

Procover Professional Indemnity Design & Construct Addendum

Procover Underwriting Agency Pty Ltd
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IMPORTANT INFORMATION

This addendum is to be completed in addition to and forms part of the Professional Indemnity Proposal Form and must be completed by a principal, partner or director or a duly authorised person. Please refer to the Important Notices on the Professional Indemnity Proposal Form.

The purpose of this addendum is to identify the component of the Insured's turnover, which is attributable to the value of Professional Business Services provided by the Insured on the Insured's behalf. In respect of contracts where construction works are also undertaken, "Fees" should represent either the amounts paid to sub-consultants or the reasonable component of turnover attributable to expenditure on design or specification etc.

BINDER ARRANGEMENT

The contract of insurance is arranged by Procover Underwriting Agency Pty Ltd (ABN 46 165 322 592, AR No. 453410) ('Procover'), an Authorised Representative of Miramar Underwriting Agency Pty Ltd (ABN 97 111 534 797, AFSL 314176) ('Miramar') acting under a binding agreement as agent for the Insurer(s), certain underwriters at Lloyd's ('Underwriters') (proportion 70%) and HDI Global Specialty SE - Australia (ABN 58 129 395 544, AFSL 458776) ('HDI Global Specialty') (proportion 30%). Both the Underwriters and HDI Global Specialty are collectively referred to as 'We, Us, Our, the Insurer(s)' in the Policy.

THESE QUESTIONS REFLECT THE KEY FACTORS THAT ARE TAKEN INTO ACCOUNT WHEN DETERMINING THE INSURED'S PREMIUM.

Date of last financial year end: <input type="text"/>	Past financial year		Current financial year estimate	
	Turnover	"Fees"	Turnover	"Fees"
(a) Contracts where the Insured provided Professional Business Services in addition to construction works and the Insured undertook the professional business themselves.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(b) Contracts where the Insured is provided Professional Business Services in addition to construction works, but sub-contracted these to other parties.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(c) Contracts where the Insured is employed for a fee in a professional capacity to provide design only services (the Insured is not undertaking construction works).	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(d) Contracts where the Insured is employed for a fee to provide project management or construction management services (the Insured is not undertaking construction works).	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(e) Contracts where the Insured only undertakes construction works and does not provide any Professional Business Services.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(f) Other turnover or fee income not specified above (please provide details).	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(g) Total of all contracts undertaken by the Insured.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Professional Business Services

Professional Business Services means design or specification, feasibility study, surveying, inspection, project management and construction management, but excluding supervision of construction, erection or installation services performed by You.

DECLARATION

I declare that:

- 1 I have read and understood the Important Notices set out in the addendum.
- 2 I am authorised to complete and sign this Declaration on behalf of all Applicants.
- 3 I understand that this addendum forms part of the Proposal.
- 4 I understand that, up until a contract of insurance is entered into, I am under a continuing obligation to immediately inform the Insurer(s) of any change in the particulars or statements contained in this addendum.
- 5 I confirm that the answers and statements in this addendum are true and correct and I have not withheld any information which may affect the decision to accept this addendum or the terms and conditions of any insurance provided.
- 6 I understand that if this addendum is accepted, the insurance cover will be subject to the terms and conditions set out in the Policy.
- 7 I acknowledge that the particulars and statements contained in this addendum shall form the basis of the contract of insurance should a Policy be issued and if any knowledge or information exists any Claim arising from this is excluded from the proposed insurance.
- 8 I further acknowledge that Procover on behalf of the Insurer(s) may decline this addendum.
- 9 I consent to Procover and the Insurer(s) collecting, using, storing and disclosing personal information (including sensitive information) as set out in the Privacy Statement. Where I have provided personal information on behalf of another person I have complied with my obligations as set out in the Privacy Statement.
- 10 I have received or downloaded from the internet the Policy wording.

Although the signing of this addendum does not bind the applicants to effect insurance, I acknowledge that the particulars and statements contained in this addendum and in the accompanying documents shall be the basis of the contract of insurance if a Policy is issued. I also acknowledge that the addendum and the accompanying documents will be incorporated in the contract of insurance.

Applicant 1

NAME OF BUSINESS OR PRACTICE:

SIGNED: PARTNER, PRINCIPAL OR DIRECTOR:

NAME OF SIGNATORY (PLEASE PRINT):

DATE (DD/MM/YY)

Applicant 2

NAME OF BUSINESS OR PRACTICE:

SIGNED: PARTNER, PRINCIPAL OR DIRECTOR:

NAME OF SIGNATORY (PLEASE PRINT):

DATE (DD/MM/YY)

COMMENTS: