



PROFESSIONAL INDEMNITY PROPOSAL FORM FOR MEMBERS OF THE AUSTRALIAN GRAPHIC DESIGN ASSOCIATION

- Answer all questions. Blanks or dashes, or answers "known to underwriters or brokers" or "N/A" are unacceptable and will delay consideration of this proposal.
- If there is insufficient room to complete a question, please attach a signed and dated addendum.
- Any documents annexed to the proposal are part of this proposal.
- Where appropriate, please place a cross in the 'Yes' or 'No' box, which best indicates your response.

Your details

1. Name

Full legal name of each natural person & incorporated body (including your ABN) to be insured as well as any unincorporated business or trading names.

Date(s) of commencement

/	/
/	/
/	/
/	/
/	/

ABN : : : : : : : : : :

2. Postal address

Phone

Facsimile

Mobile

()

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Email address

Web Site address

3. Particulars of all Principals

Name of Principal	Age	Qualifications/ Memberships	Years Practicing		Name of Previous Business Practices
			Current Business Practice	Previous Business Practice	

4. Total number of full-time and full-time equivalent:

(a) Qualified staff – including Principals.

(b) Non-technical staff (including typists, receptionists, etc.).

Total of all staff

Fee income

5. (a) Please state your Gross professional fees for the last 12 months.

Include fees paid to sub-consultants and contractors appointed by you.

Exclude fees collected for disbursements to consultants appointed by your client together with travelling, accommodation or similar expenses reimbursed by your clients.

Australia \$

Overseas \$

- (b) Estimated gross professional fees for the next 12 months.

Include fees paid to sub-consultants and contractors appointed by you.

Exclude fees collected for disbursement to consultants appointed by your client together with travelling, accommodation or similar expenses reimbursed by your clients.

Australia \$

Overseas \$

- (c) Please provide a percentage breakdown of the fee income disclosed in Question 5(a) by State or Territory.

ACT %

NSW %

VIC %

QLD %

SA %

WA %

TAS %

NT %

Overseas %

Total %

Your professional activities

6. (a) Please state fully the nature of your business. (Please provide copies of any brochures or other documentation which may assist CGU Professional Risks in gaining a better appreciation of the risk being proposed).

- (b) Do you obtain sign-off/authorisation from your clients prior to finalisation of documents?

No Yes

7. Have you ever undertaken or are you likely to undertake, work outside of Australia or New Zealand?

No Yes Please provide the following details of such work.

Country	Branch/Representation	Dates of commencement/closure	Annual income	Type of work

Claims and circumstances

8. (a) Are you currently insured for professional indemnity and/or liability insurance?

No Yes Please complete the table below for the last 3 years.

- (b) If you are not, have you ever been insured for professional indemnity and/or liability insurance?

No Yes Please complete the table below for the last 3 years you were insured.

Name of insurer	Period insured	Sum Insured	Premium	Excess

Claims and circumstances (continued)

9. Have you ever had a liability insurer:

- (a) decline a proposal? No Yes *Please provide details on your letterhead.*
- (b) impose special terms? No Yes *Please provide details on your letterhead.*
- (c) decline to renew your insurance? No Yes *Please provide details on your letterhead.*
- (d) cancel your insurance? No Yes *Please provide details on your letterhead.*

10. Please answer the following questions after enquiry within your organisation.

- (a) During the past 10 years has any Claim been made, or has negligence been alleged, against you or any of the present or former Principals, or have any circumstances been notified to insurers, which may result in a claim?

No Yes *Please give details.*

Year notified	Insured with	Claimant	Nature of problem	Amount paid and/or outstanding

- (b) Are there any circumstances not already notified to insurers which may give rise to a Claim against you or any prior corporate practice or any of the present or former Principals?

No Yes *Please give details.*

Name of Practice and Principal	Claimant	Nature of problem	Estimate

- (c) Has any Principal or staff member ever been subject to disciplinary proceedings for professional misconduct?

No Yes *Please give details.*

Name of Practice and Principal/ staff member	Claimant	Nature of problem	Amount paid and/or outstanding

Cover required

11. Please indicate:

- (a) The **Total Sum Insured** that you require:

- \$1,000,000 (Minimum Sum Insured)
- \$2,000,000
- \$5,000,000
- Other

- (b) Amount of preferred excess:

(N.B. Your policy will be subject to a minimum excess of \$1,000.)

Declaration

I/We hereby declare that:

My/Our attention has been drawn to the Important Notice accompanying this Proposal form and further I/we have read these notices carefully and acknowledge my/our understanding of their content by my/our signature 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 Proposal form and the inception date of the insurance to which this Proposal relates I/we shall give immediately notice thereof.

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 Proposal form and I/we complete this Proposal form on their behalf.

I/We authorise CGU Professional Risks Insurance, a division of CGU Insurance Limited, 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."

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

Signature

Date

Signature

Date

It is important the signatories to the Declaration are fully aware of the scope of this insurance so that all questions can be answered. If in doubt, please contact your insurance broker since non-disclosure may affect an Insured's right of recovery under the policy or lead to it being voided.

Insurer:



Southern Region Office
 Level 4 CGU Centre
 485 La Trobe Street Melbourne VIC 3000
 DX 38206 Flagstaff
 Tel. (03) 9601 8700 Fax (03) 9602 5255
 Offices also in Sydney, Brisbane and Perth

CGU Professional Risks Insurance

A Division of CGU Insurance Limited ABN 27 004 478 371 An IAG Company



An Important Notice to the Applicant 'Claims Made' Contracts of Insurance

Please read and retain in your file

The proposed insurance is issued on a 'claims made' basis.

This means that the policy responds to:-

1. claims first made against the insured during the policy period and notified to CGU Professional Risks Insurance during that policy period, providing that the insured was not aware, at any time prior to the policy inception, of circumstances which would have alerted a reasonable person in the insured's position that a claim may be made against the insured; and
2. 'claims circumstances' notified pursuant to Section 40 (3) of the *Insurance Contracts Act 1984* which states:

'where the insured gave notice in writing to the insurer of facts that might give rise to a claim against the insured as soon as was reasonably practicable after the insured became aware of those facts but before the insurance cover provided by the contract expired, the insurer is not relieved of liability under the contract in respect of the claim, when made, by reason only that it was made after the expiration of the period of insurance cover provided by the contract'.

After policy expiry, no new claims can be made on the expired policy *even though the event giving rise to the claim may have occurred during the policy period.*

If during the policy period you become aware of circumstances which a reasonable person in your position would consider may give rise to a claim, and which you fail to notify to us during the policy period, we may not cover you under a subsequent policy for any claim which arises from these circumstances.

When completing the proposal you are obliged to report and provide full details of all circumstances of which you are aware and which a reasonable person in your position would consider may give rise to a claim.

It is important that you make proper disclosure (see **Duty of Disclosure**, below) so that your cover under any new policy with us is not compromised.

Pursuant to the *Insurance Contracts Act 1984* your duty to disclose all relevant information is set out below.

Duty of Disclosure

Before entering into a contract of general insurance, you have a duty, under the *Insurance Contracts Act 1984*, to disclose to us every matter that you are aware of, or could reasonably be expected to be aware of, that is relevant to our decision about insuring you and if so, on what terms. You have the same duty to disclose these matters to us before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of matter -

- that diminishes the risk to be undertaken by us;
- that is of common knowledge;
- that we know or, in the ordinary course of our business, ought to know;
- as to which compliance with your duty is waived by us.

You should note that your duty continues after the proposal form has been completed until the policy is entered into, i.e. until the date we receive instructions to bind cover.

Non-disclosure

If you fail to comply with your duty of disclosure, we may be entitled to reduce our liability under the policy in respect of a claim or may cancel the policy. If your non-disclosure is fraudulent, we may also have the option of avoiding the contract from its beginning. It is therefore vital that you enquire of all entities comprising the insured, including senior staff, before completing the proposal form and before you sign any declaration confirming no change in the information disclosed.

Retroactive Liability

The proposed insurance may be limited by a retroactive date either stated in the schedule or endorsed onto the policy. Where the retroactive cover provided by the proposed policy is subject to such a date, then the policy does not cover any claim arising from actual or alleged act, error, omission or conduct occurring prior to such retroactive date.

Average Provision

One of the insuring provisions of the proposed insurance may provide that where the amount required to dispose of a claim exceeds the limit of the sum insured in the policy then CGU Professional Risks Insurance shall be liable only for a proportion of the total costs and expenses. This shall be the same proportion of the total expenses as the policy limit bears to the total amount required to dispose of the claim.

Surrender of Waiver of any Right of Contribution or Indemnity

If another person or company is liable to compensate you or hold you harmless for part or all of any loss or damage otherwise covered by our policy, but you agree with that person or company (either before or after the inception of our policy) that you would not seek to recover any loss or damage from them, we will not cover you for this loss or damage.



Southern Region Office

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CGU Professional Risks Insurance