

## Professional Indemnity Insurance Proposal Form

### Engineers

(with Addendums for Architects, Environmental Consultants, Surveyors and Valuers)

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#### IMPORTANT NOTICE TO THE INSURED

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.

##### Your 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.

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.

##### Claims Made & Notified Insurance

This insurance is written on a "claims made and notified" basis. This means that the Underwriters indemnifies you for Claims (as defined) that are made against you during the period of insurance and notified to the Underwriters during the period of insurance. The policy does **not** provide cover for any claims made against you during the period of insurance if at any time prior to commencement to the period of insurance you became 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 you gave notice in writing to the Underwriters of any facts that might give rise to a Claim against you as soon as reasonably practical after you become aware of those facts, but before the expiry of the period of insurance, the Underwriters cannot refuse to pay a Claim which arises out of those facts, when made, because it was made after the period of insurance had expired.

The policy does not cover your civil liability for breach of professional duty arising from any claim:

- ✓ first made prior to the inception of the Policy;
- ✓ directly or indirectly based upon, or attributable to, or in consequence of, any incident, occurrence, fact or matter which you knew or ought or should have reasonably known, had the potential to give rise to a claim under the Policy; or
- ✓ directly or indirectly based upon, or attributable to, or in consequence of any fact, matter, circumstance or occurrence which has been notified under any other insurance attaching prior to the inception date of the Policy.

##### Retroactive Date

The proposed insurance may be limited by a retroactive date. If so, the policy will not cover any claims or circumstances arising from any events, omissions or conduct prior to such retroactive date.

##### Subrogation

Where you have prejudiced the Underwriters rights to recover a loss from another party, this may have the effect of excluding or limiting the Underwriters liability in respect of that loss.

##### Privacy

We safeguard your privacy and the confidentiality of your personal information and are committed to handling your personal information in a responsible way. We will abide by the Privacy Act 1988 (Cth) (the 'Act') including the Australian Privacy Principles which are set out in the Act. We have developed a Privacy Policy that sets out how we collect, store, use and disclose your personal information. Please refer to our website ([www.newlinegroup.com.au](http://www.newlinegroup.com.au)) for a copy of our Privacy Policy.

**Proposer Details**

1. Name of Firm to be Insured (including any predecessors):

Entity to be Insured	ABN	Commencement Date

2. Address of the Firm:

3. Website of Firm (if applicable):

www.

4. Contact Details:

Contact Person	
Email	
Telephone	

5. Date since the Firm has continuously carried on the business:

6. Please provide details of the Principal(s) of the Firm:

Name in full of all Partners / Principals / Directors	Qualifications	Date Qualified	How many years as a Partner / Principal / Director	
			This Practice	Prior Practice

7. Please state total numbers of:

Principals/Directors		Other Technical Staff	
Qualified staff		Administrative/Other staff	

8. In the past five (5 ) years, has your staff size increased or decreased by more than 50% Yes  No

9. Does the Firm belong to any Professional Associations? Yes  No

Engineers Australia  AIBS

Other (please specify): \_\_\_\_\_

10. If a sole practitioner, does the Proposer have a locum arrangement in force for periods of absence from the office due to leave or sickness? Yes  No

**SUB-CONTRACTORS**

11. (a) Do you use the services of independent sub-contractors? Yes  No

(i) If **No**, proceed to question 12, If **Yes**, do you require them to maintain their own Professional Indemnity insurance?

(ii) If **Yes**, what limit of indemnity do you require them to carry?

\$
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(iii) If **No** to Question 11(a)(i), do you require any consultant, sub-contractor or agent to be indemnified under your insurance? **Yes**  **No**

If **Yes**, please state:

Name	Qualifications	Fees Paid (last financial year)

(iv) Do you enter hold harmless or similar agreements which limits legal rights, entitlements or recoveries against such consultants, sub-contractors or agents? **Yes**  **No**

If **Yes**, provide full details:

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(b) What percentage of your income relates to sub-contracted work?

%
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**FEE INCOME INFORMATION**

12. (a) Please provide details of gross fees received for the following financial years:

	Last Year	Current Year	Estimated Year
Year End (Month / Year)	/	/	/
Gross Fees	\$	\$	\$
Average Fee	\$	\$	\$
Maximum Fee	\$	\$	\$

(b) Percentage of work undertaken overseas (Last Year)

USA / Canada:	%	Elsewhere Overseas:	%
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(c) Split of Gross Fees in the last complete financial year from the following types of engineering consulting:

Engineering disciplines / fields	% of Fee Income	% let to outside consultants	Engineering disciplines / fields	% of Fee Income	% let to outside consultants
Acoustic Engineering	%	%	Marine Engineering	%	%
Aerospace Engineering	%	%	Mechanical Engineering	%	%
Bioengineering (excl Medical)	%	%	General	%	%
Biomedical Engineering	%	%	Heating & Ventilating	%	%
Civil Engineering	%	%	Hydraulic	%	%
Traffic & Transport	%	%	Systems / Process Engineering	%	%
Town Planning / Subdivisions	%	%	Testing & Evaluation	%	%
Waterways & Drains	%	%	Mining Engineering	%	%
All Other	%	%	Above Ground	%	%
Chemical Engineering	%	%	Below Ground	%	%
Construction Management	%	%	Nuclear Engineering	%	%
Electrical Engineering	%	%	Oil & Gas Engineering	%	%
Environmental Engineering *	%	%	Plumbing Engineering	%	%
Expert Witness	%	%	Project Management	%	%
Feasibility Studies	%	%	Structural Engineering	%	%
Geotechnical / Soil Engineering	%	%	Foundations, Footings, Slabs	%	%
Hydraulic / Fire Engineering	%	%	Underpinning, Shoring Up	%	%
Inspection Services	%	%	Major Earthworks	%	%
Statutory Building	%	%	Other	%	%
Insurance Claims Assessments	%	%	Surveying / Town Planning *	%	%
Pre-Purchase	%	%	Architecture / Drafting *	%	%
Other	%	%	Valuation Work *	%	%
			All Other	%	%

**Note:** Activities above denoted with \* require a separate Addendum to be completed.

(d) Please provide a percentage split of your income by geographical area:

NSW	VIC	QLD	SA	WA	TAS	ACT	NT	Overseas
%	%	%	%	%	%	%	%	%

(e) Please provide a percentage split of your fee income involving the following applications:

Areas of Application		Areas of Application	
Individual Dwellings	%	Oil & Gas Pipelines	%
Low Rise Buildings (up to 3 Floors)	%	Petrochemical / Refineries	%
High Rise Buildings (above 3 Floors)	%	Fertiliser / Ammonia Urea Plants	%
Schools/ Hospitals/Municipal Buildings/ Recreation Centres	%		
Modular Buildings (incl. Modular Design)	%	Environmental audits	%
Factories	%	Waste disposal, treatment or management	%
		Environmental Appraisals / Impact Assessments	%
Surveying – all domestic	%	Design of Pollution Control Equipment	%
Surveying – Commercial / Industrial < \$1M	%	Contaminated Site Clean Up / Remediation	%
Surveying – Commercial /Industrial: \$1M to \$5M	%	Underground Storage Facilities	%
Surveying – Commercial/Industrial: >\$5M	%	Hazardous Chemical Substances	%
Surveying – Roadwork	%	Social Impact Assessments	%
Surveying – Engineering	%		
Surveying – Hydrographic	%	Mining – Process Control Equipment and Systems	%
Surveying – Photogrammetric	%	Mining – all other	%
		Mechanical Plant	%
Town Planning (Capital Cities)	%	Bulk Handling Equipment / Silos	
Town Planning (other than Capital Cities)	%		
Subdivisions	%	Foundations & Underpinning	%
Building Inspections / Certification	%	Soil Testing & Foundations	%
Bridges / Flyovers / Tunnels / Dams	%	Nuclear / Atomic Projects	%
Railways / Tramways	%		
Roadways / Highways	%	Other Applications	
Harbours /Jetties	%		%
		<b>TOTAL</b>	<b>100%</b>

(f) Please provide a brief description of each of the five (5) largest contracts undertaken by you during the last three (3) years and the income derived from those contracts:

Brief Description of Contract	Fee Income
	\$
	\$
	\$
	\$
	\$

**GENERAL INFORMATION**

13. (a) Has any person for whom insurance is now sought ever been the subject of disciplinary proceedings by Engineers Australia, AIBS or any other professional organisation? **Yes**  **No**
- (b) In the last complete financial year, did more than 20% of fee income derive from one client? **Yes**  **No**
- (c) In the last 5 years, has the firm merged with or acquired the business of any sole practitioner, accounting firm or any other business entity? **Yes**  **No**
- (d) Do you anticipate any material changes to the firm or its practice within the next 12 months? **Yes**  **No**

If **Yes** to any of the above, please give full details:

- (e) Does the Firm or any Principal, Partner or Director act on behalf or undertake work for any firm, company or organisation in which the Firm or the Principal / Partner / Director has a financial interest? **Yes**  **No**
- If **Yes**, does your Principal, Partner or Director perform an executive role or hold a position whereby he or she is able to make a major policy decision on behalf of such firm, company or organisation? **Yes**  **No**
- Is such other firm, company or organisation associated with any process of manufacture, construction, or erection or any form of contracting or supply? **Yes**  **No**

**OPTIONAL COVERAGE EXTENSIONS**

14. Do you require cover for the previous business activities of any Partner / Principal / Director? **Yes**  **No**

If **Yes**, Please complete the following, if **No** please proceed to question 7.

Name of Principal		
Name of Practice		
Position at Practice		
Period at Practice		
Fees for Practice (last complete year)	\$	\$
Reason for Leaving		

15. Do you require the cover to indemnify you in respect of any Joint Ventures you are involved in? **Yes**  **No**

If **Yes**, give full details of the nature of the Joint Venture and the parties involved:

16. Do you require any Fidelity cover? Yes  No

If **No**, go directly to Question 17. If **Yes**, please complete the balance of Question 16.

(a) Are satisfactory written references obtained from former employers for at least three years prior to the engagement of any employee responsible for money, accounts or goods? Yes  No

(b) Has the proposer/s suffered any loss through fraud or dishonesty or are you aware, AFTER ENQUIRY, of any circumstances which might give rise to a loss against the Firm? Yes  No

If YES, state date, circumstances, amount and steps taken to prevent a recurrence:

(c) Do all cheques drawn for more than \$5,000 require at least two signatures? Yes  No

(d) Is cash in hand and petty cash and bank reconciliation checked independently of those employees responsible for cash or to deposit into or withdraw from bank accounts? Yes  No

(e) Are bank statements, receipts, counterfoils and supporting documents checked at least monthly against the cash book entries independently of those employees making cash book entries or paying into the bank? Yes  No

(f) Are employees receiving cash and cheques in the course of their duties required to pay in daily? Yes  No

**INSURANCE HISTORY**

17. Has the Firm (or its predecessors) had any insurer decline a proposal, impose special terms or had a similar insurance cancelled or refused to renew? Yes  No

If **Yes**, please provide full details:

18. Are you currently insured for Professional Indemnity insurance? Yes  No

If **Yes**, please confirm:

Name of Insurer(s)	
Limit of Indemnity	
Retroactive Date	
Premium (excl GST & Stamp Duty)	
Excess	
Renewal Date	
Base Premium	

**LIMITS & EXCESS**

19. (a) For what Limit/s of Indemnity are quotations required?

\$1,000,000 
\$2,000,000 
\$3,000,000   
\$5,000,000 
\$10,000,000 
\$20,000,000

Other - Please specify:

\$

(b) Is a reinstatement of the Limit of Liability required? Yes  No

If **Yes**, how many reinstatements are required? One  Two  Other: \_\_\_\_\_

(c) There will be a minimum level of uninsured excess. Is a quotation required with a voluntary excess to achieve a premium saving? Please tick as appropriate:

\$2,500  \$5,000  10,000   
 \$20,000  \$50,000

Other - Please specify: \_\_\_\_\_

**CLAIMS INFORMATION**

20. (a) If an insurance similar to that now proposed has been or is now in effect would any claim which has been made or which is now pending against any persons proposed for insurance fall within the scope of such insurance? Yes  No

If **Yes**, please give details including date and cost/estimated cost of claim/loss:

If **Yes**, what steps have been taken to prevent a recurrence?

(b) Is any person aware, AFTER ENQUIRY, of any circumstances or incidents which he/she has reason to believe might give rise to any claim against the Directors, Officers or Employees of the Firm? Yes  No

If **Yes**, please give details including estimated cost of claim/loss:

**RISK MANAGEMENT**

21. Do you have a **documented** Risk Management programme? Yes  No

22. Do you use engagement letters or a standard form of contract or agreement? Yes  No

If **No**, please provide details of the basis of engagement?

If **Yes**, do your contracts contain any of the following:

- Hold Harmless or Indemnity Agreements inuring to your benefit? Yes  No
- Hold Harmless or Indemnity Agreements inuring to the benefit of others? Yes  No
- Guarantees or warranties? Yes  No
- Disclaimers inuring to your benefit? Yes  No

23. Are verbal reports always confirmed in writing? Yes  No

If **No**, how are they substantiated?

24. Can you confirm that:

- |   |  |
|---|--|
| ▪ Work undertaken by professional / technical staff is regularly reviewed by a Principal/Manager?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| ▪ Written procedures or checklists are used for the professional / technical services provided?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| ▪ Contracts /terms of acceptance are evidenced in writing, specifying the work to be undertaken and the extent of the firms responsibility? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| ▪ Records are kept of all contracts, letters of engagement, client meetings and phone calls?  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| ▪ Diary systems, registers and other procedures are in operations to ensure that deadlines are met?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| ▪ Satisfactory documented references are always obtained for new employees undertaking professional / technical services?                   | Yes <input type="checkbox"/> No <input type="checkbox"/> |

**DECLARATION**

I hereby declare that:

1. I am authorised to complete this Proposal Form and to accept the quotation terms for this insurance on behalf of the Firm referred to in Question 1 (including on behalf of its partners, principals and directors); and
2. All answers to the questions contained in this Proposal Form are, AFTER ENQUIRY, true and correct to the best of my knowledge and belief and that no material facts have been misstated, omitted or suppressed; and
3. I have received the Important Notice at the beginning of this Proposal Form and I have read and understood the contents therein; and
4. I understand that, up until a contract of insurance is entered into, I am under a continuing obligation to immediately inform the Underwriters of any change in the particulars or statements contained in this Proposal Form or accompanying documents; and
5. I understand that the submission of this Proposal Form does not bind either the Underwriters or the Firm specified in Question 1 to enter into a binding contract of insurance.

**Signed:** \_\_\_\_\_

**Capacity:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Date:** \_\_\_\_\_

A copy of this proposal should be retained by you for your own records.



## **ARCHITECTS ADDENDUM**

1. Please confirm the amount of fee income from all Architectural related activities:

\$
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2. Of the amount detailed in Question 1 above, please confirm if you provide any of the following service and the percentage of fee income from such services:

			<b>% of Fee Income</b>	<b>% of that Fee Income Let to Outside Consultants</b>
Architecture	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	%
Architectural Consultancy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	%
Drafting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	%
Interior Design	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	%
Landscape Architecture	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	%
Town Planning / Feasibility Studies	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	%
Drafting Planning Applications	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	%
Project Co-Ordination	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	%
Project Management	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	%
Quantity Surveying	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	%
Building Surveys	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	%
Abortive Work	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	%
Heritage Consulting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	%
Other	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	%

3. If you engage consultants, sub-contractors and agents, do you:

(a) Enter into any hold harmless agreements or otherwise waive any legal right or entitlements you may have against such consultants, sub-contractors and agents? **Yes**  **No**

(b) Insist that such consultants, sub-contractors and agents have their own professional indemnity insurance? **Yes**  **No**

4. Do you engage in manufacturing, construction, erection or installation (or act as a Principal in relation to a contract involving manufacturing, construction, erection or installation)? **Yes**  **No**

5. Are all employed or contracted:

<b>Architects:</b> registered with the registration board in the State / Territory in which they practice?	<b>Yes <input type="checkbox"/></b>	<b>No <input type="checkbox"/></b>	<b>N/A <input type="checkbox"/></b>
<b>Landscape Architects:</b> members of the Australian Institute of landscape Architects?	<b>Yes <input type="checkbox"/></b>	<b>No <input type="checkbox"/></b>	<b>N/A <input type="checkbox"/></b>
<b>Town Planners:</b> recognised by the Planning Institute of Australia?	<b>Yes <input type="checkbox"/></b>	<b>No <input type="checkbox"/></b>	<b>N/A <input type="checkbox"/></b>
<b>Draftsmen / Designers:</b> members of the Building Designers Association?	<b>Yes <input type="checkbox"/></b>	<b>No <input type="checkbox"/></b>	<b>N/A <input type="checkbox"/></b>

6. Are any of your activities already covered under a Single Project Professional Indemnity insurance policy? **Yes**  **No**

If **Yes**, please provide the following:

<b>Description of Project</b>	<b>Approximate Contract Value</b>	<b>Sum Insured</b>	<b>Approximate Completion Date</b>

### **DECLARATION**

I hereby declare that:

- I am authorised to complete this Addendum on behalf of the Firm referred to in Question 1 of the Proposal Form (including on behalf of its partners, principals and directors); and
- All answers to the questions contained in this Addendum are, AFTER ENQUIRY, true and correct to the best of my knowledge and belief and that no material facts have been misstated, omitted or suppressed; and
- I have read the Important Notice at the beginning of the Proposal Form and I have read and understood the contents therein; and
- I understand that, up until a contract of insurance is entered into, I am under a continuing obligation to immediately inform the Underwriters of any change in the particulars or statements contained in this Addendum.

Signed by:		Capacity:	
Company:		Date:	

**ENVIRONMENTAL ENGINEERING / CONSULTANTS ADDENDUM**

1. Please indicate Fee income attributable to each of the following:

	Most Recent Full Financial Year	
	Work Performed by You	Work Sub-Contracted
<b>ENVIRONMENTAL SERVICES</b>		
Assessment / Preparation of Environmental Studies / Reports		
Assessment / Design of Environmental Schemes (landscaping, etc)		
Investigations, Feasibility Studies, inspections, Audits		
Remedial Design <u>with</u> Supervisory Services		
Remedial Design <u>without</u> Supervisory Services		
Environmental Project Management		
Preparation of Environmental Permit Applications		
Laboratory Testing & Analysis – chemical s & bacteria		
Laboratory Testing – Toxic substances (excluding Asbestos)		
Soil, Air, Water Sample Testing		
Training & Education		
Preparation of Manuals and other publications		
Underground storage tank management		
Hydrogeology		
Soils Engineering		
Other (please specify):		
<b>PROFESSIONAL SERVICES</b>		
Project Management		
Sampling / Analysis		
Monitoring System design / installation		
Tank Testing / Monitoring		
Tank Design / Installation		

2. Do you undertake work of any nature (including analysis, monitoring, abatement, project management, transportation, design or removal) involving asbestos? **Yes  No**
3. Do you undertake any mould abatement work? **Yes  No**
4. Do you contract or sub-contract to provide hands on remediation services? **Yes  No**

If **Yes**, please indicate billings attributable to the following:

	Most Recent Full Financial Year	
	Work Performed by You	Work Sub-Contracted
<b>REMEDIAL IMPLEMENTATION</b>		
Hazardous materials clean-up / soil removal		
On-Site hazardous waste treatment		
Groundwater treatment / recovery		
Mobile incinerators		
Barrier construction / slurry walls / liners		
Hazardous materials emergency response / clean-up		
<b>TRANSPORTATION</b>		
Hazardous Waste		
Non-Hazardous Waste		
Other (please specify)		

5. Is your Firm named as an Additional Insured on the Sub-contractor's General Liability and Pollution liability insurance covers? **Yes  No**
6. Do you require Certificates of Currency from all of the sub-contractors your engage? **Yes  No**

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Signed by:		Capacity:	
Company:		Date:	

**SURVEYORS ADDENDUM**

1. Please confirm the amount of fee income from all Surveying activities:

\$
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2. Of the amount detailed in Question 1 above, please confirm if you provide any of the following service and the percentage of fee income from such services:

	Yes <input type="checkbox"/>	No <input type="checkbox"/>	% of Fee Income	% of that Fee Income that is contracted to Third Party Consultants
Archaeological	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	%
Cadastral Surveying	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	%
<i>Residential</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	%
<i>Small Commercial / Industrial (projects &lt; \$1M)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	%
<i>Medium Commercial (project between \$1M and \$5M)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	%
<i>Large Commercial (projects &gt; \$5M)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	%
Engineering Surveying	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	%
Forensic	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	%
Geodesy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	%
Geographic Information Systems (GIS)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	%
Hydrographical Surveying	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	%
Land Information Management	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	%
Mining Surveying	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	%
Photogrammetric Surveying	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	%
Quantity Surveying	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	%
Remote Sensing	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	%
Town Planning	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	%
Other (please specify)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	%

3. If you engage consultants, sub-contractors and agents, do you:

- (a) Enter into any hold harmless agreements or otherwise waive any legal right or entitlements you may have against such consultants, sub-contractors and agents? Yes  No
- (b) Insist that such consultants, sub-contractors and agents have their own professional indemnity insurance? Yes  No

4. Do you engage in manufacturing, construction, erection or installation (or act as a Principal in relation to a contract involving manufacturing, construction, erection or installation)? Yes  No

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**DECLARATION**

I hereby declare that:

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Signed by:		Capacity:	
Company:		Date:	

**VALUERS ADDENDUM**

1. (a) What percentage of the Firm's Valuation Income is derived from Mortgage Valuation work? %

(b) Of this percentage amount in Question 1 (a):

What percentage is for second and third valuations?	%
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What is the percentage breakdown by the following lender types:		
	▪ Banks / Building Societies / Credit Unions	%
	▪ Solicitor Lenders	%
	▪ Private Lenders	%
	▪ Others	%
<b>TOTAL</b>		<b>100%</b>

(c) Please state the **average value** of properties valued in the past 12 months:

<b>For Mortgage / Lending Purposes</b>	
Residential Properties	\$
Commercial Properties	\$
<b>For All Other Purposes</b>	
Residential Properties	\$
Commercial Properties	\$

(d) Please state the **percentage of valuations** conducted in the past 12 months as follows:

Residential Properties > \$2M	%
Commercial Properties > \$5M	%

Of the subject properties referenced above:

- Are you aware if the property has been sold for less than 15% below your Valuation? Yes  No   
If **Yes**, please provide full details on your letterhead.
- Please **complete** Addendum A and/or Addendum B (as appropriate) for all:
  - Residential property valuations > \$2M ;and
  - all Commercial property valuations >\$5M conducted in the past 12 months.

(e) What is the maximum value of any valuation in the last 36 months?

Value	Type of Building	Purpose of Valuation
\$		

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3. I have read the Important Notice at the beginning of the Proposal Form and I have read and understood the contents therein; and
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Signed by:		Capacity:	
Company:		Date:	