

Professional Indemnity Insurance

Professions

IMPORTANT NOTICES

For your protection under legislation, we are required to inform you of your duty of disclosure and draw your attention to the following important information.

INTRODUCTION

The Insurance Contracts Act 1984 requires insurance companies to provide certain information to people intending to insure with them. The information concerns the duty of disclosure of an intending Insured and the effect of particular types of clauses in a proposed insurance policy. Where an Insurance Broker is involved in the transaction, the information is to be provided by the broker. The Insurance (Agents and Brokers) Act 1984 also requires us to inform you about some other matters where they are relevant to particular policies.

WHAT INFORMATION DOES AN INSURANCE COMPANY/BROKER HAVE TO GIVE YOU?

In general terms, the kind of information, which an insurance company/broker must give you, is as follows:

YOUR DUTY OF DISCLOSURE

Before you enter into a contract of general insurance with an Insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the Insurer every matter that you know, or could reasonably be expected to know, that is relevant to the Insurer's decision whether to accept the risk of the insurance, and if so on what terms.

You have the same duty to disclose those matters to the Insurer 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 the Insurer,
- that is of common knowledge,
- that your Insurer knows or, in the ordinary course of his business, ought to know,
- as to which compliance with your duty is waived by the Insurer.

NON-DISCLOSURE

If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce his liability under the contract in respect of a claim or may cancel the contract.

If your non-disclosure is fraudulent, the Insurer may also have the option of voiding the contract from its beginning.

CLAIMS MADE INSURANCE

Your attention is drawn to the fact that if the Professional Indemnity section of this policy is selected, the cover will be placed on a "claims made" basis which means that claims first advised to you (or made against you) and reported to your insurer during the Period of Insurance are recoverable irrespective of when the incident causing the claim occurred, subject to the provisions of any clause relating to a "retroactive date".

You should also note that, in terms of the provisions of Section 40(3) of the Insurance Contracts Act 1984, where you give notice in writing to the Insurer of facts that might give rise to a claim against you as soon as is reasonably practicable after you become aware of those facts (but before the insurance cover provided by the contract expires) then 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.

RETROACTIVE LIABILITY

The policy may be limited by a retroactive date stated in the schedule. The policy does not provide cover in relation to any claim arising from any actual or alleged act, error, omission or conduct that occurs before the commencement of the policy, unless retroactive liability cover is extended by Underwriters.

LIABILITY ASSUMED UNDER AGREEMENT

Cover provided by this form of liability insurance does not cover liability which you have agreed to accept unless you would have been so liable in the absence of such agreement.

UTMOST GOOD FAITH

In accordance with Section 13 of the Insurance Contracts Act 1984 (Cth), the policy of insurance is based on utmost good faith requiring Underwriter(s) and the proposer / insured(s) to act towards each other with the utmost good faith in respect of any matter relating to the insurance contract.

PRIVACY NOTICE

Please refer to our privacy policy for further details, it is available on our website, www.delphicinsurance.com.au.

Please note that your duty applies also when you seek to renew, extend, alter or reinstate a policy.

Alternatively, if you have any query about whether information needs to be disclosed, please contact our office.

The purpose of this application form is for us to find out more about you. You must provide us with all information which may be material to the cover you wish to purchase and which may influence the insurers decision whether to insure you, what cover we offer you or the premium they charge you.

How to complete this form

The individual who completes this application form should be a senior member of staff at the company and should ensure that they have checked with other senior managers and colleagues responsible for arranging the insurance that the questions are answered accurately and as completely as possible. Once completed, please return this form to us signed and dated, as well as any additional documentation to support your proposal.

Section 1: Company Details

1.1 Please state the name and address of the principal company for whom this insurance is required. Cover is also provided for the subsidiaries of the principal company, but only if you include the data from all of these subsidiaries in your answers to all of the questions in this form.

Company name:

Primary Address (Address, State, Postcode, Country):

Website Address:

1.2 Date the business was established (DD / MM / YYYY):

1.3 Number of employees:

1.4 Date of company financial year end (DD / MM / YYYY):

1.5 Are you GST registered? Yes No If yes, please state your ABN:

1.6 Please state your gross revenue in respect of the following years:

| | Last complete FY | Estimate for current FY | Estimate for next FY |
|--------------------------|------------------|-------------------------|----------------------|
| Domestic revenue: | \$ | \$ | \$ |
| USA revenue: | \$ | \$ | \$ |
| Other territory revenue: | \$ | \$ | \$ |
| Total gross revenue: | \$ | \$ | \$ |
| Profit (Loss): | \$ | \$ | \$ |

1.7 For stamp duty purposes please provide a percentage breakdown of your estimated revenue by state or territory:

| | | | |
|-------------|------------|----------|----------|
| NSW (%): | VIC (%): | QLD (%): | SA (%): |
| WA (%): | TAS (%): | NT (%): | ACT (%): |
| O'Seas (%): | Total (%): | | |

1.8 Please provide details for the primary contact for this insurance policy:

Contact name: Position:

Email address: Telephone number:

Section 3: Contract & Risk Management Information

3.1 Please complete the following in respect of your three largest projects in the past three years:

| Name of client | Nature of work | Annual contract income | Duration |
|----------------|----------------|------------------------|----------|
| | | | |
| | | | |
| | | | |

3.2 Approximately how many customers do you have?

3.3 Do you always carry out work under a written contract signed by every client? Yes No

3.4 Please describe how, if at all, you limit your liability for consequential loss or financial damages under a written contract:

3.5 Please describe your legal review process, if any, before entering into new contracts or agreements:

3.6 Do you employ subcontractors? If Yes No

"yes", please state:

a) the approximate percentage of your revenue, in your current financial year, that will be paid to subcontractors (%):

b) whether you sign reciprocal hold harmless agreements: Yes No

c) whether you ensure that contractors have their own errors and omissions and general liability insurance: Yes No

If you answered "yes" to c) above, what is the limit of liability that subcontractor must purchase? \$

Section 4: Property Cover

If you require property cover, you can find a business pack proposal form at www.delphicinsurance.com.au/proposals

Section 5: Claims Experience

5.1 Please state whether you are aware of any incident:

| | | |
|--|-----|----|
| a) which may result in a claim under any of the insurance for which you are applying to purchase in this application form: | Yes | No |
| b) which resulted in legal action being made against any of the companies to be insured within the last 5 years: | Yes | No |
| c) or cease and desist orders been made against you; | Yes | No |
| d) which resulted in a partner or director being found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body? | Yes | No |

If you have answered "yes" to any of the above then please describe the incident, including the monetary amount of the potential claim or the monetary amount of any claim paid or reserved for payment by you or by an insurer. Please include all relevant dates, including a description of the status of any current claim which has been made but has not been settled or otherwise resolved.

5.2 Please provide details of your current Professional Indemnity insurance, if applicable, and what you require for the next year of insurance:

| | Retroactive date (MM / YY) | Effective date (MM / YY) | Limit | Deductible | Premium | Insurer |
|-----------|-------------------------------|-----------------------------|-------|------------|---------|---------|
| Current: | | | | | | |
| Required: | | | | | N/A | N/A |

5.3 Please provide details of your current General Liability insurance, if applicable, and what you require for the next year of insurance:

| | Effective date (MM / YY) | Limit | Deductible | Premium | Insurer |
|-----------|-----------------------------|-------|------------|---------|---------|
| Current: | | | | | |
| Required: | | | | N/A | N/A |

5.4 Please tick whether you require quotes for any of the following covers:

| | |
|-----------------------------|--|
| Cyber and Privacy Liability | |
| Management Liability | |

Section 6: Additional Information

Please provide the following information when you send the application form to us.

- Directors or principals resumes if the company has been trading for less than 3 years;
- The organisation chart or group structure if any subsidiaries are to be insured including names, dates of acquisition, countries of domicile, percentages of ownership; and
- The standard form of contract, end user license agreement or terms of use issued by the company.

| Name: | Date of Acquisition: | Country of Domicile: | Percentage of ownership: |
|-------|----------------------|----------------------|--------------------------|
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Please use this space below to provide us with any other relevant information:

Important notice

By signing this form you agree that the information provided is both accurate and complete and that you have made all reasonable attempts to ensure this is the case by asking the appropriate people within your business. Insurers will use this information solely for the purposes of providing insurance services and may share your data with third parties in order to do this.

| | |
|---------------|--------------------|
| Contact Name: | Position: |
| | |
| Signature: | Date (DD/MM/YYYY): |
| | |