineering	.....%
Plumbing engineering	.....%
Environmental engineering	.....%
Mining engineering	.....%
Nuclear engineering	.....%
Marine engineering	.....%
Architecture	.....%
Drafting	.....%
Town Planning	.....%
Land surveying	.....%
Quantity surveying	.....%
Building surveying	.....%
Marine surveying	.....%
Interior designing	.....%
Project Management	.....%
Heating and ventilation, air conditioning engineering	.....%
Oil and gas engineering	.....%
Other – please specify: .....	.....%

**12. Please detail the approximate percentage of the total work in the following areas:**

<i>Area of Industry</i>	<i>Percentage</i>
Individual dwellings	.....%
Low rise buildings (up to 3 floors)	.....%
High rise buildings (over 3 floors)	.....%
Schools, hospitals, municipal buildings and recreational centres	.....%
Modular buildings	.....%
Feasibility studies, investigations or reports	.....%
Domestic surveying – individual dwelling set outs and boundary surveys	.....%
Small industrial and commercial surveys (projects valued at \$1,000,000 or less)	.....%
Medium industrial and commercial surveys (projects valued between \$1,000,000 and \$5,000,000)	.....%
Large industrial and commercial surveys (projects valued in excess of \$5,000,000)	.....%
Road works surveys	.....%
Engineering surveys	.....%
Hydrographic surveys	.....%
Photogrammetric surveys	.....%
Bridges and tunnels up to 8 metres in length	.....%
Bridges and tunnels in excess of 8 metres in length	.....%
Dams up to 6 metres depth of water	.....%
Dams in excess of 6 metres depth of water	.....%
Mines	.....%
Harbours and jetties	.....%
Soil testing and foundation investigating (including control of earthworks)	.....%
Foundations and underpinning (excluding investigations for foundations)	.....%
Sewerage or water systems	.....%
Marine surveys	.....%
Nuclear energy projects	.....%
Heating, ventilating, air conditioning, hydraulics and plumbing	.....%
Oil and gas pipelines	.....%
Petrochemicals, refineries, fertilisers, ammonia urea plants	.....%
Structures at fairs, shows and exhibitions	.....%
Mechanical plant and bulk handling equipment including silos	.....%
Environmental appraisals / impact assessments	.....%
Risk and hazard assessments	.....%
Hazardous chemical substances	.....%
Design of pollution control equipment	.....%
Environmental program design	.....%
Social impact assessment	.....%
Biophysical studies	.....%
Environmental audits	.....%
Waste disposal, treatment or management	.....%
Contaminated site clean up	.....%
Underground storage facilities	.....%
Acoustics and noise pollution	.....%
Town planning – capital cities	.....%
Town planning – other	.....%
Other – please specify: .....	.....%

**13.** Are written reports provided to the clients?  Yes or  No  
 If Yes, please provide sample copies of typical reports together with details of any disclaimer or warranties used in connection with such reports.

**14.** Please provide a brief description of each of the five (5) largest contracts undertaken during the last three (3) years and the income derived from each contract:

Date	Brief Description of Contract	Project Construction Value	Your Income

**15.** Does any contract or client represent more than 25% of your annual income?  Yes or  No  
 If Yes, please provide details: .....

**16.** Are consultants, sub-contractors or agents engaged?  Yes or  No  
 If Yes,

(i) Do you always insist and confirm that they carry their own professional indemnity insurance?  Yes or  No

(ii) Describe the process used to choose and appoint consultants and to monitor their professional indemnity cover:  
 .....  
 .....

(iii) Are hold harmless agreements ever entered into or any legal right or entitlement that you may have against such consultants, sub-contractors or agents ever waived?  Yes or  No

If Yes, please provide full details, including copies of any such agreements: .....  
 .....

**17.** Is work performed  
 (i) outside Australia?  Yes or  No  
 (ii) for clients located overseas?  Yes or  No

If Yes, please provide details: .....

**18.** (i) Please state the date of your financial year end: Day:..... Month:.....

(ii) Please supply details of gross income or fees for the financial year for the following:

	<i>Australia</i>	<i>Overseas</i>
Estimate for current year	\$.....	\$.....
Last Year	\$.....	\$.....
Year previous to Last Year	\$.....	\$.....

(iii) Please state the amount of the largest annual income derived from any one client for the financial year:

<i>Client</i>	<i>Australia</i>	<i>Overseas</i>
.....	\$.....	\$.....

(iv) Please advise those countries in which any income is earned or intended to be earned:  
 .....  
 .....

(v) Please attach a copy of your last Annual Report.

19. Please state the approximate percentage of activities (based on income) applicable to each State, Territory or Overseas. This is important to calculate any stamp duty that may be payable.

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

**20. Claims and Circumstances**

Has any claim been made, or has negligence been alleged, against you or any of the present or former Directors, or have any circumstances which may give rise to a claim been notified to insurers?  Yes or  No

If Yes, please provide details:

Year Notified	Insured With	Claimant	Nature of Problem	Amount Paid and/or Outstanding

21. Are there any circumstances not already notified to insurers that may give rise to a Claim against you or any prior corporate practice or any of the present or former Directors?  Yes or  No

If Yes, please provide details:

Name of Company and Director	Claimant	Nature of Problem	Estimate

22. Are there any claims against previous companies that have been identified in this Proposal, that may give rise to a claim against either a Director or you?  Yes or  No

If Yes, please provide details:

Name of Company and Director	Claimant	Nature of Problem	Amount Paid and/or Outstanding

23. Has any Director or staff member ever been subject to disciplinary proceedings for professional misconduct?  Yes or  No

If Yes, please provide details:

Name of Company and Director / Staff Member	Claimant	Nature of Problem	Amount Paid and/or Outstanding

24. Describe the process by which enquiry has been made to answer questions 20 to 23 above:

.....

.....

.....

.....

25. Describe the risk management and quality assurance process used by the company to assist in prevention of potential breaches of professional duty and control of actual breaches of professional duty:

.....  
.....  
.....

26. (i) Please provide details of your current professional indemnity insurance:

Insurer: .....  
Expiry Date: Day:..... Month:..... Year: .....  
Limit of Liability: \$ ..... any one claim  
\$ ..... in the aggregate  
Deductible: \$ .....

(ii) Has the company ever been declined this type of insurance, or had similar insurance cancelled, or had an application for renewal declined, or had special terms or restrictions imposed?  Yes or  No

If Yes, please provide details: .....  
.....  
.....

27. (i) Limit of Liability required: \$ ..... any one claim and in the aggregate  
(ii) Deductible required: \$ .....

**28. Duty of Disclosure**

Are there any other matters to disclose to us to fulfil your Duty of Disclosure?  Yes or  No

If Yes, please provide relevant details: .....  
.....  
.....

**If you have a brochure or promotional material about the company's operations, please forward it with this application.**

**Declaration and agreement:**

I/We acknowledge that no cover is provided unless and until, underwriters advise in writing of the cover and terms which they can provide, this cover and terms is then accepted by the Insured, Underwriters are advised of acceptance of their cover and terms offer and SRS acknowledges to the Insured that Cover is provided.

If additional pages are attached for inclusion in this proposal they form part of this proposal.

The answers and information given by me/us in this proposal are true and correct in all respects.

Where answers in this proposal are not in my/our own handwriting, they have been checked by me/us and I/we agree that they are correct and that the other person who completed this form did so as my Agent.

I/We acknowledge having been clearly informed of and understand the effect of all of the Notices on Page 1 and 2 of this Form.

I/We authorise SRS to give to, or obtain from other insurers or an insurance or credit reference bureau, any information relating to or which may impact on this insurance cover, and any other insurances held by me/us and claims under those insurances.

By signing this application, I/We agree to SRS collecting, using and disclosing my/our personal information, including sensitive information if applicable, in accordance with the Privacy Statement and the SRS Privacy policy.

**Name of Business:** .....

**Signature/s:** .....  
(This Proposal should be signed by a Principal, Partner or Director of the Proposed Insured)

**Title of Signatory:** .....

**Full Name of such Person:** .....

**Date:**.....