

Combined Professional Indemnity and Public Liability Insurance Proposal Form

**Australian Institute of Landscape Designers and Managers Ltd
and
Australian Institute of Horticulture Inc**

Important Notice Relating to this Proposal

PLEASE READ THE FOLLOWING ADVICE BEFORE PROCEEDING TO COMPLETE THIS PROPOSAL FORM.

Your Professional Indemnity Insurance Policy is issued on a CLAIMS MADE basis.

This means that this policy responds to:

- (1) Claims first made against you during the policy period and notified to the Insurer during that policy period, providing that you were not aware at any time prior to the policy inception of circumstances which would have put a reasonable person in your position on notice that a Claim may be made against you; and
- (2) Pursuant to Section 40, sub-section 3 of the INSURANCE CONTRACT ACT 1984 which states:

“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 before the insurance cover provided by the contract expired, 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”

When the policy expires, no new notification generally can be made on the expired policy even though the event giving rise to a Claim against you may have occurred during the policy period.

You will not be entitled to indemnity under your new policy in respect of any Claim arising out of circumstances of which you were aware at any time prior to policy inception which would have put a reasonable person in your position on notice that a Claim may be made against you.

When completing your proposal you are obliged to report and provide full details of all circumstances which have become known to you and which would put a reasonable person in your position on notice that a Claim may be made against you.

This is important to ensure that you make proper disclosure (refer to notice pursuant to the INSURANCE CONTRACT ACT 1984) in order that your entitlement to full indemnity under your new policy is not placed in jeopardy.

In accordance with the provisions of the INSURANCE CONTRACT ACT 1984, DUAL Australia Pty Ltd is required to advise you of your responsibilities in relation to the disclosure of relevant information.

Your Duty of Disclosure

Before you enter into a contract of general insurance with an Insurer, you have a duty, under the INSURANCE CONTRACT ACT 1984 to disclose to the Insurer every matter that you know, or could reasonably be expected to know, is relevant to the Insurer's decision whether to accept the risk of the insurance and, if so, upon 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 their Insurer.

(It should be noted that this duty continues after the proposal form has been completed up until the time the policy is entered into.)

Non – Disclosure

If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce their 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 avoiding the contract from its beginning. It is therefore vital that you make sufficient enquiries BEFORE you complete your proposal form and BEFORE you sign any declaration that there has been no change in the information proposed.

Please take notice of the following statements pursuant to the provisions of the INSURANCE CONTRACT ACT 1984.

Surrender or Waiver of any Right of Contribution or Indemnity

Where another person or company would be liable to compensate you or hold you harmless for part or all or any loss or damage otherwise covered by the policy, but you have agreed with that person either before or after the inception of the policy that you would not seek to recover any loss or damage from that person, you are NOT covered under the policy for any such loss or damage.

Notice of Occurrences or Events

If during the period of this policy, the Insured shall become aware of any occurrence which may give rise to a Claim under the policy and shall during the period of this insurance given written notice to the Insurer of such occurrence, any Claim which may be subsequently made arising out of the occurrence of which notification has been given shall be deemed to be a Claim made during the period of this policy whenever such Claim may actually be made.

Contract by the Insured Affecting Rights of Subrogation

If the proposed contract of insurance includes a provision which excludes or limits the Insurer's liability in respect of any loss because you are a party to an agreement which excludes or limits your rights to recover damages from a third party in respect of that loss, you are hereby notified that signing any such agreement may place your indemnity under the proposed contract of insurance at risk.

When completing this Proposal Form...

- Please answer all questions giving full and complete answers

It is the duty of the Proposer to provide all information that is requested in the proposal form as well as to add additional relevant facts.

A relevant fact is such know fact and/or circumstance that may influence in the evaluation of the risk by the insurer. If you have any doubts about what a relevant fact is, please do not hesitate to contact your broker or insurer.

- If the space provided on the Proposal Form is insufficient, please use a separate signed and dated sheet in order to provide a complete answer to any question
- The proposal form must be completed, signed and dated by a person, who must be of legal capacity and authorised for the purpose of requesting directors & officers liability insurance for the firm who acts as a Proposer.

This proposal form does NOT BIND the Proposer to complete the insurance but will form part of any insurance

Privacy Statement

The Insurer is bound by the obligations of the Privacy Act 1988 as amended by the Privacy Amendments (Private Sector) Act 2000 regarding the collection, use, disclosure and handling of personal information. They will protect the privacy of your personal information.

They will use the information you provide in this Proposal Form (including any supplementary documentation) to consider your application for insurance, to determine policy terms, to assess a claim, etc.

They may disclose your personal information to third parties who they believe are necessary to assist them. These third parties will only use your personal information for the purposes they provided it to them (or if required by law). They may also be required to disclose your personal information to others for the purposes of public safety and/or law enforcement.

If you provide them with personal information about other individuals you must ensure that you obtain consent from those individuals to disclose that information to them.

You are entitled to access your personal information and request any correction if required.

SECTION 1: DETAILS OF THE PROPOSER

1. Insured Name: _____
2. Address of Head Office: _____
3. Postal Address (if different to above): _____
4. Telephone Number: _____ 5. Fax Number: _____
6. Email: _____
7. Web Address: _____
8. Country Or State of Registration: _____ 9. ABN / ACN No: _____
10. Date Business Established (dd/mm/yyyy): _____
11. Address of all other locations (if any) from which the Insured operates: _____

SECTION 2: GENERAL INFORMATION

1. Are You a Member of a Professional Association? Yes [] No []
If YES, please provide further details:

2. Does the Business have operations outside of Australia Yes [] No []
If YES, does the Business have operations in the USA/Canada? Yes [] No []
If YES, please provide further details:

3. Do you have any Professional Indemnity Insurance Cover currently in place? Yes [] No []
If YES, please state:
a. Name of the Insurer: _____
b. Limit of Indemnity: _____ c. Deductible: _____
d. Expiry Date of the Policy: _____ e. Retroactivity Date: _____
4. Do you have any Public Liability Insurance Cover currently in place? Yes [] No []
If YES, please state:
b. Name of the Insurer: _____
b. Limit of Indemnity: _____ c. Deductible: _____
d. Expiry Date of the Policy: _____
5. Do you conduct pruning / lopping of trees / bushes up to 5m? Yes [] No []
If YES, please provide further details:

6. Do you conduct pruning / lopping of trees / bushes up to 10m? Yes [] No []

7. Please provide the following details for each of the Proposer's principals, partners, directors or officers:

Name	Age	Qualifications	Date Qualified	No. of Years in this Practice

8. If Previous Business Cover is required, please complete the following details:

Name of Principal, Director or Partner requiring this coverage	Date Left Previous Business	Are you aware of any claims or circumstances against the previous business? If YES, please provide details

SECTION 3: CLAIMS INFORMATION

1. Have any Claims been made against the Proposer for Professional negligence, error or omission or legal liability for injury or damage or its' Subsidiaries in the last 5 years? Yes [] No []

If YES, please complete the following table, providing full details of the Claim(s), the Claim(s) amount and any payments:

Date of Claim	Full Details/Circumstances of the Claim	Amount of the Claim	Has this Claim settled? If so, what Date?

2. Is the Proposer aware, after enquiry, of any circumstances or incident which may give rise to a claim? Yes [] No []

If YES, please complete the following table providing further details:

Full details/circumstances of the Notification	Amount alleged against the Proposer

SECTION 4: INCOME DETAILS

1. Please provide a breakdown of your gross fees/income by Professional Business for the last financial year and the current financial year, either by stating the whole amounts in Australian Dollar (\$) or the percentage:

Professional Business	Percentage Breakdown	Last Financial Year's Gross		Current Financial Year's Gross (Full Year)	
		Fees \$	Turnover \$	Fees \$	Turnover \$
	%				
Garden / Landscape Design					
Landscape Construction					
Floriculture					
Turf Management					
Nursery Industry					
Arboriculture					
Parks & Gardens Management					
Research					
Horticultural Maintenance					
Pruning/Lopping up to 5m (for Liability Only)					
Pruning/Lopping up to 10m (for Liability Only)					
Other (please specify)					

2. Do you ensure that all subcontractors engaged by You hold adequate Liability Insurance Yes [] No []
 If NO, please provide further details:

3. In respect of gross fees/income for the last financial year, please provide a breakdown by State:

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

4. If any gross fees/income was earned for the last financial year outside of Australia, please provide full details below:

5. Please provide details of the 3 largest clients or projects undertaken by the Insured:

Project Description/Contract	Fees/Income \$	Project Value \$	Date Completed (dd/mm/yyyy)

6. Please provide a complete list and description of all of your products (including those that have been discontinued in the past 5 years):

Product	Estimated Annual Turnover
	\$
	\$
	\$
	\$

SECTION 5: EMPLOYEE AND FINANCIAL INFORMATION

1. Please state the total number of the following:

Principals, Partners, Directors	
Employees	
Qualified Employees	
Trainees	
Other	
Total Staff	

If Other, please advise type: _____

2. Please provide the Company's current annual Turnover: \$ _____

Please provide the Company's current annual Wages: \$ _____

SECTION 6: LIMIT OF INDEMNITY REQUIRED

1. Please select the amount of Indemnity required:

Professional Indemnity

- a. \$ 1,000,000
- b. \$ 2,000,000
- c. \$ 5,000,000
- d. \$ 10,000,000
- e. Other – Please State: _____

Public Liability

- a. \$ 5,000,000
- b. \$ 10,000,000
- c. \$ 20,000,000
- Other – Please State: _____

SECTION 7: DECLARATION

SIGNING THIS PROPOSAL FORM DOES NOT BIND THE PROPOSER OR THE INSURER TO COMPLETE THIS INSURANCE

The undersigned declares that the statement and particulars in this proposal form are true and that no material facts have been misstated or suppressed after enquiry. The undersigned agree that should any of the information given by us alter between the date of this proposal and the inception date of the insurance to which this proposal relates, the undersigned will give immediate notice thereof. The undersigned agrees that the Underwriters may use and disclose our personal information in accordance with the "Privacy Statement" at the beginning of this Proposal. The undersigned agrees that this proposal, together with any other information supplied by us shall form the basis of any contract of insurance effected thereon.

TO BE SIGNED BY THE INSURED FOR WHOM THIS INSURANCE IS INTENDED FOR

SIGNATURE _____ **DATE** _____

NAME _____

POSITION _____

IT IS IMPORTANT THE UNDERSIGNED OF THE DECLARATION ABOVE IS FULLY AWARE OF THE SCOPE OF THIS INSURANCE SO THAT THESE QUESTIONS CAN BE ANSWERED CORRECTLY. IF IN DOUBT PLEASE CONTACT THE BROKER OR AGENT, SINCE NON-DISCLOSURE MAY AFFECT AN ASSURED'S RIGHT OF RECOVERY UNDER THE POLICY

We recommend that you keep a record of all information supplied for the purpose of entering into an insurance contract (including copies of this Proposal Form and correspondence).

Please complete, sign and return this form to Nationwide Insurance Brokers Pty Ltd
Post to Locked Bag 12, Castle Hill NSW 1765, Fax to 02 9634 6610 or email to nationwide@nationw.com.au