



# Professional Liability Solutions

Proposal Form

## Important

- You must read and understand the IMPORTANT NOTICE on the last page of this form before completing this proposal form.
- Please answer all questions giving full and complete answers.
- If the space provided on the proposal form is insufficient, please use a separate signed and dated sheet in order to provide a complete answer to any questions.
- Please attach copies or originals of any brochures, promotional pamphlets or other publications issued by the Business.

New Business    OR     Renewal

## Section 1

### Personal information

1. Full name of person/s or organisation to be insured including trading name/s (the Business). Where the Applicant is a company, please give the name of the company and their subsidiaries requiring cover.

  
  
  
  


2. Address Postcode

3. Please state the addresses of all other locations from which the Business operates including any overseas locations.

Address Postcode

Address Postcode

Address Postcode

Address Postcode

4. Does the Applicant have a Website on the Internet?    Yes     No

If Yes, please provide URL

Email Address

## Section 2

### The Business

5. On what date was the Business established?

 /  / 

Please give a complete description of the Business and professional activities including details of any advice given and/or services provided.

  
  


6. (a) Has the name of the Business 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 business or practice? Yes  No

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

  
  


7. Does the Business envisage that any changes in ownership or operations may take place over the next 12 months? Yes  No

If Yes, please provide details.

  
  


8. Please supply details in respect of the total number of:

Principal/partners/directors	<input type="text"/>
Non-technical administrative staff	<input type="text"/>
Professional qualified staff	<input type="text"/>
Clerical staff - typists, receptionists etc.	<input type="text"/>
Other technical staff	<input type="text"/>
Other staff (please specify)	<input type="text"/>
Trainee staff	<input type="text"/>
<b>Total</b>	<input type="text"/>

*(Please enclose curriculum vitae or resumes for all Principals/partners/directors detailing qualifications and a summary of career experience).*

9. In respect of each Principal, partner or director of the Business, please provide the following details:

Name	Age	Qualifications	Date qualified	Years with this firm	Name and number of years with 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"/>	<input type="text"/>	<input type="text"/>

**Section 2 - continued**

10. Are any of the Principals, partners or directors financially or otherwise associated with any other business? Yes  No

If Yes, please provide details.

  
  


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

  
  


**Questions 12 and 13 for Sole Proprietors Only**

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

  
  


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

  
  


14. Please advise date of your Financial Year End.

15. Please provide the following details of the Business gross fees/turnover (including all subsidiaries requiring cover, noted under Section 1):

	Australia	Overseas
(a) Estimate of fees/turnover for the current financial year	\$ <input type="text"/>	\$ <input type="text"/>
(b) Fees/turnover received or rendered during the last financial year	\$ <input type="text"/>	\$ <input type="text"/>
(c) Fees/turnover received or rendered during the previous financial year	\$ <input type="text"/>	\$ <input type="text"/>
(d) Please provide the amount of the largest annual fee for any one client	\$ <input type="text"/>	\$ <input type="text"/>

(e) Please indicate whether figures above represent:

Fees  Or Gross Turnover

(f) What countries do the overseas component represent?

  
  


16. Please indicate the approximate percentage of fees/turnover derived in each state or overseas or alternatively the number of staff in each state or overseas.

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	O/S
Staff	<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"/>
Income	<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"/> %

**Section 2 - continued**

17. Please divide the Business activities into categories according to the type of work and indicate the approximate percentage of income derived from each category.

Type of Work	Percentage
<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"/> %

18. Does the Business Proposer undertake any work which involve them in:

(a) manufacturing, construction, erection or installation? Yes  No

If Yes, state what percentage of the fees declared relates to such contracts.

%

(b) the supply of materials, plant, goods, or equipment? Yes  No

If Yes:

(i) does the supply relate to branded products only? Yes  No

(ii) do the products originate from suppliers outside Australia? Yes  No

If Yes to (b) (i) or (ii) above, please give details of products and name and location of suppliers.

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

(iii) what proportion of the fees declared relates to such contracts?

%

19. Please provide details of the Business 5 largest contracts undertaken during the last 5 years:

Particulars	Contract Value/Fees	Year	Contract Value
<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"/> \$

20. Does any one client account for more than 50% of the Business annual income? Yes  No

If Yes, please provide details:

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

Client's Name

Nature of services provided to the client

Income received from the client

\$

## Section 2 - continued

21. (a) Does the Business provide written reports to clients? Yes  No   
 (If Yes, please attach copies including any disclaimers)
- (b) Are verbal reports always confirmed in writing? Yes  No   
 If No, how do you substantiate such verbal reports?
22. 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
- (c) Please advise which percentage of your fees/turnover is outsourced to sub-contractors  
 %

## Section 3

### Details of Cover

23. Does the Business presently carry or has the business ever carried Professional Indemnity Insurance? Yes  No   
 If Yes, please supply the following details:
- Insurer
- Expiry Date  /  /
- Limit of Indemnity \$
- Excess \$

### Application for Cover

- Limit of Indemnity Required \$
- Excess Required (each & every claim) \$

## Section 4

### Claims Information

24. Has the Business or any principal, partner or director ever been refused Insurance of the type proposed, had a similar policy cancelled or had special terms imposed? Yes  No
25. Have any claim/s ever been made against the Business or its predecessors or against any present or past Principals, partners or directors? Yes  No   
 If Yes, please provide details:

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

## Section 4 - continued

26. Are any of the Principals, partners or directors aware, after enquiry of all staff, managers and contractors, of any facts or circumstances which may give rise to a claim or claims of the type insured by this policy?

Yes  No

If Yes, please provide details:

Name of claimant or potential claimant	Brief description of matter	Estimate of potential liability

27. Are any of the Principals, partners or directors aware, after enquiry of all staff, managers and contractors, of any accounts overdue for payment where there is reason to believe that the client is dissatisfied with the Professional services rendered?

Yes  No

If Yes, please provide details:


## Section 5

### Important

Signature of this form does not bind the applicant or the insurers to complete the insurance.

I/we hereby declare that the statements and particulars in this proposal are true and that I/we have not mis-stated or suppressed any material facts. I/we agree that this proposal form with any other information supplied on behalf of the business shall form the basis of any Contract of Insurance effected thereon. I/we undertake to inform the Insurer of any material alteration to these facts whether occurring before or after completion of the Contract of Insurance.

For and on behalf of

--

Signature of Principal, Partner or Director

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Date

/ /
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## Section 6

### Important Notice

#### This policy is issued on a Claims Made basis:

This means that the policy responds to:

1. Claims first made against the Insured during the Period of Insurance and notified to the Insurer during that Period of Insurance, provided that the Insured was not aware prior to the policy inception of circumstances which would have put a reasonable person on notice that a Claim may be made against the Insured; and
2. If during the currency of the policy, the Insured becomes aware of any occurrence which may give rise to a Claim under the policy and during the Period of Insurance gives written notice to the Insurer of such occurrence, any Claim which may be subsequently made arising out of the occurrence of which notification has been given shall be deemed to be a Claim made during the period of this policy whenever such Claim may actually be made.

When the policy expires, no new notification generally can be made on the expired policy even though the event giving rise to the Claim may have occurred during the Period of Insurance.

No indemnity will be provided under this policy in respect of any Claim arising out of circumstances of which the Insured was aware at any time prior to policy inception and which would have put a reasonable person on notice that a Claim may be made.

### Your Duty of Disclosure

Before entering into a contract of general insurance, you have a duty under the Insurance Contracts Act 1984, to disclose to the Insurer every matter that you know, or could reasonably be expected to know, is relevant to the Insurers 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 general insurance.

Your duty however does not require disclosure of matters:

- that diminish the risk to be undertaken by the Insurer;
- that is of common knowledge;
- that your insurer knows or in the ordinary course of their business 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 their liability 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 the beginning.

### Surrender or Waiver of any Right of Contribution or Indemnity

Where another person or company would be liable to compensate the Insured or hold the Insured harmless for part or all of any Loss or damage otherwise covered by the policy, but the Insured has agreed with that person or company either before or after the inception of the policy that recovery of any Loss or damage from that person or company would not be sought, the Insured will not be covered under the policy for any such Loss or damage.

### Contracts by the Insured Affecting Rights to Subrogation

If the proposed contract of insurance includes a provision which excludes or limits the Insurers liability in respect of any loss because the Insured is a party to an agreement which excludes or limits rights to recover damages from a third party in respect of that loss, signature of any such agreement may place the indemnity under the proposed contract of insurance at risk.

### Privacy Statement

Privacy legislation requires Zurich Australian Insurance Limited to make the following disclosures before collecting personal information from any Insured Persons:

- Zurich requires personal information about an Insured Person to assess the submission for insurance and to administer the Policy;
- Where relevant for this purpose, we may disclose personal information (other than sensitive information such as health information) to the Insured's adviser;
- We will also, where relevant, disclose personal information including sensitive information to our service providers (including loss adjusters, administrators, reinsurers) and to our business partners for this purpose. By submitting the submission, an Insured consents to those organisations and Zurich, and those organisations, collecting and disclosing sensitive information about them;
- A list of the type of service providers and business partners Zurich commonly use is available on request, or on our website - go to [www.zurich.com.au](http://www.zurich.com.au) and click on the Privacy link on our home page;
- If an Insured does not provide the requested information, the submission may not be accepted, and Zurich may not be able to administer the Policy or the Insured may breach the Duty of Disclosure, the consequences of which are set out in the Duty of Disclosure Notice;
- Zurich may also disclose personal information about an Insured Person where we are required or permitted to do so by law;
- In most cases, on request, Zurich will give an Insured Person access to the personal information we hold about them. In some circumstances, we may charge a fee for giving you access, which will vary, but will be based on our costs;
- An Insured Person may contact Zurich by telephone on 132 687, e-mail us at [Privacy.Officer@zurich.com.au](mailto:Privacy.Officer@zurich.com.au) or in writing to 'The Privacy Officer' at Zurich Australian Insurance Limited, PO Box 677, North Sydney NSW 2059.

Please provide details of the Policy Number/s where known.