

# Miscellaneous Risks

## INSURANCE PROPOSAL

PROPOSAL

# Notice to the Proposed Insured

*This notice must be read before you complete the proposal form.  
(Pursuant to the provisions of the Insurance Contracts Act 1984)*

## 1. DISCLOSURE OF RELEVANT FACTS

### Your duty of disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer every matter which you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of insurance.

Your duty, however, does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer
- that is common knowledge
- that the insurer knows or, in the ordinary course of business as an insurer, ought to know
- as to which compliance with your duty is waived by the insurer.

### Non-Disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

### Comment

The requirement of full and frank disclosure is of the utmost importance with this type of insurance. This is particularly the case in respect of anything which may be relevant to the risk for which you seek cover (e.g. claims, whether founded or unfounded), or to the magnitude of the risk.

## 2. CLAIMS MADE POLICY

This declaration is for a "claims made and notified" policy of insurance. This means that the policy covers you for claims made against you and notified to the insurer during the period of cover.

This policy does not provide cover in relation to:

- acts, errors or omissions actually or allegedly committed prior to the retroactive date of the policy (if such a date is specified);
- claims made after the expiry of the period of cover even though the event giving rise to the claim may have occurred during the period of cover;
- claims notified or arising out of facts or circumstances notified (or which ought reasonably to have been notified) under any previous policy;
- claims made, threatened or intimated against you prior to the commencement of the period of cover;
- facts or circumstances of which you first became aware prior to the period of cover, and which you knew or ought reasonably to have known had the potential to give rise to a claim under this policy;
- claims arising out of circumstances noted on the proposal form for the current period of cover or on any previous proposal form.

Where you give notice in writing to the insurer of any facts that might give rise to a claim against you as soon as reasonably practicable after you become aware of those facts but before the expiry of the period of cover, you may have rights under Section 40(3) of the Insurance Contracts Act 1984 to be indemnified in respect of any claim subsequently made against you arising from those facts notwithstanding that the claim is made after the expiry of the period of cover. Any such rights arise under the legislation only. The terms of the policy and the effect of the policy is that you are not covered for claims made against you after the expiry of the period of cover.

## 3. AVERAGE PROVISION

The policy may provide that if a payment in excess of the limit of indemnity available under the policy has to be made to dispose of a claim, the insurer's liability for costs and expenses incurred with its consent shall be such proportion thereof as the amount of indemnity available under this policy bears to the amount paid to dispose of the claim.

**You should familiarise yourself with our standard form of policy for this type of cover before submitting this declaration.**



**IMPORTANT: Please answer ALL questions fully. If there is insufficient space please provide details on your letterhead. Where provided, tick (✓) appropriate box to indicate answer. The Applicant will be referred to in this Proposal as "You" or "Your".**

**A. Details of Applicant**

1. Full name of all entities to be insured. (It is essential that you specify the names of all entities including service, administrative or nominee companies and subsidiaries that you wish to be covered by this policy).


2. Address of head office or principal office.


3. Address(es) of branch offices or other locations.


4. Date on which the Practice was established

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5. Please supply the following details.

Names of all Partners/Principals/Directors	Age	Qualifications	Date Qualified	Period Practicing as Partner/Principal/Director	
				This Practice	Previous Practices
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			/ /		
			/ /		
			/ /		
			/ /		
			/ /		

6. Please supply total number of:

(i) Partners/Principals/Directors	<input type="text"/>	(v) Non-technical administrative staff	<input type="text"/>
(ii) Professional qualified staff	<input type="text"/>	(vi) Clerical staff - typists, receptionists etc	<input type="text"/>
(iii) Other technical staff	<input type="text"/>	(vii) Other staff (please specify)	<input type="text"/>
(iv) Trainee staff	<input type="text"/>	<b>Total all Partners/Principals/Directors and staff</b>	<input type="text"/>

**Please enclose curriculum vitae or resumes for all Partners/Principles/Directors detailing qualifications and a summary of career experience.**

## For Sole Proprietors Only - Questions 7 and 8

7. State the experience of your assistants and their length of service.


8. What arrangements do you have to assist you during your temporary absence on business, leave or sickness, or unforeseen emergency?


## B. Details of Practice

9. (a) Has the name of the Practice ever been changed? Yes  No
- (b) Has any other practice or business amalgamated or merged with you? Yes  No
- (c) Have you purchased any other practice or business? Yes  No

If you have answered Yes to either (a), (b) or (c), please supply details.


10. Is any Partner, Principal or Director connected or associated (financially or otherwise) with any other practice or business? Yes  No
- If Yes, please supply details.


11. Please list the professional bodies or associations to which the Applicant belongs.


12. (a) Please provide details of the precise nature of activities or business.


(b) Please categorise the activities or business outlined in Question 12(a) above and indicate the approximate percentage of your fee income derived from same.

Type of Work	%

(c) (i) Please provide details of advice given in relation to the activities or business outlined in Question 12(a) above.


(ii) Are verbal reports always confirmed in writing?

Yes

No

If No, how do you substantiate such verbal reports?


13. Do you provide written reports to clients?

Yes

No

If Yes, please provide sample copies of typical reports together with details of any disclaimers and/or warranties used in connection with such reports.


14. Please provide brief description and fees for the five (5) largest contracts undertaken over the past five (5) years.

Brief Description	Fees \$

15. Does any contract or client represent more than 50% of your annual work or fees?

Yes

No

If Yes, please supply details.


16. Do you engage consultants, sub-contractors or agents?

Yes

No

If Yes,

(a) do you insist they carry their own Professional Indemnity Insurance?

Yes

No

(b) do you enter into any hold-harmless agreements or otherwise waive any legal rights or entitlements which you may have against such consultants, sub-contractors or agents?

Yes

No

17. Do you envisage any substantial changes in your activities or are there any major new operations contemplated during the next 12 months?

Yes  No

If Yes, please supply details.


18. Do you issue any brochures or other promotional material (including capability statements) describing your activities or services?

Yes  No

If Yes, please enclose copies.

19. Do you perform work outside of Australia, or work for clients located overseas?

Yes  No

If Yes, please supply details.


### C. Financial Details

20. (a) Please advise the date of your financial year end

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(b) Please provide the amount of gross income/fees for the following:

**Australia**

**Overseas**

(i) current financial year (estimate)

\$A

\$A

(ii) last financial year

\$A

\$A

(iii) previous financial year

\$A

\$A

(c) Please provide the amount of the largest annual fee for any one client:

\$A

\$A

21. Please provide the approximate percentage of your activities (based on fee income) applicable to each State, Territory and Overseas

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

## D. Claims Details

22. Has any Partner, Principal, Director or staff member ever been subject to disciplinary proceedings for professional misconduct? Yes  No

If Yes, please supply details.


23. Have any claims for negligence or breach of professional duty been made in the last ten (10) years against the Practice or any of their predecessors in business or any prior practice of any of their Present or former Partners, Principals or Directors, or have circumstances been notified to insurers that might give rise to a claim? Yes  No

If Yes, please supply the following details in respect to each matter.

Date Matter Notified	Name of Insurer (if any)	Name of Claimant or Potential Claimant	Brief Description of Matter	Amount Paid or Estimate of Potential Liability	Is Matter Finalised or Outstanding?

24. Are any of the Partners, Principals or Directors, AFTER ENQUIRY, aware of any claim or circumstance that might give rise to a claim against the Practice or any prior practice of any of their present or former Partners, Principals or Directors which matter is not referred to in Question 23 above? Yes  No

If Yes, please provide the following details in respect to each matter.

Name of Claimant or Potential Claimant	Brief Description of Matter	Estimate of Potential Liability

## E. Details of Insurance Cover

25. (a) Does the Practice presently carry or has the Practice ever carried, Professional Indemnity Insurance? Yes  No

If Yes, please supply details.

Insurer:

Expiry Date:

 /  / 

Limit of Indemnity:

 \$

Premium:

 \$

(b) Has the Practice or any Partner, Principal or Director ever been refused this type of insurance, or had similar insurance cancelled, or had an application of renewal declined, or had special terms imposed? Yes  No

If Yes, please supply details.


## F. Application for Cover

26. (a) Limit of Indemnity required

\$

(b) Deductible/Excess requested (Each and Every Claim)

\$

(c) Optional Extensions:

• Aggregate Limit of Indemnity (Reinstatement)

Yes

No

• Fidelity

Yes

No

• Previous Business

Yes

No

27. Fidelity Cover *(To be completed only where the Applicant is applying for the Fidelity Extension.)*

(a) Does the Practice presently carry any Fidelity Guarantee Insurance?

Yes

No

If Yes, please give details:

Insurer:

Expiry Date:

 /  / 

Limit of Indemnity:

\$

Deductible/Excess:

\$

(b) Has the Practice sustained any loss through the fraud or dishonesty of any employee?

Yes

No

If Yes, please supply details and state precautions taken to prevent recurrence.

  
  


(c) Is any member of the Practice's staff allowed to handle cash or transferrable documents or sign checks on his/her signature alone?

Yes

No

(d) How often and by whom are the entries in the cash book checked with the vouchers and reconciled with the bank statements and returned cheques?

  
  


(e) Does the Practice always require and obtain satisfactory references when engaging employees?

Yes

No

28. Previous Business Cover

To be completed only where the Applicant is applying for the Previous Business Extension

Name of principal, partner, or director seeking Previous Business cover	Name(s) of previous business(es)	Estimate Gross Income for previous business(es) for 2 financial/calendar year ends immediately prior to principal, partner, or director leaving	To the best of your knowledge, does the previous business(es) carry their own current professional indemnity policy?	Please provide details of the types of professional services offered by the previous business(es)

It is important that the claims and circumstances question within this Proposal Form fully reflect the claims and circumstances history of any prior Practice or previous business.



## G. Declaration

I the undersigned, after enquiry declare as follows:

- (1) I am authorised by each of the other Applicants to make this Proposal.
- (2) I have read and understood the Notice to the Proposed Insured on the front of this Proposal.
- (3) I have read this Proposal and the accompanying documents and acknowledge the contents of same to be true and complete.
- (4) I understand that, up until a contract of insurance is entered into, I am under a continuing obligation to immediately inform QBE of any change in the particulars or statements contained in this Proposal or in the accompanying documents.

Although the signing of this Proposal does not bind the Applicants to effect insurance, the Applicants acknowledge that the particulars and statements contained in this Proposal and in the accompanying documents shall be the basis of the contract should a Policy be issued; and further, the Applicants acknowledge that the Proposal and the accompanying documents will be incorporated in the Policy.

Name of Practice

Signed: Partner,  
Principal or Director

Date

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## QBE INSURANCE (AUSTRALIA) LIMITED

ABN 78 003 191 035

### SYDNEY

Phone: (02) 9375 4444  
Fax: (02) 9375 4992  
Level 5, 82 Pitt Street  
Sydney NSW 2000

### MELBOURNE

Phone: (03) 9246 2900  
Fax: (03) 9246 2884  
Level 13, 628 Bourke Street  
Melbourne VIC 3000

### BRISBANE

Phone: (07) 3031 8433  
Fax: (07) 3031 8434  
Level 14, 133 Mary Street  
Brisbane QLD 4000

### ADELAIDE

Phone: (08) 8202 2367  
Fax: (08) 8212 5898  
Level 13, 45 Pirie Street  
Adelaide SA 5000

### PERTH

Phone: (08) 9213 6064  
Fax: (08) 9213 6095  
Level 2, 95 William Street  
Perth WA 6000

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