



## Professional Liability Miscellaneous Risks Insurance Application

**IMPORTANT: Please answer ALL questions fully. If there is insufficient space please provide details on your letterhead.  
Where provided tick (✓) appropriate box to indicate answer. The Applicant will be referred to in this Application as “You” or “Your”.**

<b>A. Details of Applicant</b>							
1. Full name of all entities to be insured. (It is essential that you specify the names of all entities including service, administrative or nominee companies and subsidiaries that you wish to be covered by this Policy).							
2. Address of head office or principal office.							
						State	Postcode
Phone		Fax		Mobile		Email	
Website	www.					ABN	
3.	Date on which services commenced			/ /		Current Insurance Expiry Date	
Please supply total numbers employees							
Partners/Principals/Directors				Non-technical administrative staff			
Professional qualified staff				Clerical staff - typists, receptionists etc			
Other technical staff				Other staff (please specify)			
Trainee staff				<b>Total all Partners/Principals/Directors and staff</b>			
Please provide the following details for each of the Applicants principals, partners or directors:							
Name	Age	Qualifications		Years Qualified	Years Practicing – This Business	Years Practicing – Previous Business	Associated with any other business or practice (financially or otherwise)?
If Yes, please provide details							

<b>B. Business Details</b>								
5. Please provide the amount of gross income/fees for the following:				<b>Australia</b>			<b>Overseas</b>	
Your last financial year				\$A			\$A	
Your current financial year (estimate)				\$A			\$A	
6. Please provide the approximate percentage of your activities (based on fee income) applicable to each State, Territory and Overseas.								
<b>NSW</b>	<b>VIC</b>	<b>QLD</b>	<b>SA</b>	<b>WA</b>	<b>TAS</b>	<b>NT</b>	<b>ACT</b>	<b>O/S</b>
%	%	%	%	%	%	%	%	%
7. Please indicate which of the following categories best describes the main activities of the Business:								
Agriculture / Environment / Forestry				<input type="checkbox"/>	Please complete supplementary question S4, S5 and S29			
Education or Child Care				<input type="checkbox"/>	Please complete supplementary question S12			
Education or Private Education				<input type="checkbox"/>	Please complete supplementary question S32			
Finance and/or Accounting				<input type="checkbox"/>	Please also complete supplementary S31, S32, S33			
Geological / Mineral Consultant				<input type="checkbox"/>	Please complete supplementary question S 7 and S8			
Hair Stylist / Barber				<input type="checkbox"/>	Please also complete supplementary question S19			
Health and Fitness				<input type="checkbox"/>	Please also complete supplementary questions S15 and S16			

<b>B. Business Details</b>		
Human Resources / Personnel Consultant	<input type="checkbox"/>	Please also complete supplementary question S9 and S25
Industry Association	<input type="checkbox"/>	Please also complete supplementary question S24
Insurance	<input type="checkbox"/>	Please also complete supplementary question S2
Insurance Agency, Broking Services and/or Reinsurance Broking Services	<input type="checkbox"/>	Please complete supplementary questions S30 and S31
Jeweller / Art / Antiques	<input type="checkbox"/>	Please also complete supplementary question S13
Landscaper / Landscape Architect	<input type="checkbox"/>	Please complete supplementary question S22
Loss Assessor / Adjustor	<input type="checkbox"/>	Please complete supplementary question S3
Management / Business Consultant	<input type="checkbox"/>	Please also complete supplementary question S11 and S28
Market Research	<input type="checkbox"/>	Please also complete supplementary question S21
Marketing / Public Relations Consultant	<input type="checkbox"/>	Please complete supplementary question S10
Private Investigator	<input type="checkbox"/>	Please complete supplementary question S20
Real Estate Agent / Land or Building Surveying	<input type="checkbox"/>	Please also complete supplementary question S6
Stock and Station Agent	<input type="checkbox"/>	Please also complete supplementary question
Town Planning	<input type="checkbox"/>	Please complete supplementary questions S1 and S23
Training Consultant / Facilitator	<input type="checkbox"/>	Please complete supplementary question S26
Travel Agent	<input type="checkbox"/>	Please complete supplementary question S14
Veterinarian	<input type="checkbox"/>	Please complete supplementary questions S17 and S18
Other	<input type="checkbox"/>	
8. Please provide details of the precise nature of the activities of the Business:		

<b>C. Application for Cover</b>					
9. (a) Limit of Indemnity required		\$			
(b) Deductible requested (Each and every Claim)		\$			
(c) Optional Extensions:					
• Aggregate Limit of Indemnity (Reinstatement)			Yes <input type="checkbox"/> No <input type="checkbox"/>		
• Fidelity \$100,000 Sub-limit (Please answer question 10)			Yes <input type="checkbox"/> No <input type="checkbox"/>		
• Previous Business (Please answer question 11)			Yes <input type="checkbox"/> No <input type="checkbox"/>		
10. Has the applicant suffered any loss through the fraud or dishonestly of any employee? If "Yes", please supply details:				Yes <input type="checkbox"/> No <input type="checkbox"/>	
11. Previous Business Cover To be completed only where the Applicant is applying for the Previous Business Extension					
Name of principal, partner or director seeking Previous Business Cover	Names(s) of previous business(es)	Estimate Gross Income for previous business(es) for 2 financial/calendar year ends immediately prior to principal, partner or director leaving	To the best of your knowledge, does the previous business(es) carry their own current Professional Indemnity Policy?	Please provide details of the types of professional services offered by the previous business(es)	
It is important that the claims and circumstances question within this Application Form fully reflect the claims and circumstances history of any prior Practice or previous business.					

### D. Claims Details

12. (a) Has any Claim been made, or has any civil liability been alleged in the last ten (10) years against the business or any of their predecessors in business or any prior practice of any of their present or former Partners, Principals or Directors, or have circumstances been notified to insurers that might give rise to a claim?  
If "Yes", please supply the following details in respect to each matter.

Yes  No

Date Matter Notified	Name of Insurer (If any)	Name of Claimant or Potential Claimant	Brief Description of Matter	Amount Paid or Estimate of Potential Liability	Is Matter Finalised or Outstanding?

(b) Are there any circumstances not already notified to Insurers which may give rise to a Claim against any applicant?

Name of Claimant or Potential Claimant	Brief Description of Matter	Estimate of Potential Liability

### E. Risk Details

13. Has any applicant ever been refused this type of insurance or had similar insurance cancelled, or had an application of renewal declined, or had special terms imposed? If "Yes", please supply details:

Yes  No

14. Has any applicant ever been subject to disciplinary proceedings for professional misconduct? If "Yes", please supply details:

Yes  No

15. In the last 5 years, has any applicant been declared bankrupt? If "Yes", please supply details:

Yes  No

16. In the last 5 years, has any applicant been the subject of administration proceedings? If "Yes", please supply details:

Yes  No

17. In the last 5 years, has any applicant been convicted of any criminal offence (other than minor traffic convictions)?  
If "Yes", please supply details:

Yes  No

18. Is any applicant connected or associated (financially or otherwise) with any other practice or business?  
If "Yes", please supply details:

Yes  No

19. Has any other practice or business amalgamated or merged with you or have you purchased any other Practice or business?  
If "Yes", please supply details:

Yes  No

20. Do you have the appropriate qualifications, licence or authorisation required to perform your professional duties?  
If "Yes", please supply details:

Yes  No

21. Does any contract or client represent more than 50% of your annual work or fees? If "Yes", please supply details:

Yes  No

<b>E. Risk Details</b>	
22. (a) Are consultants, sub-contractors or agents engaged by you, required to carry their own professional indemnity insurance? If "Yes", please supply details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
(b) Do you enter into any hold harmless agreements or otherwise waive any legal rights or entitlements which you may have against such consultants, sub-contractors or agents? If "Yes", please supply details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
23. Do you envisage any substantial changes in your activities or are there any major new operations contemplated during the next 12 months? If "Yes", please supply details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
24. Has any client refused payment or requested a refund of monies paid? If "Yes", please supply details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
25. Other than New Zealand do you conduct business in any overseas country? If "Yes", please provide approximate percentage breakdown by country:	Yes <input type="checkbox"/> No <input type="checkbox"/>
26. Are verbal reports always confirmed in writing? If "Yes", please supply details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
27. Do you belong to any professional bodies or associations? If "Yes", please supply details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
28. Please provide brief description and fees for the five (5) largest contracts undertaken over the past five (5) years.	
Brief Description	Fees (\$)

<b>F. Supplementary Questions – complete where instructed in Section B</b>	
S1 Does the applicant provide any project management or urban renewal services? If "Yes", please supply details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
S2 Does the applicant provide life insurance risk advice only? If "Yes", please supply details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
S3 Does the applicant undertake any private investigations? If "Yes", please supply details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
S4 Does the applicant provide any services to Managed Investment Schemes or Agribusiness? If "Yes", please supply details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
S5 Does the applicant provide any services in respect of non plantation logging? If "Yes", please supply details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
S6 Does the applicant perform any inspection surveys? If "Yes", please supply details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
S7 Does the applicant provide any services with respect to any Prospectus Reports? If "Yes", please supply details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
S8 Does the applicant provide any services with respect to Oil and Gas? If "Yes", please supply details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
S9 Does the applicant specialise in providing services with respect to the accountancy or legal fields? If "Yes", please supply details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
S10 Does the applicant provide any services to sports persons, or actors? If "Yes", please supply details:	Yes <input type="checkbox"/> No <input type="checkbox"/>

**F. Supplementary Questions – complete where instructed in Section B**

S11	Does the applicant provide any Corporate Consultant services? If “Yes”, please supply details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
S12	Does the applicant undertake any outdoor activities, such as camps, excursions or student exchange programs? If “Yes”, please supply details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
S13	Does the applicant provide valuation services in respect of Fine Art, Collectors Items, or paintings? If “Yes”, please supply details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
S14	Does the applicant provide any services in respect of adventure travel, corporate accounts, sporting events, sporting tours or other specialist services? If “Yes”, please supply details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
S15	Does the applicant ensure that all instructors are accredited with the Fitness Institute of Australia? If “Yes”, please supply details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
S16	Does the applicant ensure that all classes are performed under the direct and active supervision of accredited instructors? If “Yes”, please supply details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
S17	Does the applicant provide services in respect of artificial insemination? If “Yes”, please supply details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
S18	Does the applicant provide services in respect of Equine/Bloodstock or racing animals? If “Yes”, please supply details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
S19	Does the applicant provide any piercing or tattoo services? If “Yes”, please supply details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
S20	Does the applicant provide services other than with respect to insurance investigations, or workers compensation matters? If “Yes”, please supply details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
S21	Does the applicant provide services to Publicly Listed companies? If “Yes”, please supply details	Yes <input type="checkbox"/> No <input type="checkbox"/>
S22	Does the applicant provide any services in respect to golf courses? If “Yes”, please supply details	Yes <input type="checkbox"/> No <input type="checkbox"/>
S23	Does the applicant provide any services with respect to works in capital cities? If “Yes”, please supply details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
S24	Does the applicant undertake any lobbying activities? If “Yes”, please supply details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
S25	Does the applicant participate in labour hire? If “Yes”, please supply details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
S26	Does the applicant provide training for any activity that would be considered hazardous, including but not limited to scuba diving, machinery safety and/or use, pilot or flying instruction? If “Yes”, please supply details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
S27	Does the applicant provide any business broking services? If “Yes”, please supply details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
S28	Does the applicant provide any investment advice, including mergers and acquisitions? If “Yes”, please supply details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
S29	Do any of your activities not relate to flora and fauna? If “Yes”, please supply details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
S30	Are you an Australian Financial Services Licence holder? If “Yes”, please supply details:	Yes <input type="checkbox"/> No <input type="checkbox"/>

**F. Supplementary Questions – complete where instructed in Section B**

S31 Are you an Authorised Representative for an Australian Financial Services Licence holder? If “Yes”, please supply details: Yes  No

S32 Are you a Registered Training Organisation? If “Yes”, please supply details: Yes  No

S33 Does the applicant provide any services to Publicly Listed Companies, or Financial Institutions?  
If “Yes”, please supply details: Yes  No

S34 Does the applicant hold a delegated lending authority? If “Yes”, please supply details If “Yes”, please supply details: Yes  No

S35 Are lending funds sourced via solicitors mortgage funds or other mortgage funds? If “Yes”, please supply details: Yes  No

## 1. Disclosure of Relevant Facts

### Duty of Disclosure

Under the Insurance Contracts Act 1984 (the Act), you have a Duty of Disclosure. You are required before you enter into, renew, vary, extend or reinstate your Policy, to tell us everything you know and that a reasonable person in the circumstances could be expected to know, is a matter that is relevant to our decision whether to insure you, and anyone else to be insured under the Policy, and if so, on what terms.

- **You do not have to tell us about any matter**

- that diminishes the risk
- that is of common knowledge
- that we know or should know in the ordinary course of our business as an insurer, or
- which we indicate we do not want to know.

- **If you do not tell us**

If you do not comply with your Duty of Disclosure we may reduce or refuse to pay a claim or cancel your Policy. If your non-disclosure is fraudulent we may treat this Policy as never having worked.

## 2. Claims Made

This Policy operates on a 'claims made and notified' basis. This means that the Policy covers you for claims made against you and notified to us during the period of insurance.

The Policy does not provide cover in relation to:

- acts, errors or omissions actually or allegedly committed prior to the retroactive date of the Policy (if such a date is specified)
- claims made after the expiry of the period of insurance even though the event giving rise to the claim may have occurred during the period of insurance
- claims notified or arising out of facts or circumstances notified (or which ought reasonably to have been notified) under any previous policy
- claims made, threatened or intimated against you prior to the commencement of the period of insurance
- facts or circumstances of which you first became aware prior to the period of insurance, and which you knew or ought reasonably to have known had the potential to give rise to a claim under this Policy
- claims arising out of circumstances noted on the Application form for the current period of insurance or on any previous Application form.

Where you give notice in writing to us of any facts that might give rise to a claim against you as soon as reasonably practicable after you become aware of those facts but before the expiry of the period of insurance, you may have rights under Section 40(3) of the Insurance Contracts Act 1984 to be indemnified in respect of any claim subsequently made against you arising from those facts notwithstanding that the claim is made after the expiry of the period of insurance. Any such rights arise under the legislation only. The terms of the policy and the effect of the policy is that you are not covered for claims made against you after the expiry of the period of insurance.

## 3. Average Provision

The policy may provide that if a payment in excess of the limit of indemnity available under the policy has to be made to dispose of a claim, the insurer's liability for costs and expenses incurred with its consent shall be such proportion thereof as the amount of indemnity available under this policy bears to the amount paid to dispose of the claim.

**You should familiarise yourself with our standard form of policy for this type of cover before submitting this declaration.**

## 4. Privacy

Rose Stanton includes information about how we manage your personal information in our formal quotation terms, when issued. You can obtain a copy of the **Rose Stanton Privacy Policy Statement** from our website [www.rosestanton.com.au](http://www.rosestanton.com.au) or contact the Compliance Manager on 02 9409 5800 or email [insure@rosestanton.com.au](mailto:insure@rosestanton.com.au) for further information.

## Declaration and Authorisation

1. I have received a copy of the Policy Terms and Conditions.
2. I am authorised to complete and sign this insurance Application on behalf of the business.
3. The responses provided are made based on information provided to me by the Principals, Partners and Officers of the business.
4. I authorise Rose Stanton Insurance Brokers Pty Ltd ABN 44 081 209 369 to give or obtain from other insurers or insurance reference bureaus or credit reporting agencies, any information about this insurance or any other insurance held by the business including this completed Application and the business's claims history and credit history.

Signed, Partner, Principal or Director	<input checked="" type="checkbox"/>	Date	/	/	
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