

## Professional Indemnity Renewal Proposal Form

### IMPORTANT INFORMATION

Please read the following information before completing this proposal

#### A. Obtaining a Quotation

To minimise delays in obtaining a quotation please provide complete answers to all questions in the proposal form and attach relevant brochures, CV's etc that you believe will help us understand your business.

#### B. 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 reasonable be expected to know, is relevant to the insurer's decision whether to accept the risk of 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 any matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows or, in the 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 its 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.

### C. Claims Made and Notified Policy

This proposal form is for Professional Indemnity Insurance on a “Claims made and Notified” basis. This means that the policy covers you for claims made against you and notified to the insurer during the period of cover. It does not provide cover for:

- claims arising from an event which occurred before the policy’s “retroactive date” where such a date is specified in the schedule;
- claims made after the period of cover expires (even where the event giving rise to the claim occurred during the period of cover);
- claims made, threatened or intimated before the period of cover commenced;
- claims arising from facts or circumstances of which you first became aware before commencement of the policy and which you knew or ought reasonably to have known, had the potential to give rise to a claim under the policy or any previous policy;
- claims arising from circumstances noted on the proposal form or any previous proposal form.

### D. Subrogation Agreements

Where another person would be liable to compensate you for any loss or damage otherwise covered by the insurance, but you have agreed with that person either before or after the loss or damage occurred that you would not seek to recover any monies from that person, the Insurer will not cover you under the insurance for such loss or damage.

### E. Privacy Statement

The Privacy Act 1988 (as amended) applies to this proposal and requires us to advise you that:

#### Purpose of collection

W.R. Berkley Insurance Australia collects personal information (this is information or an opinion about an individual whose identity is apparent or can reasonably be ascertained and which relates to a natural living person) for the purposes of:

- providing insurance services to you;
- evaluating your application;
- evaluating any request for changes to any insurance provided;
- issuing administering and managing the insurance provided after acceptance of an application;
- investigating and, if covered, managing claims made in relation to any insurance you have with us.

The personal information collected can be used or disclosed by us for secondary purposes related to those purposes listed above, but only if you would expect us to use or disclose the information for such secondary purpose. However, for sensitive information the secondary purpose must be directly related to the purposes listed above.

#### Disclosure

When necessary and in connection with the purposes listed above W.R. Berkley Insurance Australia may disclose your personal information to and/or receive information from other companies within the same group, your insurance broker or our agent, government bodies, loss assessors, claim investigators, reinsurers, other insurance companies, mailing houses, claims reference providers, other service providers, hospitals, medical and health professionals, legal and other professional advisers.

#### Consequences if information is not provided

If you do not provide us with the information we need we will be unable to consider your application for insurance cover, administer your policy or manage any claim under your policy.

#### Access

You may request access to the personal information we hold about you by contacting W.R. Berkley Insurance Australia at the address shown:

#### Contact Details

W. R. Berkley Insurance Australia  
Tower 2, Level 21, Darling Park  
201 Sussex Street  
SYDNEY NSW 2000

Ph: 02 9006 1140  
Fax: 02 9006 1010  
Email: [australia@wrberkley.com](mailto:australia@wrberkley.com)  
Web site: [www.wrbaustralia.com.au](http://www.wrbaustralia.com.au)

As you are renewing your insurance with W. R. Berkley Insurance Australia, it **will accept and rely on this renewal proposal form together with last year's proposal form** but if any **details of your business or the activities performed have changed you must advise** W. R. Berkley Insurance Australia.

**IF YOU DO NOT ADVISE MATERIAL CHANGES IT COULD AFFECT YOUR COVERAGE UNDER THIS POLICY. If there are any changes please ask for a full proposal form.**

1) Please advise the name of the entities to be insured this year:

--

2) If your ADDRESS IS DIFFERENT TO LAST YEAR please state your new address:

3) After full enquiry has any claim been made against the proposed INSURED or any principal, partner, director or employee of the INSURED whilst in this or any other business? **Yes/No**

If yes please provide details on a separate page.

4) After full enquiry is the proposer aware of any circumstance or incident which has or could result in any claim being made against the proposed INSURED, or any principal, partner, director or employee of this or any other business? **Yes/No**

If yes please provide details on a separate page.

5) Please provide the proposed INSURED's fees/income for last year, this year and next year:

	LAST Financial Year Ended June 200	THIS Financial Year Ended June 200	NEXT Financial Year Ending June 200
Australia			
Elsewhere			

6) Is the type of work or activities that the proposer engages in DIFFERENT to that disclosed in last year's proposal form. **Yes/No**

If the proposer has entered into new areas of work or changed activities please advise full details (on a separate sheet if necessary).

7) Please circle the Limit(s) of Indemnity and Excess for which you would like a quotation:

Limit: \$1million      \$2million      \$3million      \$4million      \$5million  
 Excess: \$1,000      \$2,000      \$5,000      \$10,000      \$20,000

8) Please give a percentage split totalling 100% of which state generates the proposer's income

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

**DECLARATION**

I/We declare that I/we have read the important notices in this proposal form and that the statements and particulars contained in this proposal together with the proposal form submitted last year are true and that I/we have not mis-stated or suppressed any material facts.

I/We agree that this proposal together with the proposal form submitted last year and any other information supplied by me/us shall form the basis of any contract of insurance affected thereon.

I/we undertake to inform the insurer of any material alteration to these facts occurring before the inception of the contract of insurance.

Date: \_\_\_\_\_

Signature of authorized individual/partner/principal/director of the INSURED:

Name and Title: