Miscellaneous Professionals Professional Indemnity / General Liability Proposal Form





Grd Flr, 156 Gloucester Street, Sydney, NSW 2000 PO Box 101, Grosvenor Place, Sydney, NSW 1220

into a deed or agreement excluding, limiting or delaying the legal rights or of recovery against another.

Miscellaneous Professionals Professional Indemnity / General Liability Proposal Form

Brooklyn Underwriting Pty Limited (ABN 11 123 406 922) (ARN 311687), an Authorised Representative of General Security Australia Insurance Brokers Pty Limited (ABN 34 087 437 196) arranges the insurance. Certain Underwriters at Lloyd's issue this the insurance.

Important Facts Relating to this Proposal Form

You should read the following advice before proceeding to complete this proposal form.

Duty of Disclosure

Before you enter into a contract of general insurance with an insurer, you have 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 insurer's decision whether to accept the risk of insurance, and if so, on what terms.

Your duty however does not require disclosure of any matter:

- That diminishes the risk to be undertaken by the insurer;
- That is of common knowledge:
- That your insurer knows or, in the ordinary course of this business, ought to know:
- As to which compliance with your duty is waived by the insurer.

Claims Made and Notified Basis of Coverage

The professional Indemnity Insurance Policy is issued on a 'Claims made and notified' basis.

- a) Claims first made against you during the policy period and notified to the insurer during the policy period, provided that you were not aware at any time prior to the policy inception of circumstances which would have put a reasonable person in your position on notice that a claim may be made against him/her; and
- b) Written notification of facts pursuant to Section 40(3) of the Insurance Contracts Act 1984. The facts that you may decide to notify, are those which might give rise to a claim against you. Such notification must be given as soon as reasonably practicable after you become aware of the facts and prior to policy's period of cover has expired. If you give written notification of facts the policy will respond even though a claim arising from those facts is made against you after the policy has expired. For your information, \$40(3) of the Insurance Contracts Act 1984 is set out below;

"S40 (3) Where the insured gave notice in writing to the insurer of facts that might give rise to claim against the insured as soon as was reasonably practicable after the insured became aware of those facts but before the insurance cover provided by the contract expired, the insurer is relieved of liability under the contract in respect of the claim when claim when made by reason only that it was made after the expiration of the period of insurance cover provided by the contract."

When the policy period expires, no new notification of facts can be made on expired policy even though the event giving rise to the claim against you may have occurred during the policy period.

You will not be entitled to indemnity under your new policy in respect of any claim resulting from an act, error or omission occurring or committed by you prior to the retroactive date, where one is specified in the policy terms offered to you.

Retroactive Date

You will not be entitled to indemnity under your new policy in respect of any claim resulting from an act, error or omission occurring or committed by you prior to the retroactive date, where one is specified in the policy terms offered to you.

Subrogation Waiver

Our policy contains a provision that has the effect of excluding or limiting our liability in respect of a liability incurred solely by reason of the insured entering

Privacy Statement

The Privacy Act 1988 (Cth) requires us to inform you that:

Purpose of collection

Personal information is information about an identifiable individual and includes facts or an opinion about you which identifies you or by which your identity can be reasonably determined. The collection of your personal information is essential to enable us to conduct our business of offering and providing you with our range of financial products and services.

We collect personal information for the purposes of:

- identifying you when you do business with us;
- protecting your personal information from unauthorised access;
- establishing your requirements and providing the appropriate product or service including evaluating your application for insurance and any request for amendment to any insurance provided;
- setting up, issuing, administering and managing the insurance following acceptance of an application;
- assessing and investigating, and if covered, managing a claim made in relation to any insurance you have with us
- understanding your needs and improving our financial products and services, including training and developing our staff and representatives.

Consequences if personal information is not provided

If we request personal information about you and you do not provide it, we may not be able to provide you with the insurance product you request, manage or pay any claim under an insurance policy or provide you with the full range of services we offer.

Disclosure

We use and disclose your personal information for the purposes we collected it.

We may also use and disclose your personal information for a secondary purpose related to the purpose for which we collected it, where you would reasonably expect us to use or disclose your personal information for that secondary purpose. In the case of sensitive information, any secondary purpose, use or disclosure will be directly related to the purpose of collection.

When necessary and in connection with purposes listed above, we may disclose your personal information to and/or collect your personal information from:

- where required or authorised under our relationship with our joint venture companies:
- information technology providers, including hardware and software vendors and consultants such as programmers;
 - customer research organisations;
 - intermediaries including your agent, adviser, a broker, a representative acting on your behalf, other Australian Financial Services Licensee or our authorised representatives and our agents;
 - accounting or finance specialists;
 - government, law enforcement or statutory bodies;
 - other insurers, reinsurers, financial institutions, insurance and claims reference agencies, credit agencies, loss assessors, financiers or investigative service providers;
 - hospitals, medical and health professionals;
 - legal and other professional advisers;
 - printers and mail service and delivery providers for the mailing of statements, insurance policy documents and marketing material;

2

• imaging and document management services.

Brooklyn Underwriting Pty Ltd trading as an authorised representative of General Security Australia Insurance Brokers Pty Ltd ABN: 11 123 406 922

ABN: 11 123 406 922 AFSL: 238477



Grd Flr, 156 Gloucester Street, Sydney, NSW 2000

PO Box 101, Grosvenor Place, Sydney, NSW 1220

Disclosure overseas

There are also instances where we may have to send your personal information overseas or collect personal

information from overseas. These instances include:

- when you have asked us to do so;
- when we are authorised or required by law to do so;
- when we have outsourced a business activity or function to an overseas service provider with whom we have a contractual arrangement;
- certain electronic transactions; or
- when it is necessary in order to facilitate a transaction on your behalf.

We will only send your personal information overseas or collect personal information about you from overseas for the purposes in this statement and in compliance with the privacy regime.

Access

You can request access to the personal information we hold about you by contacting us. In some circumstances, we are able to deny your request for access to personal information. If we deny your request for access, we will tell you why.

If accessing your personal information will take an extended period of time, we will inform you of the likely delay.

For more detailed requests for access to personal information, for example, access to information held in archives, a fee may be charged to cover the associated cost of retrieval and supplying this information.

Contact

Please contact us to:

- change your mind at any time about receiving marketing material;
- request access to the personal information we hold about you; or
- obtain more information about our privacy practices by asking for a copy of our Privacy Policy;

Guidelines to help you complete this Proposal Form

- Failure to disclose all material information that is likely to influence the acceptance of the risk or the terms applied could invalidate the insurance. If you are in any doubt as to whether any information is material, it should be disclosed.
- Where the space provided is insufficient for your replies, please provide these separately and attach to this Proposal Form.
- Reference to the Proposer in this Proposal Form means: 3.
 - The entity and all subsidiary entities for whom cover is required
 - The past and/or present employees or principals of the entity; and
 - The director of the entity and all subsidiary entities for whom cover is required.

AFSL: 238477 3

ABN: 11 123 406 922



Grd Flr, 156 Gloucester Street, Sydney, NSW 2000 PO Box 101, Grosvenor Place, Sydney, NSW 1220

PLEASE ANSWER QUESTIONS FULLY, USE BLOCK LETTERS AND TICK APPROPRIATE BOXES

required)					
Telephone Number:	Fax Number	r:			
Email Address					
Website Address					
Address of Principal Office					
Suburb:	State:		P	ostcode:	
Suburb:	State:		P	ostcode: .	
Suburb: Total Number of Principals and Staff:	State:		P	ostcode:	
Total Number of Principals and Staff:			P	ostcode: .	
	State: Tota		P	ostcode: .	
Total Number of Principals and Staff: Position			P	ostcode: .	
Total Number of Principals and Staff: Position Partners/ Principals/Directors			P	ostcode:	
Total Number of Principals and Staff: Position Partners/ Principals/Directors Professionally qualified staff			P	ostcode:	
Total Number of Principals and Staff: Position Partners/ Principals/Directors Professionally qualified staff Other technical staff (i.e CFO, COO)			P	ostcode:	
Total Number of Principals and Staff: Position Partners/ Principals/Directors Professionally qualified staff Other technical staff (i.e CFO, COO) Sub – Contractors engaged (in a professional capacity)			P	ostcode:	

Qualifications of Partners / Principals / Directors:

			Years Practising		
Name	Age	Qualifications	Current	Previous	Name of Previous Entity

4



Contractor

Labour Hire

T:+61 2 8274 8177 F:+61 2 9252 2538

Grd FIr, 156 Gloucester Street, Sydney, NSW 2000 PO Box 101, Grosvenor Place, Sydney, NSW 1220

Professiona	al Services				Past	12 months	Next 12	month
					\$		\$	
					\$		\$	
					\$		\$	
					\$		\$	
TOTAL					\$		\$	
NSW	VIC	QLD	SA	WA	TAS	ACT	NT	0/
		PI	LEASE FILL O	UT THE RELEV	ANT ADDENE	ОИМ АТТАСН	IED	
		015						
NSW	VIC	QLD	SA	WA	TAS	ACT	NT	U/
NSW %	VIC %		SA %		TAS %	ACT %	NT %	
	%	%	%	%	%	%	%	
%	% ser (incl Pa	% rtners, Princ	%	%	%	%	%	
% Is the Propos	% ser (incl Pa	% rtners, Princ	%	%	%	%	%	
% Is the Propos	% ser (incl Pa	% rtners, Princ	%	%	%	%	%	
% Is the Propos	% ser (incl Pa	% rtners, Princ details	% cipals, Direct	% tors) a mem	% ber of a prof	% essional ass	% sociation?	□ Yes
% Is the Propos If "Yes," plea Has the Prop	% ser (incl Pa se provide	rtners, Prince details Partners, Prince	% cipals, Direct	% tors) a mem	% ber of a prof	% essional ass	% sociation?	□ Yes
% Is the Propos If "Yes," plea	% ser (incl Pa se provide	rtners, Prince details Partners, Prince	% cipals, Direct	% tors) a mem	% ber of a prof	% essional ass	% sociation?	□ Yes
% Is the Propos If "Yes," plea Has the Prop	% ser (incl Pa se provide	rtners, Prince details Partners, Prince	% cipals, Direct	% tors) a mem	% ber of a prof	% essional ass	% sociation?	□ Yes
% Is the Propos If "Yes," plea Has the Prop	% ser (incl Pa se provide	rtners, Prince details Partners, Prince	% cipals, Direct	% tors) a mem	% ber of a prof	% essional ass	% sociation?	□ Ye.



	T:+61 2 8274 F:+61 2 9252	2538	Grd Flr, 156 Gloucester Street, Sydney, NSW 2000	Sydney, NSW 1220
10.	Does the Proposer (incl Partners, Principals, Directo regarding the engagement of any Sub-Contractors t	•		·
	Question 6 above?			□ Yes □ No
	If "Yes," please provide details			
11.	Does the Proposer (incl Partners, Principals, Directo Professional Indemnity and/or Public Liability and/o			•
				□ Yes □ No
	If "Yes," please provide details			
12.	Please provide a description of the 5 largest typical years per the details required in the table below:	assignments,	projects, contracts con	npleted over the last 3

years per the details required in the table below:

Project / Client Name	Purpose	Services or Product Supplied	Revenue / Fees Generated

6



Grd FIr, 156 Gloucester Street, Sydney, NSW 2000 PO Box 101, Grosvenor Place, Sydney, NSW 1220

PROFESSIONAL INDEMNITY

13.	Does the Proposer have other Profes	ssional Indemnity Policy i	n force?		□ Yes □ No
	If "Yes," please provide the following	details			
	Name of Insurer			Renewal	Date
14.	Please state Limit of Indemnity re	equired under this insura \$2,000,000	nce: □ \$5,000,	,000 □ Ot	ther \$
GEN	ERAL LIABILITY (PUBLIC, PRODUCTS A	AND POLLUTION LIABILIT	TY)		
If yo	ou would like General Liability cover, p	lease answer the followi	ng:		
	(i) Indicate the limit of indem	nity required.			
		\$10,000,000			
		\$20,000,000			
15.	Please state the approximate percer	ntage of work conducted	in the follo	owing categories:	
		Actual Past 12 Mor	nths E	stimated Next	12 Months
	Office Based				
	Work at own premises				
	Work away from own premises				
16.	Does the Proposer and/or contract p	•		anual nature?	□ Yes □ No
17.	If the Proposer utilises Contractors, sthey typically perform.	Subcontractors or Labou	· Hire, plea	ase provide a deso	cription of the activities



			T:+61 2 8274 8177 F:+61 2 9252 2538	Grd Flr, 156 Gloucester Street, Sydney, NSW 2000	PO Box 101, Grosvenor Place, Sydney, NSW 1220
18.	Does t	he Proposer, its staff and/or cont	ract personnel have p		
					□ Yes □ No
	If yes,	please provide details			
	CLAI	MS & CIRCUMSTANCE DETAILS			
19.	a)	Has any claim been made against director, consultant or employee			□ Yes □ No ates?
	b)	Has the Proposer or any principal incurred any other loss or expension.	•		□ Yes □ No
	If	yes in either case, please attach s	separate sheet provid	ling full details including w	hat action has been taken to
	pro	event a recurrence of the situation	on which gave rise to	each claim or loss.	
20.		ny principal, director, partner, coich might:	onsultant, or employee	e, after enquiry, aware of a	ny circumstances
	a)	Give rise to a claim against the or any of the present or former			□ Yes □ No
		employees?			
	b)	Result in Proposer or his/her p or former partners, directors, c			□ Yes □ No
		losses or expenses which might	be within the terms o	of this cover?	
	c)	Otherwise affect the Company	's consideration of thi	s insurance?	□ Yes □ No
		If 'yes' in any case, please attac	:h separate sheet prov	iding full details.	
		D THAT IF SUCH FACTS, CIRCUM OM THEM IS EXCLUDED FROM T			NOT DISCLOSED, ANY CLAIM
	CENER	AL INCLIDANCE INFORMATION			
	GEIVEK	AL INSURANCE INFORMATION			
21.		y insurer, in respect of the risks t clined a proposal, refused renewa			□ Yes □ No
	-	clined an insurance claim by the F urance claim in full (other than b	•		□ Yes □ No
	If	es in either case, please provide	details:		



Grd Flr, 156 Gloucester Street, Sydney, NSW 2000 PO Box 101, Grosvenor Place, Sydney, NSW 1220

DECLARATION

I / We the undersigned duly authorised person(s) declare that:

- I am / we are authorised by each of the Proposers to sign this Proposal Form; and
- ii. The above statement are correct, true and complete; and
- No information material to this Proposal Form has been withheld; and iii.
- iv. I/we have read the important facts which you have put before me / us and I / we understand the advice given in relation to t necessary and detailed enquiries in order to comply with the duty of disclosure; and
- I / we undertake to inform the insurer of any material alteration to these facts occurring before ٧. completion of the contract of insurance; and
- I / we undertake to inform the insurer of any material alteration to these facts occurring before vi. completion of the contract of insurance; and
- vii. I / we acknowledge that the Insurer relies on the information and representations in this Proposal Form and otherwise made by me / us in relation to this insurance.

Signature:		Date:	//
Name of Partner	r(s) or Director(s):		
On Behalf of:		* Inse	ert Name of Firm