



# Professional Risks

*Construction Consultants Proposal*

V0121

## Important Notices

**PEN UNDERWRITING PTY LTD**  
 ABN 89 113 929 516 AFSL 290518

### 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 POLICY

The Policy is issued on a claims made and notified basis. This means that the Policy only covers the Insured for claims first made against the Insured during the Period of Insurance and notified to us during the Period of Insurance.

Section 40(3) of the Insurance Contracts Act 1984 may provide additional rights at law. That section provides that 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 during the period of insurance, 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.

### RETROACTIVE DATE

The Policy does not provide cover in relation to the provision of the Professional Services or the conduct of the Professional Business prior to the Retroactive Date.

### PRIVACY

Pen Underwriting and the Insurer(s) handle your personal information with care and in accordance with the Privacy Act 1988 and the Australian Privacy Principles. We collect personal information about you to provide you with insurance and insurance related services. We may disclose your personal information to third parties for the purposes described in our Privacy Policy, including related entities, insurers, reinsurers, agents and service providers, some of whom may be located in the United States of America, United Kingdom, Singapore, Germany, Sweden and India. By asking us to provide you with insurance and insurance related services, you consent to the collection, use and disclosure (including overseas disclosure) of your personal information for the purposes described in our Privacy Policy. Where you provide personal information about others, you represent to us that you have made them aware of that disclosure and of our Privacy Policy and that you have obtained their consent. If you do not consent to provide us with the personal information that we request, or withdraw your consent to the use and disclosure of your personal information at any stage, we may not be able to offer you the products or provide the services that you seek. For information about how to access and or correct the personal information we hold about you or if you have any concerns or complaints, ask us for a copy of our Privacy Policy or visit [www.penunderwriting.com.au](http://www.penunderwriting.com.au).

## Instructions

Please download and save this PDF to your desktop and open via Adobe Acrobat to fill out digitally. Filling the form out in your browser will not save your answers.

Please read this Proposal Form fully prior to answering the questions.

- Answer all questions in full. Where appropriate, tick the 'Yes' or 'No' in the box that best indicates your reply.
- If there is insufficient space, provide further information on your letterhead
- All attached documents form part of this Proposal.

### APPLICANT DETAILS

1. Provide the full name and ABN of ALL entities to be insured (it is essential to specify the names of all entities including service, administration or nominee companies and subsidiaries that are to be covered by the policy)

Full Name	ABN

2. Address of Principal Office: .....  
.....  
.....  
Telephone Number: ..... Facsimile Number: .....  
Email Address: .....  
Website Address: .....

3. Address of branch offices or other locations
  - (a) .....
  - (b) .....
  - (c) .....
  - (d) .....

4. Date Business established: .....

5. Supply the following details for ALL partners or directors

Name	Qualifications	Date Qualified	Date first appointed

6. Advise the total number of staff

	Full Time	Part time
Directors		
Professional qualified staff not included above		
Other technical staff		
Trainee technical staff		
Non-technical administration staff		
Clerical staff (typists, receptionists etc)		
Other Staff – specify below		
<b>TOTAL</b>		

7. Is the Applicant or any partner or director of the Applicant connected or associated (financially or otherwise) with any other business practice including any national and international affiliations?

Yes  No

If **Yes**, provide details: .....

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.....

8. Mergers and acquisitions

- (a) Has the name of the business ever changed?  Yes  No
- (b) Has any other business amalgamated or merged with the Applicant?  Yes  No
- (c) Has the Applicant purchased any other business?  Yes  No

If **Yes**, to any of the above, provide details: .....

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9. Describe the precise nature of the activities or business

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10. Supply details of any change in the nature of the business, including any activities previously undertaken but which are no longer performed (e.g. disclose businesses no longer owned or operated by the company but for which residual liabilities may arise)

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11. Is any substantial change in the nature of the business envisaged or are any major new expansions contemplated over the next 12 months?

Yes  No

If **Yes**, provide details: .....

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12. Detail the approximate percentage of fee income derived from the following fields of consulting work

Type of Work	Percentage	Type of Work	Percentage
Acoustical Engineering	_____ %	Architecture	_____ %
Building Surveying	_____ %	Building Surveying Pre-purchase	_____ %
Chemical Engineering	_____ %	Civil Engineering	_____ %
Construction Management	_____ %	Drafting	_____ %
Electrical Contracting	_____ %	Electrical Design	_____ %
Electrical Engineering	_____ %	Energy Consultants	_____ %
Engineering Surveying	_____ %	Environmental Engineering	_____ %
Expert Witness	_____ %	Feasibility Studier	_____ %
Fire Engineering	_____ %	Geotechnical / Soil Engineering	_____ %
Heating & Ventilation, Air Conditioning Engineering	_____ %	Hydraulic Engineering	_____ %
Interior Designing	_____ %	Land Surveying	_____ %
Marine Engineering	_____ %	Marine Surveying	_____ %
Materials Testing	_____ %	Mechanical Engineering	_____ %
Mining Engineering	_____ %	Nuclear Engineering	_____ %
Oil and Gas Engineering	_____ %	Plumbing Engineering	_____ %
Product Design Engineering	_____ %	Project Co-Ordination	_____ %
Project Management	_____ %	Quantity Surveying	_____ %
Safety Engineering	_____ %	Structural Engineering	_____ %
Teaching/Lecturing	_____ %	Telecommunications Engineering	_____ %
Town Planning	_____ %	Traffic Surveying/ Traffic Engineering	_____ %
Welding Inspection	_____ %		
Other – specify:	_____ %		
		<b>Type of Work TOTAL</b>	<b>100 %</b>

13. Are written reports provided to clients?  Yes  No

If **Yes**, attach sample copies of typical reports together with details of any disclaimers or warranties used in connection with such reports.

14. Provide a brief description of the 5 largest contracts undertaken during the last 3 years

Date	Brief Description of Contract	Contract Value	Income
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

15. Detail the approximate percentage of the total work in the following areas

Acoustics and noise pollution	___%
Biophysical studies	___%
Bridges and tunnels in excess of 8 metres in length	___%
Bridges and tunnels up to 8 metres in length	___%
Buildings involving modular design	___%
Buildings involving pre-fabricated construction	___%
Contaminated site clean up	___%
Dams	___%
Design of pollution control equipment	___%
Domestic surveying – individual dwelling set outs and boundary surveys	___%
Engineering surveys	___%
Environmental appraisals / impact assessments	___%
Environmental audits	___%
Environmental program design	___%
Feasibility studies, investigations or reports	___%
Foundations and underpinning (excluding investigations for foundations)	___%
Harbours and jetties	___%
Hazardous chemical substances	___%
Heating, ventilating, air conditioning, hydraulics and plumbing	___%
High rise buildings (over 3 floors)	___%
Hydrographic surveys	___%
Individual dwellings	___%
Large industrial and commercial surveys (projects valued in excess of \$5,000,000)	___%

Low rise buildings (up to 3 floors)	___%
Marine surveys	___%
Mechanical plant and bulk handling equipment including silos	___%
Medium industrial and commercial surveys (projects valued between \$1,000,000 and \$5,000,000)	___%
Mines	___%
Multiple buildings from single designs	___%
Nuclear energy projects	___%
Oil and gas pipelines	___%
Petrochemicals, refineries, fertilisers, ammonia urea plants	___%
Photogrammetric surveys	___%
Risk and hazard assessments	___%
Road works surveys	___%
Schools, hospitals, municipal buildings and recreational centres	___%
Sewerage or water systems	___%
Small industrial and commercial surveys (projects valued at \$1,000,000 or less)	___%
Social impact assessment	___%
Soil testing and foundation investigating (including control of earthworks)	___%
Structures at fairs, shows and exhibitions	___%
Town planning	___%
Underground storage facilities	___%
Waste disposal, treatment or management	___%
Other – specify: _____	___%

16. Does any contract represent more than 25% of the Applicant's annual income?  Yes  No

If Yes, provide details: .....

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17. Are consultants, sub-contractors or agents engaged?  Yes  No

If Yes,

(a) Does the applicant always insist and confirm that the consultants or sub-contractors or agents carry their own professional indemnity insurance?  Yes  No

(b) Describe the process used to choose and appoint consultants and to monitor their professional indemnity cover:

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.....

- (c) Are hold harmless agreements ever entered into or any legal right or entitlement that the Applicant may have against such consultants, sub-contractors or agents ever waived?  Yes  No

If **Yes**, provide details:

.....  
 .....

**18. Is work performed**

- (a) outside Australia?  Yes  No  
 (b) for clients located overseas?  Yes  No

If **Yes**, provide details: .....

.....  
 .....

19. State the date of the financial year end: .....

20. Supply the details of your gross income or fees for the financial year for the following periods

	Australia	Overseas
Estimate for current year	\$	\$
Last year	\$	\$
Year previous to last	\$	\$

21. State the amount of the largest annual income derived from any one client for the financial year

Client name	Australia	Overseas
	\$	\$

22. Advise those countries in which any income is earned or intended to be earned

.....

23. State the approximate percentage of activities (based on income) applicable to each State, Territory or Overseas

NSW	VIC	QLD	SA	WA	TAS	NT	ACT	O/S
.....%	.....%	.....%	.....%	.....%	.....%	.....%	.....%	.....%

**CLAIMS AND CIRCUMSTANCES**

24. Has any claim been made, or has negligence been alleged, against the Applicant or any of the present or former partners or directors, or have any circumstances which may give rise to a claim been notified to insurers?  Yes  No

If **Yes**, provide details

Year Notified	Insurer	Claimant	Nature of Problem	Estimate



25. After enquiry, are there any circumstances not already notified to insurers that may give rise to a claim against you or any prior business practice or any of the present or former partners or directors?  Yes  No

If **Yes**, provide details

Name of Company and Director	Claimant	Nature of Problem	Estimate

26. After enquiry, are there any claims against previous companies that have been identified in this Proposal that may give rise to a claim against either the Applicant or a partner or director?  Yes  No

If **Yes**, provide details

Name of Company and Director	Claimant	Nature of Problem	Estimate

27. Has any staff member ever been subject to disciplinary proceedings for professional misconduct?  Yes  No

If **Yes**, provide details

Name of Company and Director	Claimant	Nature of Problem	Estimate

28. Describe the risk management and quality assurance processes used by the Applicant to assist in the prevention of potential breaches of professional duty and control of actual breaches of professional duty

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29. Provide details of your current professional indemnity insurance

Insurer: .....

Expiry Date: .....

Limit of Liability: \$..... any one Claim

\$..... in the aggregate

Deductible: \$.....

30. Has professional indemnity insurance or any other similar form of insurance for the Applicant or any of the principals or directors or firm or company of which any of the principals is or was a partner or director been

(a) Declined?  Yes  No

(b) Cancelled or not renewed by the Insurer?  Yes  No

(c) Had special terms or restrictions imposed?

Yes  No

If **Yes**, provide details: .....

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**DECLARATION**

I/We declare that:

- I/We am authorised by each of the Applicant(s) to sign this Proposal
- The statements in this Proposal are true and complete and no material information has been withheld
- I/We have read and understood the Important Notices accompanying this Proposal
- I/We have diligently made all necessary enquiries in order to comply with the duty of disclosure
- I/We have read the Pen Underwriting Privacy Statement on this Proposal and consent to the use, disclosure and obtaining of personal information about the insured for the purposes shown in the Privacy Statement
- Where I/We have provided information about another individual, that individual has been made aware of that fact and of the Pen Underwriting Privacy Statement
- I/We acknowledge that Pen Underwriting relies on the information and representations in this Proposal and otherwise made by me or on my behalf in relation to this insurance
- Except where indicated to the contrary, I/We understand that any statement made in this Proposal will be treated as a statement made by all persons to be insured
- I/We undertake to notify Pen Underwriting of any material alteration to the information contained in this Proposal prior to inception of the proposed insurance
- I/We understand that no insurance is in place until such time as Pen Underwriting has confirmed acceptance of the proposed insurance

Signature:.....

Date: .....

Full Name:.....

Title: .....