

Professional Indemnity Insurance Application Form

- Please answer all questions. Blanks and/or dashes, or answers "known to underwriters or brokers" or "N/A" are not acceptable and will delay processing of this application.
- If there is insufficient room to complete a question, please attach a signed & dated addendum.
- Any documents attached to the proposal form are part of this application.
- Where appropriate, please tick the yes or no box which best indicates your reply.

1. Applicant Details
1.1 Name

(a) Full legal name of each natural person & incorporated body to be insured

(b) What is your web site URL?

(c) Are you registered for GST purposes?

 Yes No

(d) What is your Input Tax Credit?

 %

(e) What is your ABN?

(f) Year business was established

(g) Are you exempt from stamp duty?

 Yes No If Yes, specify number:
1.2 Business Activity

(a) Occupation

(b) Professional Business

1.3 Business Address

Principal Address

Suburb

State

Post Code

Address 2

Suburb

State

Post Code

Address 3

Suburb

State

Post Code

Address 3

Suburb

State

Post Code

1.4 Interested Parties

(a) Please list any interested parties

2. Cover Details

2.1 Period Insurance

Start Date

End Date

2.2 Limits and Deductibles

(a) Limit Of Liability any one claim

\$

(b) Limit of Liability in the aggregate

\$

(c) Deductible

\$

(d) Retroactive Date

3. Business Details

3.1 Staff Count

(a) Principals/Partners/Directors	<input type="text"/>
(b) Trainee Staff	<input type="text"/>
(c) Part-time or temporary staff	<input type="text"/>
(d) Administrative and clerical staff	<input type="text"/>
(e) Other qualified staff	<input type="text"/>
(f) Other	<input type="text"/>

Details

3.2 Principals, partners or directors

Please provide the following details for each of the Applicants principals, partners or directors:

Principal #1

Name	<input type="text"/>	Age	<input type="text"/>
Qualifications	<input type="text"/>	Years Qualified	<input type="text"/>
Years Practicing - This Business	<input type="text"/>	Years Practicing - Previous Business	<input type="text"/>

Associated with any other business or practice (financially or otherwise)?

Yes No

If Yes, please provide details

Principal #2

Name	<input type="text"/>	Age	<input type="text"/>
Qualifications	<input type="text"/>	Years Qualified	<input type="text"/>
Years Practicing - This Business	<input type="text"/>	Years Practicing - Previous Business	<input type="text"/>

Associated with any other business or practice (financially or otherwise)?

Yes No

If Yes, please provide details

Principal #3

Name

Age

Qualifications

Years Qualified

Years Practicing - This Business

Years Practicing - Previous Business

Associated with any other business or practice (financially or otherwise)?

Yes No

If Yes, please provide details

3.3 Current Business Details

(a) Please provide a detailed description of the Applicant's business and professional activities, including details of any advice given and services provided.

(b) Does the Applicant or any of its principals, partners or directors belong to any professional association?

Yes No Not Known Other

If yes or other, please provide details

(c) Has the business ever been involved in any merger or acquisition?

Yes No Not Known

If yes, please provide details

(d) Has the business ever traded under any other name?

Yes No Not Known

If yes, please provide details

(e) Does the Applicant have any risk minimization strategies such as written Disclaimers?

Yes No Not Known Other

If yes or other, please provide details

(f) Does the business conduct work for or trade with any associated or related entities?

Yes No Not Known

If yes, please provide details

(g) Are verbal reports or advice always confirmed in writing?

Yes No Other

If NO or Other, please provide details

(h) Does the Applicant engage consultants, sub-contractors or agents?

Yes No Not Known

If Yes, does the Applicant insist they carry their own Professional Indemnity Insurance?

Yes No

If Yes, does the Applicant enter into any hold-harmless agreements or otherwise waive any legal rights or entitlements which it may have against such consultants, sub contractors or agents?

Yes No Not Known

If yes, please provide details

(i) Does the Applicant envisage any substantial changes in its business activities, or are there any major new operations contemplated during the next 12 months?

Yes No Not Known

If yes, please provide details

3.4 Previous Businesses

(a) Is cover required for any of the Applicant's principals, partners or directors in respect of their previous business?

Yes No If yes, please provide details:

Previous Business #1

Name of practice

Type of profession/business

From Date

To Date

Did the previous business activities differ from the activities of the current business?

Yes No

If Yes, please provide details

Previous Business #2

Name of practice

Type of profession/business

From Date

To Date

Did the previous business activities differ from the activities of the current business?

Yes No

If Yes, please provide details

Previous Business #3

Name of practice

Type of profession/business

From Date

To Date

Did the previous business activities differ from the activities of the current business?

Yes

No

If Yes, please provide details

4. Financial Details

4.1 Please categorise the business and professional activities described and set out the approximate percentage of the fee income derived from each.

Type of Work	% of fee income
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

4.2 Please provide details of the 5 largest jobs or contracts undertaken by the Applicant during the last 5 years.

Particulars Job or Contracts	Value/Fees Earned
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

4.3 Business Income

(a) What was the date of the Applicants last financial year end?

(b) Indicate: Fees or Gross Turnover

(c) Please provide the amount of gross turnover/fees for the following:

	Australia	Overseas
Current Financial Year (estimate)	<input type="text"/>	<input type="text"/>
Last Financial Year	<input type="text"/>	<input type="text"/>
Previous Financial Year	<input type="text"/>	<input type="text"/>

(d) Please provide the amount of the largest annual fee for any one client:

<input type="text"/>	<input type="text"/>
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(e) Please provide the approximate percentage of your activities (based on gross turnover/fee income) applicable to each State, Territory and Overseas:

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

(f) Are there any overseas domiciled subsidiaries?

Yes No Not Known

If yes, please provide details

(g) Does any contract or client represent more than 40% of the Applicant's annual income?

Yes No Not Known

If yes, please provide details

5. Insurance History

5.1 Professional Misconduct

Has any Partner, Principal, Director or staff member ever been subject to disciplinary proceedings for professional misconduct?

Yes No

If yes, please provide details

5.2 Negligence Claims

Have any claims for negligence or breach of professional duty been made in the last ten years against the Practice or any of their predecessors in business or any prior practice of any of their present or former Partners, Principals or Directors, or have circumstances been notified to insurers that might give rise to a claim?

Yes No

If yes, please provide details:

Matter #1

Date matter Notified

Name of Insurer (if Any)

Name of Claimant or Potential Claimant

Brief Description of matter

Amount

Amount Type

Paid Estimate Potential Liability Unknown

Status

Finalised Outstanding

Matter #2

Date matter Notified

Name of Insurer (if Any)

Name of Claimant or Potential Claimant

Brief Description of matter

Amount

Amount Type

Paid Estimate Potential Liability Unknown

Status

Finalised Outstanding

Matter #3

Date matter Notified

Name of Insurer (if Any)

Name of Claimant or Potential Claimant

Brief Description of matter

Amount

Amount Type

Paid Estimate Potential Liability Unknown

Status

Finalised Outstanding

5.3 Other Claim Details

Are any of the Partners, Principals or Directors, AFTER INQUIRY, aware of any claim or circumstance that might give rise to a claim against the Practice or any prior practice of any of their present or former Partners, Principals or Directors which matter is not referred to in the previous question?

Yes No

If Yes, please provide the following details in respect to each matter:

Principals/partners Matter #1

Name of claimant or potential claimant	Estimate of potential liability
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Brief Description of matter

Principals/partners Matter #2

Name of claimant or potential claimant	Estimate of potential liability
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Brief Description of matter

Principals/partners Matter #3

Name of claimant or potential claimant	Estimate of potential liability
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Brief Description of matter

5.4 Fee Disputes

Are any of the principals, partners or directors aware, after enquiry of all staff, managers and contractors, of any accounts overdue for payment where there is reason to believe that the client is dissatisfied with the professional services rendered?

Yes No

5.5 Existing or Past Insurance Cover

Please provide full details of any professional indemnity insurance held by the Applicant during the past three years.

Policy #1

Previous Insurer(s)	Expiry Date	Deductible(s)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Limit Of Liability any one claim	Limit of Liability in the aggregate
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Policy #2

Previous Insurer(s)	Expiry Date	Deductible(s)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Limit Of Liability any one claim	Limit of Liability in the aggregate
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Policy #3

Previous Insurer(s)	Expiry Date	Deductible(s)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Limit Of Liability any one claim	Limit of Liability in the aggregate
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

5.6 Other Insurance Details

(a) Has the Applicant or any proposed insured person ever had this type of insurance refused (including renewal), cancelled, avoided or an application or proposal declined, or had special terms imposed?

Yes No

If yes, please provide details

(b) Has the Applicant or any proposed person ever had his/her entitlement to indemnity under an insurance policy denied or reduced by reason of non-disclosure, misrepresentation or breach of policy condition?

Yes No

If yes, please provide details

5.7 Duty of Disclosure

Have you or any partner(s) shareholder(s) or director(s) of the business:

(a) Ever been declared bankrupt?

Yes No

(b) Ever been involved in a company or business which became insolvent or subject to any form of insolvency administration (e.g. liquidation or receivership)?

Yes No

(c) Been convicted of any criminal offence within the past 5 years (other than minor traffic convictions)?

Yes No

(d) Been liable for any civil offence or pecuniary penalty (exceeding \$5,000)?

Yes No

(e) Any other matters you should disclose

Yes No

(f) If yes to any of the above, please provide details

6. Declaration

I/We hereby declare that:

My/Our attention has been drawn to the Important Notice accompanying this Application form and further I/we have read these notices carefully and acknowledge my/our understanding of their content by my/our signature/s below.

The above statements are true, and I/we have not suppressed or mis-stated any facts and should any information given by me/us alter between the date of this Application form and the inception date of the insurance to which this Application relates I/we shall give immediately notice thereof.

I/We authorize Paul Donnelly Insurance Brokers Pty Ltd to collect or disclose any personal information relating to this insurance to/from any other insurers or insurance reference service. Where I/we have provided information about another individual (for example, an employee, or client), I/we declare that the individual has been or will be made aware of that fact and the section in the Policy on "The way we handle your personal information".

I/We also confirm that the undersigned is/are authorised to act for and on behalf of all persons who may be entitled to indemnity under any policy which may be issued pursuant to this Application form and I/we complete this Application form on their behalf.

To be signed by the Chairman/President/Managing Partner/Managing Director/Principal of the association/partnership/company/practice/business.

Signature

Date

Signature

Date