



Professional Indemnity

Proposal Form

AFSL 239 545

Instructions

This proposal form is designed to minimise your paperwork and maximise your opportunities when it comes to liability insurance. Use it to apply for Professional Indemnity Cover. Applicants should fill in all sections of the Proposal Form for coverage to be considered.

Notice to the proposed insured

Disclosure of relevant facts - your duty of disclosure

Before you enter a contract of general insurance with us, you have a duty to disclose to us every matter that you know, or could reasonably be expected to know, is relevant to our decision whether to accept the risk of insurance and, if so, on what terms. This includes facts which are not subject to questions in this proposal. You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of general insurance.

Non-disclosure / misstatement

If you fail to comply with your duty of disclosure, QBE may be entitled to avoid the contract altogether and so decline to pay any claim.

Inadequate space to answer

If there is inadequate space to answer our questions or you need to disclose something to us because of your duty of disclosure, please attach a separate sheet of paper to this proposal giving full details of additional information on your letterhead.

Important

- Please answer ALL questions fully. If there is insufficient space, please provide details on your letterhead.
- Where provided, tick appropriate box to indicate answer.
- The applicant will be referred to in this proposal as "You" or "Your".

Markets

Please use the checklist below to indicate the operation in the QBE Pacific Islands region to which you will be submitting your proposal.

Note: For any other markets please contact the local QBE office.

Jurisdiction

The content and use of this proposal form or any policy entered pursuant to this form or any dealing in relation to or arising from this form is governed by:

- (a) the laws of the country of the QBE office which issues the policy/ies arising from this proposal; unless
- (b) the policy/ies refer to the laws of a different country applying, in which case the laws of that country, and in relation to those matters, the parties submit to the exclusive jurisdiction of the courts of that country.

For those policies governed by the laws of Netherlands, the validity, interpretation and effect and the rights and obligations

QBE Contact person

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Applicant details

1. Full name(s) of all entities to be insured
2. Principal address of company
3. Physical address of branch offices or other locations
4. Website

5. Please provide the following details:

Name of all partners/ principals/ directors	Age	Qualifications	Date Qualified (dd/mm/yyyy)	Years in this business	Years in previous business(es)

Please enclose curriculum vitae or resumes for all partners/principals/directors detailing qualifications and a summary of career experience.

6. Please list the professional bodies or associations to which any partner, principal or director belongs.

7. Please supply total numbers of:

a. Partners/principals/directors		e. Non-technical administrative staff	
b. Professionally qualified staff		f. Clerical staff – typists, receptionists, etc	
c. Other technical staff		g. Other staff (please specify below)	
d. Trainee staff			
Total all personnel			

Business details

1. Date the business was established. (dd/mm/yyyy)
2. Has the name of the business ever changed?

Yes ☐ No ☐
3. Has any other business amalgamated or merged with you?

Yes ☐ No ☐
4. Have you purchased any other business?

Yes ☐ No ☐
5. If 'Yes' to any of the above. Please provide details of the precise nature of business activities, including details of advice given. Enclose a copy of your company profile and any corporate promotional material describing your activities or services.

6. Please categorise the activities of the business outlined above and indicate the approximate percentage of your income derived from those activities.

Type of work	Percentage
	%
	%
	%
	%
	%

7. Please define what you consider to be the loss exposure for which you are seeking Professional Indemnity insurance.

8. Does your contract or client represent more than 20% of your annual work or fees?
If 'Yes', please provide full details.

Yes☐No☐

9. Do you engage consultants, subcontractors or agents?
If 'Yes':

Yes☐No☐

a. Do you insist they carry their own Professional Indemnity insurance?

Yes☐No☐

b. Do you enter into any 'hold/harmless agreements, or otherwise waive any legal rights or entitlements which you may have against such consultants, subcontractors or agents? If 'Yes', please attach full details and tick to indicate enclosure.

Yes☐No☐

10. Do you envisage any changes in your activities or are there any new operations contemplated during the next 12 months? *If 'Yes', please provide full details.*

Yes☐No☐

11. Do you perform work outside of the country where you are submitting your proposal, or work for clients located overseas?

Yes☐No☐

Name of country	Details of work	% of income
		%
		%
		%
		%
		%

12. Have you signed any contracts where another party limits their liability to you? *If 'Yes', please provide full details.*

Yes☐No☐

Risk management details

1. Have you implemented any formal risk management procedures or plans?

Yes☐No☐

If 'Yes':

a. how often? (months)

b. are identified breaches rectified?

Yes☐No☐

2. Where relevant, can you confirm that remedial action has been taken to prevent recurrence of any circumstances detailed in Section F below?

Yes☐No☐

Financial details

1. Advise the date of your financial year end. (dd/mm/yyyy)

2. Please provide the amount of gross income/fees for the following:

Country	Current financial year (estimate)	Last financial year (year-end actual)	Previous financial year (year-end actual)

3. If part of the gross income/fees above relates to the sale of physical products, please state the percentage.

%

4. Please provide brief descriptions and fees for the 5 largest contracts undertaken over the past 5 years.

Brief Description	Fees

Claims experience

1. Has any partner, principal, director or staff member ever been subject to disciplinary proceedings for professional misconduct? *If 'Yes', please provide full details.*

Yes ☐

No ☐

2. During the last 10 years, after enquiry, have any claims for negligence or breach of professional duty been made against the business (or any of its predecessors in business or any prior business) or any present or former partners, principals or directors, or have circumstances been notified to insurers which might give rise to a claim? *If 'Yes', please provide full details.*

Yes ☐

No ☐

3. Are any of the partners, principals or directors aware of any circumstance which could reasonably be expected to give rise to a claim against the business or any prior business or any of its present or former partners, principals or directors, and is not referred to in question E2 above? *If 'Yes', please provide full details.*

Yes ☐

No ☐

Prior insurance

1. Does the business presently carry, or has the business ever carried, Professional Indemnity insurance? *If 'Yes', please provide details of any previous cover for this type of insurance.*

Yes ☐

No ☐

Insurer

Expiry date

Limit of Indemnity

Excess

Premium

2. After enquiry, has the business or any partner, principal or director ever been refused this type of insurance or had similar insurance cancelled, or had an application for renewal declined or special terms imposed? *If 'Yes', please provide full details.*

Yes ☐

No ☐

Cover required

- Limit of Indemnity
- Excess required
- Period of Insurance

Enclosures

If relevant, please provide copies of the following and tick to indicate enclosure:

Cv's Enclosed ☐ **Annual report** Enclosed ☐ **Corporate brochure** Enclosed ☐ **'Hold-harmless' agreements** Enclosed ☐

Other (please specify)

Declaration and Signature

I/We declare, on behalf of all proposed insureds, that:

- (a) All answers and statements in this proposal are correct and complete in every respect and there is no further information which may affect acceptance of the proposal.
- (b) If accepted by QBE, this proposal and declaration, and any other material which I/we have provided to QBE, shall be incorporated into and form the basis of the contract of insurance.
- (c) I/We understand that QBE requires this information (which will be retained by QBE) to decide whether to accept this proposal and entitles me/us to have access to, and request the correction of, this information.
- (d) QBE is authorised to disclose information received from me/us to its advisers, reinsurers and to other insurers. I/We authorise QBE to obtain from any party, information that is, in QBE's view, relevant to this proposal.
- (e) I/We understand that the insurance will not be in force until this proposal has been accepted and cover confirmed by QBE.

Note: Signing this proposal and any supplementary questionnaires does not bind either the applicant or QBE to complete the contract of insurance.

Signature of Applicant's Authorized Representative

Date

Printed name of signatory

Company Name

Title

E-mail address

Phone number