



Protecting and supporting your community



Professional Indemnity Insurance

Insurance Proposal Form

Professional Indemnity Insurance Application

Office Use Only

Core Customer Segment

Account number

Policy number

Important notices

Duty of disclosure

You/your organisation has a legal duty to disclose to Ansvar Insurance Limited "Ansvar Insurance" (us/our) every matter that is relevant to our decision to accept this application and if so, on what terms it is accepted. You have the same legal duty to tell us about all relevant matters before you renew, extend, vary or reinstate a policy.

Your duty does not require you to tell us about matters:

- that diminish the risk;
- that are common knowledge;
- that we know or in the ordinary course of business as an insurer ought to know;
- when compliance with the duty of disclosure is waived by us.

If you are in doubt as to whether any information is material, it should be disclosed. If you do not tell us all relevant matters we can reduce our liability for any claim or cancel this policy. If your non-disclosure is fraudulent, we can avoid the policy from the beginning.

Basis for Cover – Claims made

The cover provided in the policy is on a 'claims-made' basis, which means that you are insured for:

- claims made against you during the period of insurance and notified to us during the period of insurance, or during the sixty (60) day reporting period under the policy, provided you were not aware at any time prior to the commencement of the period of insurance of any circumstances which could lead to the claim being made against you; and
- claims made against you after the period of insurance has expired as a result of circumstances you first became aware of during the period of insurance, provided you have notified us in writing before the expiry of the period of insurance of such known circumstances.

You are obliged to notify facts 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 the time at which the policy expires. The statutory regime under s.40(3) of the Insurance Contracts Act provides that, subject to the circumstances, if you give written notification of facts, the policy will respond to a valid claim even though a claim arising from those facts is made against you after the policy has expired.

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

Retroactivity Liability

This insurance does not provide cover for any liability or loss arising from the conduct of the professional activities of your business or practice when the conduct occurred prior to the retroactive date shown in the certificate of insurance.

Renewal/Termination

Cover under a Professional Indemnity policy (as for any claims-made policy) terminates upon the expiry of the period of insurance and each renewal is a new contract of insurance. At expiry, you will be required to complete a new application prior to the expiry date so that new insurance terms and pricing can be determined.

No Admission of Liability and Subrogation

Our Professional Indemnity policy has provisions that have the effect of reducing or limiting our liability for a loss when you admit liability without our agreement. These provisions apply if you waive, agree not to enforce or prejudice your rights of recovery and, as a consequence, we are prevented from exercising our rights of subrogation against another party who caused the loss.

Privacy

Personal information supplied by you in this application and otherwise to us is for the primary purpose of evaluating and administering this proposed insurance cover. You are entitled to access this personal information.

If you do not provide all the information requested by us, this may affect the insurance cover with us by reason of the operation of the Insurance Contracts Act 1984.

It may also be necessary for us to disclose personal information to other parties including reinsurers and claims consultants. Any such disclosure will be in accordance with the Privacy Act.

How to fill out this application

Please ensure you read the Professional Indemnity Insurance policy document provided to you to ascertain this is the cover you require and the important notices above, prior to the completion of this application. If you require any assistance, please contact your insurance intermediary.

Please tick the box in front of the correct answer and/or write the information requested in the space provided against all questions in the next pages. All questions must be answered in relation to the business entity to be insured, all its subsidiary and controlled entities (if any), and persons entitled to indemnity under the policy. This will require you to verify any information you include particularly regarding known circumstances with the other parties to be insured.

If there is inadequate space to answer any questions or you need to disclose something to us, please provide this under the additional information section at the back of this application OR please provide the information on a separate signed and dated sheet of paper which you can attach to this application.

Period of Insurance *This section must be completed*

From 4pm on to 4pm on

Applicant(s) information *This section must be completed*

Name of Business entity to be insured

Trading name / Business name past and present (if applicable)

ABN / ACN / ARBN

Date Established

Postal address

State

Postcode

Telephone

Facsimile

Email

Name of subsidiaries and controlled entities required to be insured (if any):

Please provide full details of any assets and revenues of the Applicant and all subsidiaries (incorporated outside Australia) by specific country of incorporation:

Who do we contact if we need to discuss any matter with this application?

Name

Position

Telephone

Email

Applicant's organisational information *This section must be completed*

Is the business entity:

Partnership

Private company

Unincorporated association

Public company

Incorporated association

Company limited by guarantee

Other - please specify:

The Business

Please give a complete description of the business activities including details of any advice given and/or services provided:

Has there been any major change to your operations such as mergers and acquisitions, divestments, branch or office closure, consolidation, sale of companies, lay-off, staff reduction during the last 24 months? *If yes, please provide details:* Yes No

Do you anticipate any acquisition by or merger with another company, divestments, branch or office closings, consolidations, sale of companies or any lay-off, staff reduction in the next 12 months? *If yes, please provide details:* Yes No

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
	%
	%
	%
	%
	%
	%
	%
	%

Please give details of any medical examinations, treatments, medications that you or your professionally qualified staff might provide:

Are all persons who provide treatment registered, qualified and employed by you? *If no, please provide details:* Yes No

Do you own in whole or part any clinic, hospital, sanatorium etc? *If no, please provide details:* Yes No

Have you any on going or temporary arrangements to employ contractors on your premises (or intend entering into a contract) as part of your business? *If yes, please detail the nature and terms of the contract:* Yes No

Please supply a copy of the contract as it relates to any insurance arrangements.

Please provide the name and position of each director or senior officer of the business entity:

Name	Office / Position held	Date of appointment	Details of professional association membership

Please provide the total number of the following positions in your organisation or any related organisation:

Position	Number	Position	Number
Directors / Partners / Senior officers		Occupants of retirement homes	
Professionally qualified staff		High Care Beds	
Other technical staff		Low Care beds	
Non technical staff		Teachers of schools / colleges	
Volunteers of non profit organisations		Students of schools / colleges	
Members of non profit organisations		Members of faith organisations	
Staff of non profit organisations		Average number attending faith organisation	
Children any one time in care		Religious practitioners	

Does your company, corporation or any of its owners, partners or senior officers own, operate or manage any other firm, organisation or corporation which provides professional services or advice? Yes No
If yes, please provide details:

Total amount of gross fees or annual income:

- Last 12 months \$
- Estimate next 12 months \$
- Total assets (consolidated) \$

Are you / your firm / corporation required by law to be accredited, licensed or registered? Yes No
If yes, state name of statutory authority and expiry date of current registration:

What arrangements do you have in place to cover the business or practice during the temporary absence of partners, principals or professionally qualified staff away on business, holidays, sick leave etc?

Claims information

Has the entity / corporation or any director, partner, senior officer or professionally qualified staff (current or previous) ever:

- a. Incurred a claim for loss or damage from any risks now proposed for insurance? Yes No
- b. Made a claim under a Professional Indemnity insurance policy? Yes No
- c. Been refused this type of insurance or had a similar insurance cancelled? Yes No

d. Had any complaint or disciplinary proceeding or other inquiry made in relation to its professional conduct? Yes No

e. Been convicted or fined for any offence or been the subject of a sanction in your profession, trade or business (not being a conviction or fine for a traffic offence)? Yes No

f. Had a special condition imposed under a Professional Indemnity insurance policy? Yes No

If you have answered yes to any of the previous questions, please provide details:

Insurer	Date of Incident	Details of the claims, proceedings, sanctions etc	Amount paid

Has any claim or circumstance been alleged or notified to you or any insurer which may give rise to a claim in relation to or arising out of your business / practice? If yes, please provide details below: Yes No

Insurer	Date of Incident	Description of claim / circumstance	Amount paid

Are you or any director, partner, senior officer or professionally qualified staff after enquiry aware of any other incident or circumstance that has not been alleged or notified, but of which you know of and feel may give rise to a claim for a similar risk. Yes No

Insurer	Date of Incident	Description of claim / circumstance

Cover required

Is it the intention that the proposed policy will replace an existing policy? Yes No
If yes, please provide details of:

The previous or other insurer's name:

Expiry date of the other policy:

Policy number:

Current retroactive date:

What limit of liability for one claim do you require?

\$1 million \$2 million \$5 million \$10 million Other: \$

Excess required?

\$500 \$1,000 \$2,500 \$5,000 \$10,000 Other: \$

Stamp Duty

For the purposes of calculating stamp duty, please provide a breakdown of the number of employees and split of income of the Proposer in each of the following locations:

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	O/S
Staff									
Income (%)									

Declaration

This section must be completed and signed by the applicant's chairman, chief executive officer, managing director, chief financial officer or company secretary only

I/we are authorised by each person entitled to the indemnity of this insurance to make this proposal.

I/we declare that the answers given and statements made are to the best of our knowledge, true and correct, that I/we have not withheld any information likely to affect the acceptance of this application or the terms on which it is accepted and that I/we will give immediate notice to Ansvr Insurance should any of the information provided alter between the date of this application and the proposed date of inception of the insurance.

It is agreed that this application will be the basis of the contract between the applicant for this insurance and Ansvr Insurance and is subject to the terms, conditions and provisions contained in the Professional Indemnity insurance policy underwritten by Ansvr Insurance.

I/we also consent to the use of information supplied in this application to Ansvr Insurance for both the principal purpose of assessing this application for insurance cover and the secondary purpose of disseminating to the business entity information, notices and details regarding this insurance policy, or other products and services distributed or offered by Ansvr Insurance.

Applicant(s) signature

Signed

Position

Print name

Date

Documents to be attached

Please attach to this Application:

- i. Please enclose curriculum vitae or resumes for principals/partners/directors detailing qualifications and a summary of career experience.
- ii. Any other documentation which may assist us to gain a complete appreciation of the nature of your business and the risk proposed.



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