**Engineering and Construction**

**Professional Indemnity Insurance Proposal Form**

**Applicants Details**

|  |  |  |
| --- | --- | --- |
| 1. Entities to be insured | 2. Date established | 3. ABN or ACN |
|  |  |  |
|  |  |  |
|  |  |  |
| 4. Address |  |
| 5. Phone number |  |
| 6.Website |  |
| 7. Directors names | Age | Years with this business | Qualifications | Year qualified |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Professional Activities**

|  |  |
| --- | --- |
| 8. Are verbal reports always confirmed in writing? | [ ] Yes [ ] No  |
| 9. Does any one client represent more than 50% of your fee income? | [ ] Yes [ ] No  |
| 10. Please provide a detailed description of the activities undertaken by the business |
|  |
| 11. Please provide staff numbers based on the following |
| Principals/partners/directors |  | Non-technical staff |  |
| Professionally qualified |  | Clerical staff |  |
|  |  | Total Staff |  |
| 12. Are you planning any changes in your activities during the next 12 months? | [ ] Yes [ ] No |
| 13. Have you merged with any other business? | [ ] Yes [ ] No |
| 14. Have you purchased any other business? | [ ] Yes [ ] No |
| 15. Is any Principal, partner or director associated with any other business? | [ ] Yes [ ] No |
| If you have answered yes to questions 10 to 13 please provide further details below |
|  |
| 16. Please provide details of your 5 largest contracts in the last 5 years |
| Contract Details | Fees |
|  | $      |
|  | $      |
|  | $      |
|  | $      |
|  | $      |

**Contractors and sub-contractors**

|  |  |
| --- | --- |
| 19. Do you engage contractors or sub-contractors? | [ ] Yes [ ] No |
| 20. If YES, do you insist they carry their own professional indemnity insurance? | [ ] Yes [ ] No |
| 21. What fees have been paid to contractors & sub-contractors in the last 12 months? | $      |
| 22. What activities do contractors or sub-contractors perform? |
|  |
| 17. Please advise the activity breakdown in the following occupations. Must equal 100% |
| Acoustical Engineering |      % | Hydraulic/Fire Engineering | % |
| Architecture |      % | Interior Design |      % |
| Building Design |      % | Land Surveying | % |
| Building Surveying | % | Landscape Architecture | % |
| Chemical Engineering | % | Marine Engineering | % |
| Civil Engineering | % | Marine Surveying | % |
| Construction Management | % | Mechanical Engineering | % |
| Drafting | % | Mining Engineering | % |
| Electrical Engineering | % | Nuclear Engineering | % |
| Engineering Surveying | % | Project Management | % |
| Environmental Consultancy | % | Quantity Surveying | % |
| Environmental Engineering | % | Structural Engineering | % |
| Geotechnical/Soil Engineering | % | Town Planning | % |
| Heating & Ventilating/Air-Conditioning Engineering | % | Other – specify | % |

|  |
| --- |
| 18. Please advise the activity split undertaken in each of the following categories. Must equal 100% |
| Aquatic Centres | **%** | Mechanical Plant and Bulk Handling Equipment | **%** |
| Bridges/Tunnels | **%** | Mines | **%** |
| Commercial Buildings | **%** | Modular Buildings | **%** |
| Commercial Tenancy Fit out | **%** | Oil & Gas Pipelines | **%** |
| Dams | **%** | Petrochemicals, Refineries, Fertilizers | **%** |
| Domestic Land Surveying | **%** | Pollution Control Equipment | **%** |
| Energy Rating | **%** | Pre-Purchase Building Inspections | **%** |
| Environmental Impact Assessments & Audits | **%** | Retail Shops | **%** |
| Expert Witness | **%** | Roads | **%** |
| Feasibility Studies, Investigations or Reports | **%** | Schools, Hospitals, Municipal Buildings | **%** |
| Foundations & Underpinning | **%** | Sewerage, Water Systems - Commercial | **%** |
| Harbours & Jetties | **%** | Sewerage, Water Systems - Domestic | **%** |
| Heritage Buildings | **%** | Sports Centres/Clubs | **%** |
| High Rise Buildings | **%** | Subdivisions | **%** |
| Hotels/Motels/Pubs | **%** | Teaching/Lecturing | **%** |
| Individual Dwellings  | **%** | Town Planning | **%** |
| Industrial Buildings | **%** | Waste Disposal, Treatment or Management | **%** |
| Low Rise Buildings (up to 5 storeys) | **%** | Other – specify  | **%** |

**Fee Information**

|  |  |  |
| --- | --- | --- |
| 23. Provide details of the practice’s professional fees | Australia | Overseas |
| a. Professional fees earned for last 12 months | $      | $      |
| b. Estimated professional fees for the next 12 months | $      | $      |

|  |
| --- |
| 24. Provide a breakdown of professional fees earned for the last 12 months (Note: If a new practice, provide an estimate). |
| **NSW** | **VIC** | **QLD** | **SA** | **WA** | **TAS** | **NT** | **ACT** | **OVERSEAS** |
| % | % | % | % | % | % | % | % | % |
| 25. Has the business worked on any overseas projects? If yes, please provide details | [ ] Yes [ ] No  |
|  |

**Claims History**

|  |  |
| --- | --- |
| 26. In the last 10 years have any claims or allegations been made against the insured or any principal, partner or director for a breach of professional duty? | [ ] Yes [ ] No |
| 27.In the last 10 years have circumstances been notified to insurers that might give rise to a claim? | [ ] Yes [ ] No |
| 28. Has the insured or any principal partner or director ever been subject to disciplinary action for professional misconduct? | [ ] Yes [ ] No |
| 29. Has the insured or any principal partner or director ever been charged with a criminal offence, other than minor traffic convictions? | [ ] Yes [ ] No |
| 30. Has the insured or any principal partner or director ever been declared bankrupt? | [ ] Yes [ ] No |
| 31. Has the insured or any principal partner or director ever been refused this type of insurance or had similar insurance cancelled, renewal declined, or had special conditions imposed? | [ ] Yes [ ] No |
| **If you have answered yes to questions 24 to 29 please provide additional information regarding the circumstances and any amounts paid by yourself or the insurer.** |

**Cover Requirements**

|  |  |
| --- | --- |
| 32. Do you currently carry professional indemnity insurance? | [ ] Yes [ ] No |
| Insurer |  |
| Expiry date |  |
| Limit of indemnity | $      |
| Deductible | $      |
| Premium | $      |
| 33. Please advise the limits of indemnity required |
| $1,000,000 [ ]  | $10,000,000 [ ]  |
| $2,000,000 [ ]  | $20,000,000 [ ]  |
| $5,000,000 [ ]  | Other – Specify $ |
| 34. Would you like a quote for general liability? | [ ] Yes [ ] No |

**IMPORTANT NOTICES**

**Claims Made Insurance**

Your professional indemnity policy is issued on a ‘claims made’ basis. This means that the policy responds to: -

a) Claims first made against you during the policy period and notified to the insurer during that policy period, providing 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 you; and

b) Pursuant to Section 40 (3) of the *Insurance Contracts Act 1984* (Cth)which states: "*where the insured gave notice in writing to the insurer of facts that might give rise to a 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 not relieved of liability under the contract in respect of the 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 expires, no new notification can be made on the 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 arising out of circumstances of which you were aware at any time prior to policy inception which would have put a reasonable person in your position on notice that a claim may be made against you.

When completing your proposal you are obliged to report and provide full details of all circumstances which have become known to you and which would put a reasonable person in your position on notice that a claim may be made against you (refer to question 26 to 31 of the proposal form).

This is important to ensure that:

a) if you are currently insured and you notify a claim or circumstance prior to the expiry of your current policy, you are covered under your current policy in respect of any claim arising out of these circumstances; and

b) you make proper disclosure (refer notice pursuant to the *Insurance Contracts Act 1984* (Cth) above and below) in order that your entitlement to full indemnity under your new policy is not placed in jeopardy.

In accordance with the provisions of the *Insurance Contracts Act 1984* (Cth) we are required to advise you of your responsibilities in relation to the disclosure of relevant information.

**Your Duty of Disclosure**

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms. You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

•        reduces the risk we insure you for; or

•        is common knowledge; or

•        we know or should know as an insurer; or

•        we waive your duty to tell us about.

**If you do not tell us something**

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both. If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

**Non Renewable**

Professional indemnity insurance is not a renewable insurance policy. Any policy issued by the insurer will terminate at a date and time specified in the policy schedule. There is no right to an automatic extension or renewal of the policy. If you wish to effect similar insurance for a subsequent period, it is necessary to complete a new proposal form prior to the termination of the expiring policy so that the insurer may consider whether or not to offer a replacement policy, and if so, on what terms.

**Privacy Policy**

IBL Limited, trading as Focus Underwriting (Focus), is committed to protecting your privacy in accordance with the Privacy Act 1998 (Cth) and the Australian Privacy Principles. Our Privacy Policy describes our current policies and practices in relation to the collection, handling, use and disclosure of personal information. It also deals with how you can complain about a breach of the privacy laws and how you can access the personal information we hold and how to have that information corrected.

Our contact details for all privacy enquiries are:

IBL Limited t/as Focus Underwriting

Address: Level 21 41 Exhibition Street Melbourne 3000

Phone: 1800 234 338

Email: enquiries@focusuw.com.au

Web: [www.focusuw.com.au](http://www.focusuw.com.au)

ABN: 65005754718

AFSL: 231203

**What information do we collect and how do we use it?**

We collect from you all information we need to assess your application for insurance and to administer your insurance policy and any claims you may make. We provide any information that the insurer who provide our capacity require to enable them to decide whether to insure you and on what terms. This insurer may in turn pass on this information to their reinsurers. Some of these companies are located outside Australia.

When you make a claim under your policy, we assist you by collecting information about your claim. Sometimes we also need to collect information about you from others. We provide this information to your insurer (or anyone your insurer has appointed to assist it to consider your claim, e.g. loss adjusters or legal advisers etc) to enable it to consider your claim. Again this information may be passed on to reinsurers.

**What if you don’t provide some information to us?**

We can only fully consider your risk if we have all relevant information. The insurance laws also require you to provide your insurers with all the information they need in order to be able to decide whether to insure you and on what terms. You have a duty to disclose the information which relevant to the insurer’s decision to insure you. If you provide inaccurate or incomplete information we may not be able to provide you with our products or services.

**Your consent**

By asking us to assist with your insurance needs, you consent to the collection and use of the information you have provided to us for the purposes described above

**Declaration**

I/We hereby declare that:

I/We have read and understood the important notices in this proposal form. The undersigned are authorised to act for and on behalf of all persons who may be entitled to indemnity under any policy which may be issued pursuant to this proposal and that I/we complete this proposal on their behalf.

The above statements are true, that I/we have not suppressed or misstated any facts, and that should any of the information given by me/us alter between the date of this proposal and the inception date of the insurance to which this proposal relates I/we will give immediate notice thereof.

Enquiry should be made of all principals/partners/directors and staff to ensure full disclosure. Signing the form does not bind the practice to accept the insurance or the insurers to provide a quotation.

|  |  |
| --- | --- |
| **Signature** | **Date** |
| **Name** | **Title** |