

solution.

External Cladding Professional Indemnity Addendum

Addendum



Important notice

- This Addendum (and any attachments) form part of the Proposal.
- Please answer all questions in full. Where appropriate, please tick the yes or no box that best indicates the Insured's reply.
- If there is insufficient space, please provide further details on the Insured's letterhead.

Insured details

Insured name:

General details

1. Has the Insured ever previously, currently or intend in the future to provide professional services for any project that involves aluminium composite panels with a polyethylene core used as a component of external walls? (defined throughout this Proposal as 'the entire wall system which separates the interior air space of the building with the outside air space') Yes No

*If the answer is **NO**, the following questions are not applicable, please complete the declaration at the bottom of this addendum and return to us.*

*If the answer is **YES**, please complete the remaining questions in this addendum.*

2. Does the Insured always recommend that aluminium composite panels used as a component of external walls are compliant with the National Construction Code ('NCC', formerly Building Code of Australia) requirements? Yes No
3. Has the Insured ever previously, currently or intend in the future to be involved with data collection and/or advice in relation to the NSW Cladding Registration program? Yes No
4. Has the Insured ever previously, currently or intend in the future to be involved with Stage 1, Stage 2, or Stage 3 inspections as defined under the *Building and Other Legislation (Cladding) Amendment Regulation 2018 (Qld)*? Stage 1 Yes No
Stage 2 Yes No
Stage 3 Yes No

Past activities

1. In the past ten years, has the Insured or any subcontractor on the Insured's behalf provided professional services for any projects that involve aluminium composite panels with a polyethylene core used as a component of external walls? Yes No

If **YES**, please provide details of the professional services provided:

2. If **YES** to 1., advise the types of projects in respect of which the professional services were provided:
- a. High rise residential buildings (3 and above floors) Yes No
- b. High rise commercial/office buildings (3 and above floors) Yes No
- c. High rise buildings for general public use (3 and above floors) Yes No

Other (please provide details):

3. If **YES** to 1., using the table at the end of this declaration, please provide details of all projects.
4. If **YES** to 1., did the aluminium composite panels with a polyethylene core for all of the projects detailed in the Table meet the requirements of the NCC at the time of completion? Yes No
5. Does the Insured consider that the aluminium composite panels with a polyethylene core for all of the projects detailed in the Table still meet the requirements of the NCC? Yes No

6. **Please classify the projects detailed in the attached table into the following areas:**

The Insured or their subcontractor assessed the product and supporting information and determined that the product complies without requiring any supporting assessment by a fire engineer	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/> % of projects
The Insured or their subcontractor assessed the product and supporting information and requested the opinion of a fire engineer as to whether the system complies with the deemed-to-satisfy provisions of the NCC	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/> % of projects
The Insured or their subcontractor assessed the product and supporting information and determined that an alternative solution was required	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/> % of projects

Current and future activities

1. Does the Insured currently provide or in the next 12 months will the Insured provide advice in relation to types of external cladding that can be used on various types of buildings to ensure compliance with the NCC? Yes No

If **YES**, please provide details:

2. In the next 12 months does the Insured anticipate providing professional services for any of the following types of projects that involve aluminium composite panels with a polyethylene core used as a component of external walls?
- a. High rise residential buildings (3 and above floors) Yes No
- b. High rise commercial/office buildings (3 and above floors) Yes No
- c. High rise buildings for general public use (3 and above floors) Yes No

Other (please provide details):

If **YES**, to any of the above please provide details of the professional services provided:

Claims

1. After making enquiries, has there been or is there now pending a claim against the Proposed/Insured/Subsidiaries/Principals/Employees for liability in the performance of professional services in relation to aluminium composite panels with a polyethylene core used as a component of external walls? Yes No
2. After making enquiries, is the Insured aware of any circumstance that might give rise to a claim against the Proposed/Insured/Subsidiaries/Principals/Employees in relation to aluminium composite panels with a polyethylene core used as a component of external walls? Yes No
3. After making enquiries, is the Insured aware of any actual or pending investigation or prosecution against the Proposed/Insured/Subsidiaries/Principals/Employees in relation to aluminium composite panels with a polyethylene core used as a component of external walls? Yes No
4. After making enquiries, has the Proposed/Insured/Subsidiaries/Principals/Employees ever been subject to any disciplinary action, been fined or penalised or been the subject of an inquiry investigating or alleging unsatisfactory professional conduct or professional misconduct in relation to aluminium composite panels with a polyethylene core used as a component of external walls? Yes No

If the Insured has answered **YES** to any of Questions 1. to 4., please provide details:

Please provide more specific details of all projects involving aluminium composite panels with a polyethylene core used as a component of external walls:

Name and address of project	Insured's role	Completion date	Total contract value	Cost of cladding component	Does the building have internal sprinkler systems?
		/ /	\$	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
		/ /	\$	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
		/ /	\$	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
		/ /	\$	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
		/ /	\$	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
		/ /	\$	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
		/ /	\$	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
		/ /	\$	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
		/ /	\$	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
		/ /	\$	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>

Further declaration to the Proposal after inquiry

Signing this Addendum does not bind Solution or any insurer to enter into an insurance contract.

After making full and appropriate enquiries, I declare that:

- I am authorised on behalf of the prospective Insured(s) to complete this Addendum
- I have read and understood the Important Information section of the Proposal form
- Where I have provided information about another individual, I declare that the individual has been made aware of that fact and of the Solution Underwriting Agency Pty Ltd Privacy Statement
- I confirm that the statements and information in this Addendum are true and complete
- I understand all information requested in the Addendum is material
- I provide consent consistent with the Privacy Statement outlined in the Important Information section of the Proposal Form
- I understand that, until a contract of insurance is entered into, I am under a continuing obligation to immediately inform Solution Underwriting Agency Pty Ltd of any change to the information contained in this Addendum
- I acknowledge that, if a contract of insurance is entered into, the Proposal, this Addendum and any accompanying documents will form the basis of the contract

To be signed by the Insured for whom this insurance is intended for

Signature:

Name:

Position:

Date (DD/MM/YY):

solution.

Next Level
Underwriting™

Any queries, please contact us

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