



Solution *ONE* Proposal Form

Professional Indemnity,
General Liability &
Management Liability



BuildSafe Insurance Brokers Pty Ltd
Fax: 03 9773 6351
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Post: PO BOX 2294 Seaford Vic 3198

Solution Underwriting Agency Pty Ltd

Level 5, 289 Flinders Lane
Melbourne VIC 3000
T. 03 9654 6100
www.solutionunderwriting.com.au

Important Information

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.

What you do not need to tell us

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.

If you are a natural person, a different duty of disclosure to the one set out above applies to you.

Please contact us so that you can be informed of the duty of disclosure that applies to you.

Privacy Statement

In this Privacy section 'we', 'us' or 'our' means Chubb Insurance Australia Limited and Solution Underwriting Agency Pty Ltd, unless specified otherwise.

We are committed to protecting your privacy. This document provides you with an overview of how we handle your personal information. Our Privacy Policy can be accessed on our website at www.chubb.com/au.

Personal Information Handling Practices

Collection, Use and Disclosure

We collect your personal information (which may include sensitive information) when you are applying for, changing or renewing an insurance policy with us or when we are processing a claim in order to help us properly administrate your insurance proposal, policy or claim.

Personal information may be obtained by us directly from you or via a third party such as your insurance intermediary or employer (e.g. in the case of a group insurance policy).

When information is provided to us via a third party we use that information on the basis that you have

consented or would reasonably expect us to collect your personal information in this way and we take reasonable steps to ensure that you have been made aware of how we handle your personal information.

The primary purpose for our collection and use of your personal information is to enable us to provide insurance services to you. Sometimes, we may use your personal information for our marketing campaigns, in relation to new products, services or information that may be of interest to you.

We may disclose the information we collect to third parties, including service providers engaged by us to carry out certain business activities on our behalf (such as assessors and call centres in Australia). In some circumstances, in order to provide our services to you, we may need to transfer personal information to other entities within the Chubb Group of companies (such as the regional head offices of Chubb located in Singapore, UK or USA), or third parties with whom we or those other Chubb Group entities have sub-contracted to provide a specific service for us, which may be located outside of Australia (such as in the Philippines or USA). Please note that no personal information is disclosed by us to any overseas entity for marketing purposes.

In all instances where personal information may be disclosed overseas, in addition to any local data privacy laws, we have measures in place to ensure that those parties hold and use that information in accordance with the consent you have provided and in accordance with our obligations to you under the Privacy Act 1988 (Cth).

Your Choices

In dealing with us, you agree to us using and disclosing your personal information as set out in this statement and our Privacy Policy. This consent remains valid unless you alter or revoke it by giving written notice to our Privacy Officer. However, should you choose to withdraw your consent it is important for you to understand that this may mean we may not be able to provide you or your organisation with insurance or to respond to any claim.

How to Contact Us

If you would like a copy of your personal information, or to correct or update it, please contact our customer relations team on 1800 815 675 or email CustomerService.AUNZ@chubb.com.

If you have a complaint or would like more information about how we manage your personal information, please review our Privacy Policy for more details or contact the Privacy Officer, Chubb Insurance Australia Limited, GPO Box 4907, Sydney NSW 2001, Tel: +61 2 9335 3200 or email Privacy.AU@chubb.com.

You can also download a copy of Solution's Privacy Policy by visiting <http://www.solutionunderwriting.com.au>

Claims Made

This Proposal is for a policy issued by Chubb Insurance Australia Limited ('Chubb') on a claims made and notified basis. This means that the policy only covers claims first made against you during the insurance period and notified to Chubb in writing during the insurance period. The policy does not provide cover for any claims made against you during the insurance period if at any time prior to the commencement of the insurance period you were aware of facts which might give rise to those claims being made against you.

Section 40(3) of the Insurance Contracts Act 1984 provides that where the insured gives notice in writing to the insurer during the insurance period of facts that might give rise to a claim against the insured, the insurer cannot refuse to pay a claim which arises out of those facts, by reason only that the claim is made after the insurance period has expired.

Alteration of risk and deregistration

The policy requires you to notify the insurer within thirty days of any material change in the nature of the professional business, or any act of insolvency or bankruptcy of the insured. The policy requires you to give immediate notice of the cancellation, suspension, termination or imposition of conditions in respect of the insured's statutory registration. Claims arising following the cancellation, suspension or termination of the insured's statutory registration are excluded from indemnity under the policy.

Insurer and Agent

This Policy is issued by Solution Underwriting Agency Pty Ltd ('Solution Underwriting') (ABN 68 139 214 323, AFSL 407780) acting under a binder as an agent of the insurer, Chubb Insurance Australia Limited (ABN 23 001 642 020, AFSL 239687) ('Chubb').

This Policy is a legal contract between You and Us. You have paid, or agreed to pay, Us the Premium and We provide the cover specified in this Policy and as set out in Your Schedule.

The terms, conditions and provisions of the insurance We offer You are set out in this Policy. It is important that You:

- read all of the Policy before You buy it to make sure that it gives You the protection You need;
- are aware of the limits on the cover provided and the amounts We will pay You (including any Excess that applies);
- are aware of the definitions in Your Policy. You will find definitions throughout Your Policy.

You must comply with all provisions of this Policy, otherwise We may be entitled to refuse to pay a Claim or reduce the amount You are entitled to receive. The Policy is in force for the Period of Insurance set out in Your Schedule or until cancelled.

For the limits on the cover provided:

- some of these will be stated in the Policy itself (these are Our standard policy limits); and
- the remainder will be stated in Your Schedule.

In some circumstances the terms and conditions of this Policy may be amended by endorsement. If Your Policy is endorsed You will receive notification of the endorsement.

1. Details Of The Proposer

Insured Name:

Address of Head Office:

Telephone Number:

Fax Number:

Web Address:

Country or State of Registration:

ABN / ACN No:

Date of Establishment: / /

Address of all other locations (if any) from which the Insured operates:

2. Professional Business

Please provide a detailed description of your professional business which is required to be covered by this policy. You should attach any brochures or promotional material that may provide greater clarity in respect to your professional business:

3. General Information

Does the Insured have operations outside of Australia:

Yes No

If YES, does the Insured have operations in the USA/Canada?:

Yes No

If YES, please provide further details:

Have any Claims been made against the Insured for professional negligence, error or omission in last 5 years?

Yes No

If YES, please provide further details of the Claim, Claim amount and any payments:

After enquiry, is the proposed Insured aware of any facts or circumstances which might afford valid grounds for any future Claim(s) or which would indicate the probability of any such Claim(s) under any section of the cover for which it has applied?

Yes No

Within the last three years, has the proposed Insured been the subject of any complaint, suit, inquiry or notice of a hearing from any State, Territory or Federal regulatory body, or any other party?

Yes No

Within the last three years, has the proposed Insured discovered any losses from employee dishonesty, burglary, robbery, disappearances, destruction or forgery?

Yes No

Has the proposed Insured been declined, had cancelled or non-renewed any insurance policies for any of the coverages for which it has applied.

Yes No

Have any Claims ever been made against the Insured or any of its directors, officers or employees for wrongful termination, discrimination intimidation or sexual harassment?

Yes No

In the past five years has the proposed insured had any fine or penalty imposed by, or been served an infringement, improvement or prohibition notice or enforcement order by Federal, State, Local Government or Regulatory Authority?

Yes No

In the past five years has the proposed insured had a Workplace or Environmental incident (including a workplace fatality, serious injury or dangerous incident) that either required notification to or warranted investigation by a Regulatory Authority or a compulsory requirement to attend any hearing, inquiry, prosecution or other commission?

Yes No

Has the Insured ever had any Insurer decline a proposal or cancel or refused a Professional Indemnity, Public Liability or Management Liability Insurance?

Yes No

If YES, please provide full details:

Do you have any Professional Indemnity, Public Liability and / or Management Liability Insurance Cover currently in place?

Yes No

If YES, please state:

	PROFESSIONAL INDEMDITY	GENERAL LIABILITY	MANAGEMENT LIABILITY
a. Name of the Insurer:			
b. Limit of Indemnity:			
c. Deductible:			
d. Expiry Date of the Policy:			
e. Retroactive Date:			

4. Income Details

Please provide a breakdown of your gross fees/income by Professional Business for the last financial year and the current financial year, by stating the whole amounts in Australian Dollar (\$) and the percentage: (Should your profession be an accountant, an architect, an engineer, a surveyor or in the property industry, please complete the relevant Addendum Questionnaire)

PROFESSIONAL BUSINESS	PERCENTAGE SPLIT %	LAST FINANCIAL YEAR'S GROSS FEES \$	CURRENT FINANCIAL YEAR'S GROSS FEES \$

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

NSW	ACT	QLD	VIC	TAS	SA	WA	NT	OVERSEAS	TOTAL
%	%	%	%	%	%	%	%	%	100%

Gross Total Revenue:

Net Profit:

Gross Total Assets:

Gross Total Liabilities:

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

Please provide details of the 5 largest contracts or projects undertaken by the Insured:

PROJECT DESCRIPTION/CONTRACT	FEES/INCOME \$	PROJECT VALUE \$	DATE COMPLETED (DD/MM/YY)

5. Employee Information

Please state the following:

- a. Total Number of Employees:

- b. Number of Principals, Partners, Directors:

- c. Number of qualified Employees:

Please provide the following details for each of the Insured's principals, partners or directors:

Name	Age	Qualifications	Date qualified	No. Years of this practice

If Previous Business Cover is required, please complete the following details:

Name of Principal, Director or Partner requiring this coverage	Date Left Previous Business	Are you aware of any claims or circumstances against the previous business? If YES, please provide details

Does the Insured have written procedures, contracts of employment, personnel files, and employee handbook?

Yes No

Does the Insured minute all grievance and disciplinary hearings?

Yes No

Does the Insured expect there to be any redundancies or other reductions amongst its employees in the next 24 months?

Yes No

Has there been more than 10% of the employees of the Insured resign, or made redundant, or dismissed during the last 24 months?

Yes No

Does the Insured plan to make any amendments to the employee benefits package in the next 24 months or has done so during the last 24 months?

Yes No

Was the Professional Business conducted at the previous firm as per the details mentioned in SECTION 2: Professional Business.

Yes No

If NO, please provide further details of your Professional Business while working at the previous firm:

Are you covered under the previous business policy?

Yes No

If YES, please provide further details:

6. Limit Of Indemnity Required

Part A – Professional Indemnity:

- a. \$250,000
- b. \$500,000
- c. \$750,000
- d. \$1,000,000
- e. \$2,000,000
- f. \$4,000,000
- g. \$5,000,000
- h. \$10,000,000
- i. Other – Please State: \$ _____

Part B – General Liability:

- j. \$5,000,000
- k. \$10,000,000
- l. \$20,000,000
- m. Other – Please State: \$ _____

Part C – Management Liability:

- n. \$1,000,000
- o. \$2,000,000
- p. \$5,000,000
- q. Other – Please State: \$ _____

Declaration

Signing this proposal form does not bind the proposer or the insurer to enter into an insurance contract

After making appropriate enquiries, I declare that:

- I am authorised on behalf of the prospective Insured(s) to make this Proposal.
- I have read and understood the Important Notices accompanying this Proposal.
- Where I have provided information about another individual, I declare that the individual has been made aware of that fact and of the Solution Underwriting Agency Pty Ltd Privacy Statement.
- I authorise Solution Underwriting Agency Pty Ltd to collect or disclose any personal information relating to this insurance to or from other insurers or insurance or credit reference services.
- I confirm that the statements and information in this Proposal are true and complete.
- I understand that, until a contract of insurance is entered into, I am under a continuing obligation to immediately inform Solution Underwriting Agency Pty Ltd of any change to the information contained in this Proposal.
- I acknowledge that, if a contract of insurance is entered into, this Proposal and any accompanying documents will form the basis of the contract.

To be signed by the insured for whom this insurance is intended for

Signature:

Name:

Position:

Date: / /

Please Return to: BuildSafe Insurance Brokers Pty Ltd Email: info@buildsafe.com.au

Fax: 03 9773 6351

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