about

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

The requirement of full and frank disclosure of anything which may be material to the risk for which you seek cover (for example, claims, whether founded or unfounded), is of the utmost importance with this type of insurance.

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, that 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.

Non-disclosure (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.

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, where applicable 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 this policy may include insurance that operates on a 'Claims Made and Notified' basis. This means that the policy will only cover 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 Principals. Our full privacy policy can be accessed at <u>aboutunderwriting.com.au</u>

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

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.

Claims Conditions

Reporting and Notice

Every claim made against you (the insured) shall be notified to us as soon as practicable, and in any event, prior to the expiry of the Period of Insurance or Extended Reporting Period (if applicable), and all documentation and correspondence pertaining to such claim shall be forwarded to us as soon as practicable after receipt.

All notifications of claims must be sent to:

claims@aboutunderwriting.com.au

Attention: Claims Manager About Underwriting Pty Ltd PO Box 16106 Collins Street West, Melbourne, VIC 8007

Summary

You agree:

- at your expense, to give us all information that will assist us, our investigators and legal representatives, cooperate fully with us and do all things reasonably practicable to avoid or diminish any claim.
- to waive any claim for legal professional privilege to the extent only that the privilege would otherwise prevent any investigator or legal representative from disclosing information to us.
- not to admit liability, settle or incur any costs for a claim without our prior written consent.
- that we shall be entitled to have the conduct of any claim and may do so in your name.

The claims conditions are more fully described in the "claims conditions" sections of the accompanying policy.



Complaints, Disputes or Feedback

If you wish to make a complaint or provide feedback about our products or services, or a Privacy breach, you can contact us at complaints@aboutunderwriting.com.au or privacy@aboutunderwriting.com.au Please refer to our complaints & disputes process detailed at 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:

Suite 1603 Level 16, 1 Macquarie Place Sydney NSW 2000

Telephone Number: (02) 8298 0700 Email: idraustralia@lloyds.com

Complaints that cannot be resolved can be escalated to an independent dispute resolution body; Australian Financial Complaints Authority (AFCA). This external dispute resolution body has the ability to make decisions of which About Underwriting are obliged to comply. Contact details are:

Australian Financial Complaints Authority
Phone: 1800 931 678

Fax: (03) 9613 6399 Email: <u>info@afca.org.au</u> net: https://www.afca.org

Internet: https://www.afca.org.au GPO Box 3, Melbourne, VIC 3001



Construction Professionals Package Proposal

This Proposal is for Professional Indemnity and general and products liability; specific to Construction Professionals.

"You/your" in this Proposal means the "Named Insured".

About you
1. Named insured(s):
2. Trading name(s):
3. ABN:
4 M(d) - d d ()
4. Web address(es):
5. Principal business address:
6. Other business locations:
About the business
7. Please provide a detailed description
Please attach any relevant brochures o
8. Business commencement date:9. Principals, Partners or Directors deta



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

O a) Francisco	Number of Staff	
O. 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		
1. Please list your professional memberships:	:	
2. Professional Fee income:		
Past financial year: Current	t 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		
Architects		
Building Surveyors		
Building Surveyors – Pre-Purchase		
Chemical Engineering		
Civil Engineering		
Construction Management		
Drafting		
Energy Consultants		
Engineering Surveying		
Electrical Contracting		
Electrical Design		
Electrical Engineering		
Environmental Engineering		
Expert Witness		
Feasibility Studies		
Fire Engineers		
Geotechnical Engineering / Soil Testing		
Heating / Cooling / Ventilation		
Hydraulic Design / Engineering		
Interior Design including Expo		
Land Surveyors		
Landscape Architecture		
Marine Surveying and Engineering		
Materials Testing		
Mechanical Engineering		
Mining Engineering		
Plumbing Engineering		
Product Design Engineering		
Project Co-Ordination		cont.



Desired Management		1
Project Management		
Quantity Surveyors		
Safety Engineers		
Structural Engineers		
Teaching / Lecturing		
Telecommunications Engineers		
Town Planning		
Traffic Surveys / Engineers		
Welding Inspectors		
Other – please specify:		
Total		
14. Please state the percentage of fees earned in the past	financial year for	the following categories:
Areas of Work:	Percentage Fee Bi	reakdown
Bridges		
Commercial Buildings		
Dams		
Domestic Buildings		
Fairs / Show Ground Structures / Exhibitions		
Foundations / Underpinnings		
Harbours / Jetties		
Heating / Ventilation / Air-Conditioning		
High Rise Buildings (exceeding 3 floors)		
Industrial Buildings		
Institutional Buildings		
Land Reclamation		
Marine Surveys		
Mechanical Plant / Bulk Handling Equipment		
Mines		
Nuclear / Atomic		
Petrochemical / Refineries		
Soil Testing		
Sewerage Systems		cont.



Town Planning			
Tunnels			
Other – please specify:			
Total			
			—
15. Do you expect these percentages to change in the nex	xt financial year?	Yes	☐ No
If Yes, please provide details:			
16. Please provide a percentage split of the states in which	ch you generate your fee inco	ome:	
ACT: NSW: N	T: QLD:		SA:
TAS: VIC: W	A: O/S:	Т	otal:
17. Have you been licensed and registered in all states an the business commencement date? If No, please provide		Yes	ness since
18. Do you conduct business overseas? If Yes, please prov	vide details:	Yes	☐ No
19. Has the name of your business ever changed or have	you ever operated your husi	ness under a di	fforont
corporate entity? If Yes, please provide additional inform		Yes	□ No
20. Has your business amalgamated, merged or acquired	any other business or practi	ce? Yes	☐ No
If Yes, please provide additional information:			
21. Is any Principal/Partner/Director associated or connec	cted with any other business	5?	
If Yes, please provide details:		Yes	∏No
•			<u> </u>
22. Does any one client represent more than 25% of your	annual income?	Yes	☐ No
If Yes, please provide additional information:			



23. A	re writ	ten rep	orts provided to	clients?			☐ Y€	es No	
If Yes	, pleas	e provid	de sample copies	s along with details of	disclaime	rs used in connection	on with	such reports.	
24. P	lease p	rovide a	a brief description	on of the 5 largest con	ntracts or p	orojects undertaken	during	the last 5 years:	
Date	e Comp	pleted	Project D	escription / Contract	,	Project Value \$		Fees / Income \$	
Dutie	es								
25.	a)	chequissuing to cor	ies, preparing ch g fund transfer i	so that no one personeque requisitions, reconstructions above \$5, treferral to another p	conciling b 000, from	oank statements or commencement	Yes	s No	
	b)	monie	es or return of go letion without re	so that no one perso oods above \$5,000, fro eferral to another par	om comm	encement to	Yes	s No	
	c)		ll employees req errupted annual	uired to take a minim leave per year?	um of two	weeks	Yes	s No	
	d)	specif	ied in the invoic	nade for invoices rece es (e.g. bank account ayee prior to making p	details) co		Yes	s No	
26. D	o you r	require	Fidelity Cover?				☐ Ye	s No	
If Yes	, pleas	e select	your preferred	sub-limit:					
	\$50,000	0	\$100,000	\$250,000					



About your Claims

NB. The following claims questions relate to <u>all</u> matters of <u>all</u> policy sections, ie: Professional Indemnity, General and Products Liability, Management Liability, Cyber Liability and Statutory Liability:						
		employees, has <u>a</u> ector or employ	•	nim been made a other business?	gainst you or Yes	·
If Yes, please pro	ovide details:					
Date Notified (DD/MM/YYYY)	Insurer	Description	Amount Paid	Maximum Potential Loss	Finalised or Open	Claimant Name
business or the business of any principal, partner, director or employee?						
If Yes, please pro	ovide details of p	roceedings or ac	ctions:			
refused or had a	iny special terms		or predecessors	in business had	insurance dec	clined, cancelled,
If Yes, please pro	ovide details:					



About your cover

31. Do you currer proposed?	ntly have Professio	nal Indemnity ins	urance in force	for the activities for w	hich cover is being Yes
If Yes, please prov	vide the following	details:			
Insurer	Renewal Da	ate Limit	of Indemnity	Deductible	Premium
32. Please select	which Limit of Ind	emnity is required	d for Profession	al Indemnity:	
				000 \$20,000,000	Other
33. Please select	your preferred De	ductible for Profe	ssional Indemn	ity:	
\$1,000	\$2,500	\$5,000	\$10,000	\$25,000	Other



General and Products Liability Addendum

Only complete th	nis section if Gen	eral and Products Lia	ability cover is req	Juired			
34. Do you requir	34. Do you require a quotation for General and Products Liability insurance?						
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 you	ır estimated annu	ial wages for the next	t 12 months?				
37. Please select	which Limit of In	demnity is required f	or both General a	nd Products Liabi	ility:		
\$5,000,000	\$10,000,00	0 \$20,000,000			Other		
38. Please select	your preferred D	eductible for General	l and Products Lia	bility?			
\$1,000	\$2,500	\$5,000	\$10,000	\$25,000	Other		
Contractors Expo	osure						
39. Please provid upcoming period		payroll (wages) for co	ntractors, subcon	tractors and/or la	abour hire fo	or the	
White Collar:							
Contractors		Subcontractors		Labour hire			
Blue Collar: Contractors		Subcontractors		Labour hire			
40. Please state r	nature of work ca	rried out by contract	ors, subcontractor	rs and/or labour l	nire:		
41 Do you ensur	a that subcontra	ctors, contractors and	l/or labour hire h	ave their own Ge	noral and Dr	oducts	
•		quest certificate of cu		_	Yes	☐ No	
Contractual Liabi	ility						
42. Do you assum	ne any liability un	der contract or hold	harmless other pa	arties under conti	ract?		
If Yes, please pro	vide details:				Yes	☐ No	
43. Do you engag	ge any in-house le	egal counsel and/or e	xternal legal provi	iders to review co	ontractual ag	greements?	
If Yes, please pro	vide 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 under	taken:		
46. Do you engage in construction, manufacture, insta	Illation, erection or assembly?	Yes	☐ No
If Yes, please provide details:			
47. Is any work performed on any escalator or lifting r	nachinery including passenger /		_
escalators, hoists and cranes?		Yes	∐ No
40 1		□vos	□ 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 Austra	alian Standard AS 1674.1 – 1997		
processes Part 1?		Yes	☐ No
50. Is any of the following work undertaken?		Yes	☐ No
Airside	• Plant hire		
DemolitionExplosives	Power linesRail		
• Offshore	Scaffolding		
	Jeanolanig		
 On-hiring own labour 	 Underground 		
On-hiring own labourPipelinesIf Yes, please provide details:	_		



Additional Information:		
If insufficient space to complete que	ons, please provide at this sec	tion:
Declaration		
_	rovided information about an	s and privacy statement contained in this other individual, I declare the individual has d privacy statement.
I agree that this proposal and addendasis of the contract of insurance.	together with any other infor	mation or documents supplied shall form the
of my knowledge the statements, pa	culars and information contain roposal and addenda are true	a on behalf of the Insured and that to the best ned in this proposal and addenda and any and correct in every detail and that no
I undertake to inform about Underw of insurance.	ing of any material alteration	to those facts before entering into a contract
Date:	Name:	
Position:	Signature:	



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