

COMBINED PROFESSIONAL INDEMNITY & LIABILITY INSURANCE PROPOSAL FORM

IMPORTANT NOTICES:

PLEASE READ THE FOLLOWING ADVICE BEFORE PROCEEDING TO COMPLETE THIS PROPOSAL FORM.

- The persons whose interests are to be insured under this policy should understand the terms, definitions and cover provided by this policy by reference to our Policy Wording. It is available from Your Insurance Advisor or our Website.
- When Tailored Underwriting (a division of Cerberos Brokers Pty Ltd ABN 61 106 769 886 AFSL 260668) places this policy of insurance under an authority given to them by the Insurer, they will be effecting the contract as Agent of the Insurer.

CLAIMS MADE POLICY – PROFESSIONAL INDEMNITY SECTION:

Section 2 of this Policy operates on a Claims Made and Notified basis. This means that the Policy covers You for Claims made against You and notified to Us during the Period of Insurance.

The Policy does not provide cover for:

- Wrongful Acts that occurred before the Policy's Retroactive Date specified in the Schedule;
- Claims made after the Period of Insurance expires even where the event giving rise to the Claim occurred during the Period of Insurance;
- Claims notified or arising out of facts or circumstances notified (or which ought reasonably to have been notified) under any previous policy;
- Claims made or threatened against You prior to the commencement of the Period of Insurance;
- Claims arising out of any facts or circumstances which were:
 - known to You prior to the inception of the Period of Insurance and which You knew or ought reasonably to have known might give rise to a Claim, or Defence Costs and Expenses;
 - Claims arising out of circumstances noted in the Proposal for the current Period of Insurance or on any previous proposal form,

Where You give notice in writing to Us of any facts that might give rise to a Claim against You as soon as reasonably practicable after You became aware of those facts but before the expiry of the Period of Insurance, 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 Insurance. 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 Insurance.

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

PENALTY FOR NON-DISCLOSURE

If You fail to comply with your duty of disclosure, the insurer may be entitled to reduce his 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.

NOTIFY US OF ANY CHANGE OF RISK

Also, You must notify Us, as soon as practicable, of any alteration to risk which may affect Your Policy during the period of insurance.

PRIVACY STATEMENT

We are committed to protecting your privacy. We use the information you provide to advise about and assist with your insurance needs. We provide your information to insurance companies and agents that provide insurance quotes and offer insurance terms to you or the companies that deal with your insurance claim (such as loss assessors and claims administrators). Your information may be given to an overseas insurer (e.g. Lloyd's) if we are seeking insurance terms from an overseas insurer, or to reinsurers who are located overseas. We will try to tell you where those companies are located at the time of advising you. We also supply your information to the providers of our policy administration and broking systems that help us to maintain our products and services to you. We do not trade, rent or sell your information.

If you don't provide us with full information, we can't properly advise you, seek insurance terms for you, or assist with claims and you could breach your duty of disclosure.

For more information about how to access the personal information we hold about you and how to have the information corrected and how to complain if you think we have breached the privacy laws, ask us for a copy of our Privacy Policy by phone (03) 9021 9090 or visit our website www.tailoredunderwriting.com.au

SURRENDER OR WAIVER OF ANY RIGHT OF CONTRIBUTION OR INDEMNITY

Where another person or company would be liable to compensate you or hold you harmless for part or all or any loss or damage otherwise covered by the policy, but you have agreed with that person or company either before or after the inception of the policy that you would not seek to recover any loss or damage from that person or company, you are NOT covered under the policy for any such loss or damage.

NOTIFICATION OF OCCURRENCES OR EVENTS

You must notify Us of any Claim made against You during the Period of Insurance as soon as practicable and no later than the end of the Period of Insurance.

CONTRACT BY THE INSURED AFFECTING RIGHTS OF SUBROGATION

If the proposed contract of insurance includes a provision which excludes or limits the Insurer's liability in respect of any loss because you are a party to an agreement which excludes or limits your rights to recover damages from a third party in respect of that loss, you are hereby notified that signing any such agreement may place your indemnity under the proposed contract of insurance at risk.

WHEN COMPLETING THIS PROPOSAL FORM

- Please answer all questions giving full and complete answers. It is the duty of the Proposer to provide all information that is requested in the proposal form as well as to add additional relevant fact.
- A relevant fact is such known fact and/or circumstance that may influence in the evaluation of the risk by the insurer. If you have any doubts about what a relevant fact is, please do not hesitate to contact your broker or insurer.
- 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 question.
- The proposal form must be completed, signed and dated by a person, who must be of legal capacity and authorised for the purpose of requesting for the firm who acts as a Proposer.

This proposal form does NOT BIND the Proposer to complete the insurance but will form part of any insurance.

BUSINESS DETAILS

Insured Name:	
Contact Name:	
Telephone Number:	
Email Address:	
Website:	
Address of Head Office:	
Country or State of Registration:	
ABN/ ACN No:	
Date of Establishment:	
Address of all other locations (if any) from which the Insured operates:	
Has any claim been brought against you arising from the performance of your business activities or has anyone threatened to bring such a claim and are you aware of any shortcoming in your work for a client which is likely to lead to a claim against you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the proposer, principal, director or partner ever been declared bankrupt, or subject to any form of insolvency administration (e.g. liquidation or receivership), or been convicted of a criminal offence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has any proposal in respect of the risks to which this form relates ever been declined or has any such insurance ever been cancelled or renewal refused?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have there been any Public / Products liability claims, whether successful or not, against you in the last 5 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you have answered Yes to any of the above please provide details below:

ABOUT YOUR WORK

Do you undertake any work offshore or do you have offices outside Australia?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is all your work carried out within Australia and subject to Australian Law?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you professionally qualified for the work undertaken that you want to insure?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a member of any association?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you undertake any work of a manual nature including the training of others in manual tasks?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you involved in any process of manufacture or construction?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you undertake any asbestos, oil and gas, aviation or rail industry related work?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you Import or Export any goods or products?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do the Firm's clients include any of the following sectors: Nuclear, Chemical, Aviation, Power Plants, Safety Critical or Financial Trading Platform areas?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you have answered Yes to any of the above please provide details below:

BUSINESS OVERVIEW

Please provide a breakdown by Professional Business by stating the percentage.

Business Category	%	Business Category	%
Arbitration		Management Consultants	
Business Consultants/Business Managers		Map Drawers / Cartographers	
Careers Advisory Service		Market Research Consultants	
Clerical Services		Marketing Consultants	
Company Search Agents		Media Account Managers	
Copywriters		Media Development Managers	
Corporate Identity Consultants		Mediators	
Desktop Publishing		Occupation Health & Safety Consultancy	
Dietician/Nutritionist		Public Relations Consultants	
Editorial Consultants		Quality Assurance Consultants	
Education Advisory Services		Relocation Agents	
Energy Consultancy		Research Consultancy	
Export Consultants		Secretarial Services	
First Aid Trainer		Secretarial/Word Processing Agencies	
Food Hygiene Consultancy		Small Business Advisory Services	
Food Industry Consultants		Stocktakers	
Genealogists		Training Consultants	
Health and Safety Consultancy		Training Services	
Human Resource Consultancy		Translators / Interpreters	
Image Consultants		Virtual Assistants	
Lighting Consultancy		Wedding Planners	
		Other	

If you have answered Other please provide details below:

Last Financial Years Estimated Gross Revenue	Current Financial Years Estimated Gross Revenue
\$	\$

In respect of gross fees/income for the last financial year, please provide a breakdown by State:

ACT	NSW	VIC	QLD	SA	WA	TAS	NT	Overseas
%	%	%	%	%	%	%	%	%

Are you a small business eligible for exemption from paying NSW stamp duty on certain types of insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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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.

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

If any gross fees/income was earned for the last financial year outside of Australia, please provide full details below:

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Please state the following:

Total Number of Employees:	
Number of Principals, Partners, Directors:	
Number of qualified Employees:	

Please select the amount of Indemnity required:

Professional Indemnity	\$1,000,000	<input type="checkbox"/>
	\$2,000,000	<input type="checkbox"/>
	\$5,000,000	<input type="checkbox"/>
	\$10,000,000	<input type="checkbox"/>

Public Liability	Nil	<input type="checkbox"/>
	\$5,000,000	<input type="checkbox"/>
	\$10,000,000	<input type="checkbox"/>
	\$20,000,000	<input type="checkbox"/>

DECLARATION

SIGNING THIS PROPOSAL FORM DOES NOT BIND THE PROPOSER OR THE INSURER TO COMPLETE THIS INSURANCE

The undersigned declares that the statement and particulars in this proposal form are true and that no material facts have been misstated or suppressed after enquiry. The undersigned agree that should any of the information given by us alter between the date of this proposal and the inception date of the insurance to which this proposal relates, the undersigned will give immediate notice thereof. The undersigned agrees that the Underwriters may use and disclose our personal information in accordance with the "Privacy Statement" at the beginning of this Proposal. The undersigned agrees that this proposal, together with any other information supplied by us shall form the basis of any contract of Insurance affected thereon.

IT IS IMPORTANT THE UNDERSIGNED OF THE DECLARATION ABOVE IS FULLY AWARE OF THE SCOPE OF THIS INSURANCE SO THAT THESE QUESTIONS CAN BE ANSWERED CORRECTLY. IF IN DOUBT PLEASE CONTACT THE BROKER OR AGENT, SINCE NON-DISCLOSURE MAY AFFECT AN INSURED'S RIGHT OF RECOVERY UNDER THE POLICY

TO BE SIGNED BY THE INSURED FOR WHOM THIS INSURANCE IS INTENDED FOR

SIGNATURE:

DATE:

NAME:

It is recommended that you keep a record of all information supplied for the purpose of entering into an insurance contract (including copies of this Proposal Form and correspondence)