

## BUILDING/PEST INSPECTIONS & PEST MANAGEMENT PROPOSAL FORM

Brokerage:  
 Contact Name:  
 Contact Number:  
 Contact Email:

### GENERAL INFORMATION

Business Name					
Trading Name					
ABN					
Contact Name					
Proposer Address					
		State		Postcode	
Postal Address (if different)					
		State		Postcode	
Email					
Phone					
Website					
Business Established					
Period of Insurance	From:	___/___/___			
	To:	___/___/___			
Current Insurer					
Current Policy	<input type="checkbox"/> Professional Indemnity with Claims Made Public Liability Wording <input type="checkbox"/> Professional Indemnity with Occurrence Public Liability Wording				

In the event current policy details are not provided terms will be offered for liability on a claims made basis only, excepting for new ventures that will be quoted an occurrence liability wording.

Occurrence Wording - A policy covering claims that arise out of damage or injury that took place during the policy period, regardless of when claims are made.

Claims Made Wording - A policy providing coverage that is triggered when a claim is made against the insured during the policy period, regardless of when the wrongful act that gave rise to the claim took place. (The one exception is when a retroactive date is applicable to a claims-made policy. In such instances, the wrongful act that gave rise to the claim must have taken place on or after the retroactive date.) Contact your broker for any clarification.

**LIMITS OF INDEMNITY**

Public Liability	\$5,000,000	<input type="checkbox"/>
	\$10,000,000	<input type="checkbox"/>
	\$20,000,000	<input type="checkbox"/>
Professional Indemnity	\$100,000	<input type="checkbox"/>
	\$500,000	<input type="checkbox"/>
	\$1,000,000	<input type="checkbox"/>
	\$2,000,000	<input type="checkbox"/>

**RETROACTIVE DATE**

Public Liability	___/___/___
Professional Indemnity	___/___/___

Whenever cover is changed to a new insurer it is important that the existing retroactive date is carried forward to the new policy. If there is a break in cover between the expiry of one policy and the commencement of a new policy insurers will often only accept a new policy with the retroactive date as the new policy inception date.

**DETAILS OF INCOME**

Actual turnover (previous 12 months)	\$
Estimate annual turnover (next 12 months)	\$

Breakdown of income by state %

Australia Capital Territory	%
New South Wales	%
Northern Territory	%
Queensland	%
South Australia	%
Tasmania	%
Victoria	%
Western Australia	%

**100%**

**Are you a small business eligible for the exemption from the requirement to pay NSW duty on certain types of insurance?**

Note, a small business under the changes relating to the NSW Stamp Duty exemption defines that a business is a small business for an income year (the current year) if:

- You carry on a business in the current year; and
- One or both of the following applies:
  - You carried on a business in the income year (the previous year) before the current year and the aggregated turnover for the previous year was less than \$2m;
  - The aggregated turnover for the current year is likely to be less than \$2m.

**If you are eligible for the NSW Stamp Duty exemption please complete the declaration on the last page of this document.**

For more information, visit <http://www.revenue.nsw.gov.au/taxes/insurance/exemptions>

**BUSINESS ACTIVITIES**

Please provide a turnover percentage applicable to each group of activities (must equal 100%). Tick the relevant activities that require coverage.

**BUILDING INSPECTIONS (NON PEST) %**

<input type="checkbox"/>	General Building Inspections	<input type="checkbox"/>	Pre-Purchase Building Inspections
<input type="checkbox"/>	Combined Building & Timber Pest Inspections	<input type="checkbox"/>	Stage & Handover Inspections
<input type="checkbox"/>	Dilapidation Inspections	<input type="checkbox"/>	Owner Builder Defect Report
<input type="checkbox"/>	Remedial and Preventative Maintenance Inspections	<input type="checkbox"/>	Insurance Investigation & Loss Adjustment
<input type="checkbox"/>	Asbestos Inspections	<input type="checkbox"/>	Asbestos Clearance Certificates
<input type="checkbox"/>	Asbestos Audits	<input type="checkbox"/>	Asbestos Identification (Excluding Removal)
<input type="checkbox"/>	Essential Maintenance & Safety Inspections	<input type="checkbox"/>	NABERS Energy Rating
<input type="checkbox"/>	Dispute Resolution & Mediation	<input type="checkbox"/>	Strata Sinking Inspections
<input type="checkbox"/>	Depreciation Schedules	<input type="checkbox"/>	OHS Inspections
<input type="checkbox"/>	Playground Inspections	<input type="checkbox"/>	Disability Access
<input type="checkbox"/>	Vacancy and Condition Reporting	<input type="checkbox"/>	Mould Identification (No Sampling or Removal)
<input type="checkbox"/>	Special Purpose Building Inspections	<input type="checkbox"/>	Site Identification Survey
<input type="checkbox"/>	Strata Reports		

For all activities not specified above, please describe in detail below:

**PEST MANAGEMENT, TIMBER, PEST & TERMITE INSPECTIONS %**

<input type="checkbox"/>	General Pest And Weed Control (Residential, Commercial, Agricultural)	<input type="checkbox"/>	Trapping & Relocation
<input type="checkbox"/>	Termite Inspection	<input type="checkbox"/>	Termite Management
<input type="checkbox"/>	Timber Pest Inspections	<input type="checkbox"/>	Pre-Purchase Timber Pest Inspections
<input type="checkbox"/>	Fumigation	<input type="checkbox"/>	Use Of Explosives And Firearms
<input type="checkbox"/>	Pest Proofing		

For all activities not specified above, please describe in detail below:

**OTHER ACTIVITIES %**

<input type="checkbox"/>	General Handyman (excluding activities that require Special Licences or Insurance i.e. Plumber, Electrician etc.)	<input type="checkbox"/>	Lawn Mowing
<input type="checkbox"/>	Carpet Cleaning		

For all activities not specified above, please describe in detail below:

**PREMISES ACTIVITY RISK**

Please advise where you will be conducting Building Inspections, Pest Management, Timber, Pest and Termite Inspections:

<input type="checkbox"/>	Agricultural Premises	<input type="checkbox"/>	Commercial Premises
<input type="checkbox"/>	Domestic Premises	<input type="checkbox"/>	Industrial Premises

What type of work do you carry out at these premises?

Is there any work undertaken at food manufacturing, grain silos, cool rooms, grain handling and other food preparations facilities i.e. restaurants, cafés, takeaways etc.?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>

If Yes, Please provide details i.e. conduct work in food preparation areas (café/restaurants) after hours using only gel baits.

If Yes, what precautions is taken to prevent contamination to the water?

Is any work undertaken at refineries, chemical plant, petrol, oil or gas production facilities, offshore platforms/oil rigs, utilities, oil or gas pipelines, power stations, laboratories, water treatment plants, railway infrastructure, airports, underground work, dams, work on trains, watercraft or aircraft?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>

If Yes, please provide details below?

If you have answered Yes to Agricultural Premises:

Do you do any aerial spraying?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
Are all treatments administered by hand or from containers situated on the back of utility vehicles or trailers fitted with a boom and nozzle?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>

If "Yes" to any of the above please provide specific details below:

**EMPLOYEES**

Directors / Principals	number:
Employees	number:

**SUB CONTRACTORS/CONTRACTORS**

Do you engage any contractors or subcontractors to undertake any of your business activities?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Estimated annual payments to subcontractors	\$
Do you obtain a certificate of currency from sub-contractors?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you always require your contractors / sub-contractors to name you as a principal on their liability policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Description of subcontractor activities:	

**RISK MANAGEMENT & COMPLIANCE**

Do you only use proprietary brands and use and store these in accordance with the manufacturer’s instructions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do all inspection reports contain disclaimers which have been drafted or vetted by a legal practitioner?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are explosives or firearms used in connection with your business activities?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If “Yes”, please advise whether you comply with all statutory obligations, by-laws and/or regulations imposed by any relevant authorities for the ownership, use and/or storage of firearms and explosive devices and/or stored in connection with your business activities only?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Have you been assessed as competent in the National Pest Management Industry Competency Standards, Unit 8 Inspect and Report on Timber Pests”?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been assessed as competent in the National Pest Management Industry Competency Standards, Unit 10 Control Timber Pests”?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do all new employees receive training according to Australian Standards?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have more than 2 years’ experience conducting building inspections in accordance with AS4349.1 Inspection of Buildings - Pre-Purchase Inspections - Residential Buildings?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Do you have more than 2 years’ experience conducting timber pest inspections in accordance with AS4349.3 Inspection of Buildings - Timber Pest Inspections?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Do you have more than 2 years’ experience conducting termite inspections in accordance with AS3660.2-2000 Termite Management?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

**Please note where an inspection is conducted under AS 4349.1 and AS 4349.3 an acknowledged pre-inspection agreement is required.**

Further information (if applicable)

**LICENCE & QUALIFICATION**

Please confirm the qualifications and experience for all personnel to be covered under this policy specific to the activities noted in this application:

<b>Name</b>		
<b>Age</b>		
<b>Years' Experience</b>	Building Inspections	
	Timber Pest Inspections	
	Termite Management	
<b>Licence Type, Number &amp; Expiry</b>		
<b>Qualifications &amp; Dates Obtained</b>		
<b>Name</b>		
<b>Age</b>		
<b>Years' Experience</b>	Building Inspections	
	Timber Pest Inspections	
	Termite Management	
<b>Licence Type, Number &amp; Expiry</b>		
<b>Qualifications &amp; Dates Obtained</b>		
<b>Name</b>		
<b>Age</b>		
<b>Years' Experience</b>	Building Inspections	
	Timber Pest Inspections	
	Termite Management	
<b>Licence Type, Number &amp; Expiry</b>		
<b>Qualifications &amp; Dates Obtained</b>		

- Please attach copies of:**
- **Certificates/Qualifications**
  - **Sample Report**

**CLAIMS HISTORY**

In the last 7 years, have any claims been made, losses suffered, or negligence alleged against any entity or individual to be insured by this insurance; or have any circumstances which may give rise to a claim against or loss suffered by any of these been notified to insurers?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any circumstances not already notified to the insurers which may give rise to a claim against or loss suffered by any entity or individual to be insured by this insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have any claims for professional negligence or breach of professional duty been made in the last 10 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any claims against previous practices which may give rise to a claim against or loss suffered by any entity or individual to be insured by this insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has any principal or staff member ever been subject to disciplinary proceedings for professional misconduct?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**PUBLIC LIABILITY**

Date first notified	Amount	Finalised / Settled
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>

**PROFESSIONAL INDEMNITY**

Date first notified	Amount	Finalised / Settled
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>

If "Yes" to any of the above please provide specific details below:

**GENERAL INFORMATION**

After investigation, are you or any principal, partner, or director aware:

of anyone having been charged with or convicted of any criminal offence (excluding traffic offences)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
of any insurance being declined or cancelled, application / proposal rejected, renewal refused, claim rejected, or special conditions or excess imposed by any insurer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
ever, either alone or jointly with others been declared bankrupt or subject to any form of insolvency administration (e.g. liquidation or receivership)?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If "Yes" to any of the above please provide specific details below:

**CONDITIONS**

This declaration must be completed and signed by or on behalf of the party applying for insurance. I/We

- a) declare that:
  - i. the answers and information given by me/us in this Application are true and correct in all respects;
  - ii. no information has been withheld that would affect the Underwriters decision to accept this Application;
  - iii. where answers in this Application are not my/our own handwriting, they have been checked by me/us and I/we agree they are correct;
  - iv. I/we have read and understood the clauses detailed under the Important Notices section at the back of this Application;
  - v. if there was insufficient space to fully answer any questions, I/we have attached supplementary pages providing the additional information required.
- b) Authorise the underwriter to disclose to, or collect from any other insurers or an insurance reference service or credit reference bureau, any personal information relating to these insurance covers and any other insurances held by me/us and claims under those insurances.
- c) Have received a copy of the Policy terms and conditions and agree to be bound by the terms and conditions in it.

**DECLARATION**

By signing this declaration you agree to all of the above.

Signature

Name

Position

Date        \_\_\_/\_\_\_/\_\_\_



## **An Important Notice to the Applicant - 'Claims Made' Contracts of Insurance** **Please read and retain in your file**

The proposed insurance is issued on a 'claims made' basis. This means that the policy responds to:

1. claims first made against the insured during the policy period and notified to CGU Professional Risks during that policy period, providing that the insured was not aware, at any time prior to the policy inception, of circumstances which would have alerted a reasonable person in the insured's position that a claim may be made against the insured; and
2. 'claims circumstances' notified pursuant to Section 40 (3) of the *Insurance Contracts Act* 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'.*

After policy expiry, no new claims can be made on the expired policy *even though the event giving rise to the claim may have occurred during the policy period.*

If during the policy period you become aware of circumstances which a reasonable person in your position would consider may give rise to a claim, and which you fail to notify to us during the policy period, we may not cover you under a subsequent policy for any claim which arises from these circumstances.

When completing the proposal you are obliged to report and provide full details of all circumstances of which you are aware and which a reasonable person in your position would consider may give rise to a claim.

It is important that you make proper disclosure (see Duty of Disclosure, below) so that your cover under any new policy with us is not compromised.

Pursuant to the *Insurance Contracts Act* your duty to disclose all relevant information is set out below.

### **Duty of Disclosure**

Before entering into a contract of general insurance, you have a duty, under the *Insurance Contracts Act*, to disclose to us every matter that you are aware of, or could reasonably be expected to be aware of, that is relevant to our decision about insuring you and if so, on what terms. You have the same duty to disclose these matters to us before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of matter –

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

You should note that your duty continues after the proposal form has been completed until the policy is entered into.

### **Non-disclosure**

If you fail to comply with your duty of disclosure, we may be entitled to reduce our liability under the policy in respect of a claim or may cancel the policy. If your non-disclosure is fraudulent, we may also have the option of avoiding the contract from its beginning. It is therefore vital that you enquire of all entities comprising the insured, including senior staff, before completing the proposal form and before you sign any declaration confirming no change in the information disclosed.

### **Retroactive Liability**

The proposed insurance may be limited by a retroactive date either stated in the schedule or endorsed onto the policy. Where the retroactive cover provided by the proposed policy is subject to such a date, then the policy does not cover any claim arising from actual or alleged act, error, omission or conduct occurring prior to such retroactive date.

### **Average Provision**

One of the insuring provisions of the proposed insurance may provide that where the amount required to dispose of a claim exceeds the limit of the sum insured in the policy then CGU Professional Risks shall be liable only for a proportion of the total costs and expenses. This shall be the same proportion of the total expenses as the policy limit bears to the total amount required to dispose of the claim.

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

If another person or company is liable to compensate you or hold you harmless for part or all of any loss or damage otherwise covered by our policy, but you agree with that person or company (either before or after the inception of our policy) that you would not seek to recover any loss or damage from them, we will not cover you for this loss or damage.

**NSW STAMP DUTY EXEMPTION - SMALL BUSINESS DECLARATION**

**WHAT IS THE NSW SMALL BUSINESS EXEMPTION?**

From 1 January 2018, NSW small businesses will be exempt from paying stamp duty on certain types of insurance.

**WHAT IS A SMALL BUSINESS?**

Revenue NSW has stated that: “You are a small business if you are an individual, partnership, company or trust that is carrying on a business, and the business has an aggregated turnover of less than \$2 million. Aggregated turnover is your annual turnover plus the annual turnovers of any business entities that are your affiliates or are connected with you.”

**WHICH INSURANCE TYPES WILL THE EXEMPTION APPLY TO?**

This exemption can be applied for NSW small businesses with one the following insurance types:

- Commercial vehicle insurance
- Commercial aviation insurance
- Occupational indemnity insurance
- Product and public liability insurance

**INSTRUCTIONS FOR APPLYING FOR AN EXEMPTION**

To receive the exemption, please complete this declaration declaring that you / your client are a small business. Email the completed declaration to [info@tailoredunderwriting.com.au](mailto:info@tailoredunderwriting.com.au)

**PLEASE NOTE:**

- This declaration covers all policies issued to you during the financial year ended 30 June 2019.
- If you are uncertain whether you classify as a small business, please speak to your financial adviser.
- Tailored Underwriting will place reliance on your declaration in charging the applicable insurance duty.
- False declarations may result in penalties up to of \$11,000 by Revenue NSW plus the insurance duty not paid and penal interest on that balance.
- Revenue NSW may also be able to clarify your queries relating to the law and your obligations.
- If you are a not for profit organisation already entitled to a NSW Stamp Duty Exemption, your premium is already exempt and the NSW Stamp Duty Exemption for Small Business is not relevant.

**NSW STAMP DUTY EXEMPTION – SMALL BUSINESS DECLARATION**

This declaration covers policies effected or renewed during the year ended 30 June 2019.

I hereby declare that I am a Capital Gains Tax small business entity (within the meaning of section 152-10 (1AA) of the Income Tax Assessment Act 1997 of the Commonwealth).

I am a small business individual / partnership/ company and/ or trust, which is carrying on a business, and the business has an aggregated turnover of less than \$2 million\*.

Signature \_\_\_\_\_

Name \_\_\_\_\_

Date Signed \_\_\_\_\_

Name of Insured (if different) \_\_\_\_\_

ABN \_\_\_\_\_

Contact Details – mobile \_\_\_\_\_

Contact details – email \_\_\_\_\_

\* Aggregated turnover is your Australia wide annual turnover plus the annual turnovers of any business entities that are your affiliates or are connected with you.

\* A fraudulent declaration may invalidate your insurance contract.