



# CONSTRUCTION PROFESSIONALS

COMBINED LIABILITY INSURANCE PACKAGE PROPOSAL



## **IMPORTANT INFORMATION: PLEASE READ THE FOLLOWING INFORMATION BEFORE COMPLETING THIS PROPOSAL**

### **Obtaining a Quotation**

To minimise delays in obtaining a quotation please provide complete answers to all questions in this proposal and attach relevant brochures, CVs, etc. that you believe will help us understand your business.

### **Your Duty of Disclosure**

Before you enter into a contract of general insurance with us, you have a duty under the Insurance Contracts Act 1984, to disclose to us every matter that you know, or could reasonably be expected to know, is relevant to our decision whether to insure you, and if so, the terms and conditions on which we will insure you.

You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of general insurance.

### **Information you do not need to give**

Your duty, however, does not require disclosure of any matter:

- that reduces the risk to be undertaken by us;
- that is of common knowledge;
- that we already know or should know in the ordinary course of our business as an insurer;
- that has been indicated by us as not necessary for us to know.

### **Non-disclosure**

If you fail to comply with your duty of disclosure, we may be entitled to reduce our liability under the contract in respect of a claim, or may cancel the contract. If your non-disclosure is fraudulent, we may also have the option of avoiding the contract from its beginning.

### **Defence Costs & Averaging Provision**

General Conditions within the policy provides that if your liability for any Claim is for an amount in excess of the amount of the limit of liability, then we, under Section 2 and Section 3 of this policy shall only cover the same proportion of such defence costs as the limit of liability bears to the total amount to be paid dispose of the claim (exclusive of defence costs).

### **Claims Made and Notified Policy**

The cover provided under Section 2 and Section 3 of this policy operates on a 'Claims Made and Notified' basis. This means that the policy only covers you for claims made against you and notified to us in writing during the period of insurance.

Where a 'Retroactive Date' is specified in your policy schedule, your policy only covers any claim made against you during the period of insurance that arises from any conduct, act, error or omission that occurred on or after the Retroactive Date.

Section 40(3) of the *Insurance Contracts Act 1984* (Cth) provides that where an insured gives notice in writing to the insurer of facts that might give rise to a claim against the insured as soon as reasonably practicable after the insured became aware of those facts but before the period of expiry, the insurer is not relieved of liability under the insurance contract in respect of the claim, by reason only that it was made after the expiration of the period of insurance.

The above right arises solely under Section 40(3) of the *Insurance Contracts 1984* (Cth) and not under your insurance policy.

### **Liability assumed by you under a contract or agreement**

It is not possible for you to transfer to us the entire spectrum of legal liabilities which you may be compelled to bear under the terms of a wide variety of Indemnity and/or Hold Harmless Clauses frequently inserted into commercial business contracts by principals, lessors or other parties.

Liability assumed by you under contract or agreement is only covered to the extent described in your insurance policy.

Prior to accepting legal liability for loss, destruction, damage or injury, which would not otherwise have attached to you at law, you should contact your insurance broker to enquire whether your insurance policy covers such liability or, if not, whether it may be so extended.

### **Subrogation Agreements**

Where another person would be liable to compensate you for any legal liability for loss, destruction, damage or injury otherwise covered by this insurance, but you have agreed with that person either before or after the loss, destruction, damage or injury

occurred that you would not seek to recover any monies from that person, we will not cover you under this insurance for such legal liability for loss, destruction, damage or injury.

#### **Privacy**

About Underwriting value the privacy of your personal information and we will ensure the handling of your personal information is dealt with in accordance with the *Privacy Act 1988* (Cth) (the Act) and the relevant Australian Privacy Principles. Our full privacy policy can be accessed at [aboutunderwriting.com.au](http://aboutunderwriting.com.au)

When we provide insurance products and/or services, we ask you for the personal information we need to assess applications for insurance policies, to administer and manage insurance policies and to investigate and handle claims. This can include a broad range of information ranging from your name, date of birth, address and contact details to other information about your personal affairs including your profession, financial affairs including financial statements, any criminal convictions or claims.

We may need to disclose personal information that you provide us to contractors, coinsureds, insurers and underwriters (who may be located overseas), lawyers, claims adjusters and others engaged by About Underwriting to enable them to administer policies or handle claims. Regardless of the information shared, we will take all reasonable steps to ensure that the above parties protect your information in the same way that we do.

Our Privacy Policy shown in the above link contains information about how you can access the information we hold about you, ask us to correct it, or make a privacy related complaint. You can obtain a copy from our Privacy Officer by emailing to [privacy@aboutunderwriting.com.au](mailto:privacy@aboutunderwriting.com.au)

#### **Consent**

By visiting any of our websites, online quotation systems, applying for, renewing or using any of our products or services you agree to your information being collected, held, used and disclosed as set out in our Privacy Policy.

#### **Complaints or Disputes**

If you wish to make a complaint about our products or services, or a Privacy breach, you can contact us at [complaints@aboutunderwriting.com.au](mailto:complaints@aboutunderwriting.com.au) or [privacy@aboutunderwriting.com.au](mailto:privacy@aboutunderwriting.com.au) Please refer to our complaints & disputes process detailed at [aboutunderwriting.com.au](http://aboutunderwriting.com.au)

If this does not resolve the matter or you are not satisfied with the way a complaint has been dealt with, you should contact:

Lloyd's Underwriters' General Representative in Australia  
Level 9, 1 O'Connell St  
Sydney NSW 2000  
Telephone Number: (02) 8298 0783  
Email: [ldraustralia@lloyds.com](mailto:ldraustralia@lloyds.com)

who will refer your dispute to the Complaints team at Lloyd's.

Complaints that cannot be resolved may be escalated to an independent dispute resolution body; Financial Ombudsman Services Limited (FOS). This external dispute resolution body has the ability to make decisions of which About Underwriting are obliged to comply.

Contact details are:

#### **Financial Ombudsman Services Limited**

**Phone: 1800 367 287**

**Email: [info@fos.org.au](mailto:info@fos.org.au)**

**Internet: <http://www.fos.org.au>**

**GPO Box 3, Melbourne, VIC 3001**

## Construction Professionals Package Proposal

This Proposal is for Professional Indemnity; specific to Construction Professionals. Additional sections such as General and Products Liability, Management Liability, Cyber Liability and Statutory Liability are available as part of the **about** Construction Professionals Package. Addenda can be found at the end of this Proposal.

“You/your” in this Proposal means the “Named Insured”.

### About you

1. Named insured(s):

2. Trading name(s):

3. ABN:

Are you registered for GST?

☐ Yes ☐ No

4. Web address(es):

5. Principal business address:

6. Other business locations:

### About the business

7. Please provide a detailed description of the Professional Services:

Please attach any relevant brochures or other documentation.

8. Business commencement date:

9. Principals, Partners or Directors details:

Name of Principals, Partners or Directors	Age	Qualifications	Date Qualified (DD/MM/YYYY)	Years Practising as Principal	
				This Practice	Previous Practice

10. a) Employees

Number of Staff

Principals/Partners/Directors

Qualified Technical Staff

Other Professional Staff

Administrative/Clerical

**Total**

b) Total Payroll

Payments to Consultants/Contractors

Payments to Labour Hire Workers

11. Please list your professional memberships:

12. Professional Fee income:

Past financial year:

Current financial year:

Next financial year:

13. Please state the percentage of fee income derived from each of the following activities in the past financial year:

Activities	Percentage of fee income
Acoustic Engineers	<input type="text"/>
Architects	<input type="text"/>
Building Surveyors	<input type="text"/>
Building Surveyors – Pre-Purchase	<input type="text"/>
Chemical Engineering	<input type="text"/>
Civil Engineering	<input type="text"/>
Construction Management	<input type="text"/>
Drafting	<input type="text"/>
Energy Consultants	<input type="text"/>
Engineering Surveying	<input type="text"/>
Electrical Contracting	<input type="text"/>
Electrical Design	<input type="text"/>
Electrical Engineering	<input type="text"/>
Environmental Engineering	<input type="text"/>
Expert Witness	<input type="text"/>
Feasibility Studies	<input type="text"/>
Fire Engineers	<input type="text"/>
Geotechnical Engineering / Soil Testing	<input type="text"/>
Heating / Cooling / Ventilation	<input type="text"/>
Hydraulic Design / Engineering	<input type="text"/>
Interior Design including Expo	<input type="text"/>
Land Surveyors	<input type="text"/>
Landscape Architecture	<input type="text"/>
Marine Surveying and Engineering	<input type="text"/>
Materials Testing	<input type="text"/>
Mechanical Engineering	<input type="text"/>
Mining Engineering	<input type="text"/>
Plumbing Engineering	<input type="text"/>
Product Design Engineering	<input type="text"/>
Project Co-Ordination	<input type="text"/> cont.

Project Management	<input type="text"/>
Quantity Surveyors	<input type="text"/>
Safety Engineers	<input type="text"/>
Structural Engineers	<input type="text"/>
Teaching / Lecturing	<input type="text"/>
Telecommunications Engineers	<input type="text"/>
Town Planning	<input type="text"/>
Traffic Surveys / Engineers	<input type="text"/>
Welding Inspectors	<input type="text"/>
Other – please specify: <input type="text"/>	<input type="text"/>
<b>Total</b>	<input type="text"/>

14. Please state the percentage of fees earned in the past financial year for the following categories:

Areas of Work:	Percentage Fee Breakdown
Bridges	<input type="text"/>
Commercial Buildings	<input type="text"/>
Dams	<input type="text"/>
Domestic Buildings	<input type="text"/>
Fairs / Show Ground Structures / Exhibitions	<input type="text"/>
Foundations / Underpinnings	<input type="text"/>
Harbours / Jetties	<input type="text"/>
Heating / Ventilation / Air-Conditioning	<input type="text"/>
High Rise Buildings (exceeding 3 floors)	<input type="text"/>
Industrial Buildings	<input type="text"/>
Institutional Buildings	<input type="text"/>
Land Reclamation	<input type="text"/>
Marine Surveys	<input type="text"/>
Mechanical Plant / Bulk Handling Equipment	<input type="text"/>
Mines	<input type="text"/>
Nuclear / Atomic	<input type="text"/>
Petrochemical / Refineries	<input type="text"/>
Soil Testing	<input type="text"/>
Sewerage Systems	<input type="text"/> cont.



Town Planning	<input type="text"/>
Tunnels	<input type="text"/>
Other – please specify:	<input type="text"/>
<b>Total</b>	<input type="text"/>

15. Do you expect these percentages to change in the next financial year? ☐ Yes ☐ No

If Yes, please provide details:

16. Please provide a percentage split of the states in which you generate your fee income:

ACT:	<input type="text"/>	NSW:	<input type="text"/>	NT:	<input type="text"/>	QLD:	<input type="text"/>	SA:	<input type="text"/>
TAS:	<input type="text"/>	VIC:	<input type="text"/>	WA:	<input type="text"/>	O/S:	<input type="text"/>	<b>Total:</b>	<input type="text"/>

17. Have you been licensed and registered in all states and territories in which you conduct your business since the business commencement date? If No, please provide additional information: ☐ Yes ☐ No

18. Do you conduct business overseas? If Yes, please provide details: ☐ Yes ☐ No

19. Has the name of your business ever changed or have you ever operated your business under a different corporate entity? If Yes, please provide additional information: ☐ Yes ☐ No

20. Has your business amalgamated, merged or acquired any other business or practice? ☐ Yes ☐ No

If Yes, please provide additional information:

21. Is any Principal/Partner/Director associated or connected with any other business?

If Yes, please provide details: ☐ Yes ☐ No

22. Does any one client represent more than 25% of your annual income? ☐ Yes ☐ No

If Yes, please provide additional information:



23. Are written reports provided to clients?

☐ Yes

☐ No

If Yes, please provide sample copies along with details of disclaimers used in connection with such reports.

24. Please provide a brief description of the 5 largest contracts or projects undertaken during the last 5 years:

Date Completed	Project Description / Contract	Project Value \$	Fees / Income \$

#### Duties

25. a) Are duties segregated so that no one person can control signing cheques, preparing cheque requisitions, reconciling bank statements or issuing fund transfer instructions above \$5,000, from commencement to completion without referral to another party (i.e. financial controller or director)?
- b) Are duties segregated so that no one person can control refund of monies or return of goods above \$5,000, from commencement to completion without referral to another party (i.e. financial controller or director)?
- c) Are all employees required to take a minimum of two weeks uninterrupted annual leave per year?

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

26. Do you require Fidelity Cover?

☐ Yes

☐ No

If Yes, please select your preferred sub-limit:

☐ \$50,000

☐ \$100,000

☐ \$250,000

## About your Claims

**NB. The following claims questions relate to all matters of all policy sections, ie: Professional Indemnity, General and Products Liability, Management Liability, Cyber Liability and Statutory Liability:**

27. After full enquiry of all your employees, has any insurance claim been made against you or your business or that of any principal, partner, director or employee in this or any other business? ☐ Yes ☐ No

If Yes, please provide details:

Date Notified (DD/MM/YYYY)	Insurer	Description	Amount Paid	Maximum Potential Loss	Finalised or Open	Claimant Name

28. Are you aware of any circumstances or incidents which may result in a claim being made against you or your business or the business of any principal, partner, director or employee? ☐ Yes ☐ No

If Yes, please provide details of circumstances or incidents:

29. Have you or any of your employees ever been the subject of any disciplinary proceedings or actions for misconduct in a professional respect whilst in this or any other business? ☐ Yes ☐ No

If Yes, please provide details of proceedings or actions:

30. Have you, your principals, partners, directors or predecessors in business had insurance declined, cancelled, refused or had any special terms imposed? ☐ Yes ☐ No

If Yes, please provide details:

## About your cover

31. Do you currently have Professional Indemnity insurance in force for the activities for which cover is being proposed? ☐ Yes ☐ No

If Yes, please provide the following details:

Insurer	Renewal Date	Limit of Indemnity	Deductible	Premium
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

32. Please select which Limit of Indemnity is required for Professional Indemnity:

☐ \$1,000,000
 ☐ \$2,000,000
 ☐ \$5,000,000
 ☐ \$10,000,000
 ☐ \$20,000,000
 Other

33. Please select your preferred Deductible for Professional Indemnity:

☐ \$1,000
 ☐ \$2,500
 ☐ \$5,000
 ☐ \$10,000
 ☐ \$25,000
 Other

## General and Products Liability Addendum

**Only complete this section if General and Products Liability cover is required**

34. Do you require a quotation for General and Products Liability insurance? ☐ Yes ☐ No

If Yes, please complete the following questions:

35. What is your estimated annual turnover (if different to fee income) for the next 12 months?

36. What are your estimated annual wages for the next 12 months?

37. Please select which Limit of Indemnity is required for both General and Products Liability:

☐ \$5,000,000 ☐ \$10,000,000 ☐ \$20,000,000 Other

38. Please select your preferred Deductible for General and Products Liability?

☐ \$1,000 ☐ \$2,500 ☐ \$5,000 ☐ \$10,000 ☐ \$25,000 Other

### Contractors Exposure

39. Please provide the estimated payroll (wages) for contractors, subcontractors and/or labour hire for the upcoming period of insurance:

#### White Collar:

Contractors  Subcontractors  Labour hire

#### Blue Collar:

Contractors  Subcontractors  Labour hire

40. Please state nature of work carried out by contractors, subcontractors and/or labour hire:

41. Do you ensure that subcontractors, contractors and/or labour hire have their own General and Products Liability Insurance in place and request certificate of currencies as evidence? ☐ Yes ☐ No

### Contractual Liability

42. Do you assume any liability under contract or hold harmless other parties under contract?

If Yes, please provide details: ☐ Yes ☐ No

43. Do you engage any in-house legal counsel and/or external legal providers to review contractual agreements?

If Yes, please provide details: ☐ Yes ☐ No

44. Do you require cover for goods in care, custody or control in excess of \$100,000? ☐ Yes ☐ No

a) If Yes, what amount:

b) What is it for?

45. Do you perform any hands-on / manual type work? ☐ Yes ☐ No

a) If Yes, what percentage of hands-on / manual type work is undertaken?

b) Description of hands-on / manual type work undertaken:

46. Do you engage in construction, manufacture, installation, erection or assembly? ☐ Yes ☐ No

If Yes, please provide details:

47. Is any work performed on any escalator or lifting machinery including passenger / goods lifts, forklifts, escalators, hoists and cranes? ☐ Yes ☐ No

48. Is any work performed away from your premises? ☐ Yes ☐ No

If Yes, please provide percentage details:

49. Is any welding or hotwork undertaken? ☐ Yes ☐ No

If Yes, please advise if you follow the applicable Australian Standard AS 1674.1 – 1997 Safety in welding and allied processes Part 1? ☐ Yes ☐ No

50. Is any of the following work undertaken? ☐ Yes ☐ No

- |                        |                         |
|------------------------|-------------------------|
| • Airside              | • Plant hire            |
| • Demolition           | • Power lines           |
| • Explosives           | • Rail                  |
| • Offshore             | • Scaffolding           |
| • On-hiring own labour | • Underground           |
| • Pipelines            | • Vegetation management |

If Yes, please provide details:

## Management Liability Addendum

**Only complete this section if Management Liability cover is required**

51. Do you require a quotation for Management Liability insurance?

☐ Yes

☐ No

If Yes, please complete the following questions:

52. Please select which Limit of Indemnity is required for Management Liability:

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

53. At last financial year end, please state:

**Net Profit**

**Gross Total Assets**

**Gross Total Liabilities**

54. Do you require Employment Practices Liability?

☐ Yes

☐ No

If Yes, please select your preferred sub-limit:

☐ \$250,000 ☐ \$500,000 ☐ \$1,000,000 ☐ \$2,000,000 ☐ \$5,000,000 Other

55. Retrenchments in the last 12 months/next 12 months:

Number last 12 Months:

Estimate next 12 Months:

56. Are all employees provided with written employee procedures (e.g. Employee Handbook)?

☐ Yes

☐ No

57. Do you require Statutory Liability?

☐ Yes

☐ No

If Yes, please select your preferred sub-limit:

☐ \$100,000 ☐ \$250,000 ☐ \$500,000 ☐ \$1,000,000

58. Have you suffered any Occupational Health & Safety breaches in the last 5 years?

☐ Yes

☐ No

If Yes, please provide details:

59. Do you require Crime Cover?

☐ Yes

☐ No

If Yes, please select your preferred sub-limit:

☐ \$50,000 ☐ \$100,000 ☐ \$250,000 ☐ \$500,000

60. How often is an independent physical review of stock reconciled against inventory records?

☐ Weekly ☐ Monthly ☐ Annually Other

61. Are there any facts or circumstances that may affect the ability of the company to meet all its debts as and when they fall due? ☐ Yes ☐ No

If Yes, please provide details:

62. Do you require Internet Liability? ☐ Yes ☐ No

If Yes, please select your preferred sub-limit:

☐ \$50,000 ☐ \$100,000 ☐ \$200,000

63. Please advise the number of websites cover is required for:

64. Please list website addresses requiring cover:



## Cyber Liability Addendum

**Only complete this section if Cyber Liability cover is required**

65. Do you require a quotation for Cyber Liability insurance? ☐ Yes ☐ No

If Yes, please complete the following questions:

66. Have there been any data breaches in the last 5 years? ☐ Yes ☐ No

If Yes, please provide details:

67. How much of your business is transacted online?

68. Do you store payment card details on your network? ☐ Yes ☐ No

69. Are you compliant with the latest payment card industry data security standard? ☐ Yes ☐ No

70. Please detail which of the following data types you collect:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| a) Third Party Corporate Confidential Data | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Credit and Debit Payments               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) Credit History or Credit Rating         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d) Medical or Health Records               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

71. How many individual records are stored on your system?

72. Do you have a fully documented and tested business continuity plan in place? ☐ Yes ☐ No

73. Are your IT systems hosted on the company's own server or hosted by an external service provider?

74. Does your or your external service provider's IT systems comply with the following security requirements?

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| a) Is anti-virus software installed on all desktops and servers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Are all external network gateways protected by a firewall?    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) Is all critical data backed up at least weekly?               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If No to any of the above, please provide details:

75. Please select which Limit of Indemnity is required for Cyber Liability:

- |                                      |                                      |                                      |                                    |
|--------------------------------------|--------------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> \$50,000    | <input type="checkbox"/> \$100,000   | <input type="checkbox"/> \$250,000   | <input type="checkbox"/> \$500,000 |
| <input type="checkbox"/> \$1,000,000 | <input type="checkbox"/> \$2,000,000 | <input type="checkbox"/> \$5,000,000 | Other <input type="text"/>         |

## Statutory Liability/Legal Costs Addendum

**Only complete this section if separate Statutory Liability/Legal Costs cover is required**

76. Do you require a quotation for Statutory Liability/Legal Costs insurance? ☐ Yes ☐ No

If Yes, please complete the following questions:

77. Have you suffered any Occupational Health & Safety breaches in the last 5 years? ☐ Yes ☐ No

If Yes, please provide details:

78. Have you attained a Quality Insurance Certification to ISO 9000 series or industry-specific accreditation peculiar to workplace or environmental procedures? ☐ Yes ☐ No

79. Do you have a current manual for Occupational Health & Safety Procedures and Environmental Protection Procedures and are these manuals distributed to all employees? ☐ Yes ☐ No

If Yes, please provide details:

80. Do you have a safety management system in place, including a risk register? ☐ Yes ☐ No

81. Have you ever had a penalty or premium loading imposed on your Workers Compensation insurance?

If Yes, please provide details: ☐ Yes ☐ No

82. Please select which Limit of Indemnity is required for Statutory Liability and Legal Costs:

<b>Statutory Liability</b>	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> \$5,000,000	Other <input type="text"/>
<b>Legal Costs</b>	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> \$5,000,000	Other <input type="text"/>

83. Do you have Statutory Liability cover under any of your other insurances? (i.e. Management Liability, Professional Indemnity, General and Products Liability)? ☐ Yes ☐ No

If Yes, please provide details:

**Additional Information:**

If insufficient space to complete questions, please provide at this section:

**Declaration**

I acknowledge that I have read and understood the important notices and privacy statement contained in this proposal and addenda. Where I have provided information about another individual, I declare the individual has been made aware of the facts contained in the important notices and privacy statement.

I agree that this proposal and addenda together with any other information or documents supplied shall form the basis of the contract of insurance.

I declare that I am authorised to complete this proposal and addenda on behalf of the Insured and that to the best of my knowledge the statements, particulars and information contained in this proposal and addenda and any other documents accompanying this proposal and addenda are true and correct in every detail and that no material facts have been misstated or omitted.

I undertake to inform **about** Underwriting of any material alteration to those facts before entering into a contract of insurance.

Date:	<input type="text"/>	Name:	<input type="text"/>
Position:	<input type="text"/>	Signature:	<input type="text"/>



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