



ProCon

“Professional Contractor”

INSURANCE PROPOSAL

Professional Contractor Insurance

Notice to the proposed Insured

This notice must be read before You complete this Insurance Proposal form.

1. Disclosure of Relevant Facts

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 and Notified Policy

Sections 2, 3, 4 & 5 within this Policy operate on a 'claims made and notified' basis. This means that the Policy covers the Insured for Claims made against the Insured and notified to the Insurer during the Period of Insurance.

Coverage is not provided in relation to:

- (a) Acts, errors or omissions actually or alleged committed prior to the Retroactive Date of the Policy;
- (b) 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;
- (c) Claims notified or arising out of facts or circumstances notified (or which ought reasonably to have been notified) under any previous policy;
- (d) Claims made, threatened or intimidated against the Insured prior to the commencement of the Period of Insurance;
- (e) Facts or circumstances of which the Insured first became aware prior to the Period of Insurance, and which the Insured knew or ought reasonably to have known had the potential to give rise to a Claim under this Policy; and
- (f) Claims arising out of circumstances noted on the Insurance Proposal for the current Period of Insurance or on any previous Insurance Proposal.

Where the Insured gives notice in writing to the Insurer of any facts that might give rise to a Claim against the Insured as soon as reasonably practicable after the Insured becomes aware of those facts but before the expiry of the Period of Insurance, the Insured may have rights under Section 40(3) of the Insurance Contracts Act 1984 to be indemnified in respect of any Claim subsequently made against the Insured arising from those facts notwithstanding that the Claim is made after the expiry of the Period of Insurance. Any such rights arise under legislation only. The terms of the Policy and the effect of the Policy is that the Insured is not covered for Claims made against the Insured 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 Statement

UAA and the Insurer are committed to protecting the privacy of personal information in accordance with the Privacy Act. UAA's privacy principles set out at www.uaa.com.au explains what personal information is collected, why it is collected, how it will be used and to whom it can be disclosed.

See full UAA Privacy Statement at www.uaa.com.au or the Insurer's Privacy Policy at www.qbe.com



ProCon INSURANCE PROPOSAL

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 Proposed Insured(s) will be referred to in this Insurance Proposal as “You” or “Your”.

A. INSURANCE REQUIREMENTS – please indicate Policy Sections required			
COVER	COVER REQUIRED	LIMIT OF INDEMNITY REQUESTED	DEDUCTIBLE REQUESTED
Broadform Liability	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	\$
Professional Civil Liability	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	\$
Directors' and Officers' Liability	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	\$
Statutory Liability	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	\$
Employment Practices Liability	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$	\$
Period of Insurance	From / / To	/ /	at 4pm

B. DETAILS OF PROPOSED INSURED(S)									
1. Full name of all entities to be insured. It is essential that You specify the name of all entities, including service, administrative or nominee companies and subsidiaries that You wish to be covered by this Policy.									
1									
2									
3									
4									
5									
6									
Contact Number(s)	()	Fax Number	()						
Website	www								
2. Tax Status									
Registered Business:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	ABN						Taxable %
3. Location of Premises owned and/or occupied for the purpose of conducting the business of the Insured.								Owned / Leased	
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
4. Date on which the Business was established						/ /			
5. Is the Business a Public Company?						Yes <input type="checkbox"/> No <input type="checkbox"/>			
If “Yes”,									
Listed <input type="checkbox"/> Unlisted <input type="checkbox"/>									
Are any shares traded publicly?						Yes <input type="checkbox"/> No <input type="checkbox"/>			
6. Please list the Professional Bodies or Associations to which You belong									

B. DETAILS OF PROPOSED INSURED(S)....cont

7. Please provide details of Your internal risk management procedures as well as any professional development / training programs Your Business currently have in place.

8. Name all Partners, Principals and Directors

Partner, Principal, Director	Qualifications	Age	Date Appointed
			/ /
			/ /
			/ /
			/ /
			/ /
			/ /

C. OCCUPATION & BUSINESS ACTIVITIES

9(a). Please state Your Occupation

9(b). Please provide and categorise the precise nature of each activity performed as part of Your Occupation and indicate the approximate percentage of Your turnover that is derived from same

Business Activities (e.g. Earthmoving, Excavation, Crane Operators, Concreting etc)	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
Field of Work (e.g. Commercial Construction Sites, Residential, Mines, Roads etc)	%
	%
	%
	%
	%
	%
	%
	%

9(c). Please provide, a breakdown of any professional services undertaken by You, an explanation of when such a professional service will be provided and the estimated percentage of turnover which relates to that professional service (e.g. design, specifications, plans, advice, project management, etc). This question should be completed even if such a professional service forms part of the above noted Business Activities.

Professional Service	Explanation of when Professional Service Provided	% of Turnover
		%
		%
		%
		%
		%

C. OCCUPATION & BUSINESS ACTIVITIES...cont	
9(d). In relation to the above noted Professional Services, please provide details of who within the Insured Business provides these services and their qualifications (e.g. engineer, hydrologist etc)	
10. Percentage of Your work which is undertaken in accordance with plans, specifications and under the direction of third parties.	%
11. Do You perform work outside of Australia, or work for clients located overseas?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes", please supply details.	
12. Do You envisage any substantial changes in Your Business and Business activities or are there any major new operations contemplated during the next 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes", please supply details.	

D. ESTIMATED PAYROLL, TURNOVER & FINANCIAL POSITION							
13. Estimated Annual Payroll (including earnings of principals, directors, partners)				Total Payroll	\$	No. of Staff	
14. Estimated Annual Turnover					\$		
15. Please provide turnover percentage split by State (must equal 100%)							
NSW	VIC	QLD	SA	WA	TAS	NT	ACT
%	%	%	%	%	%	%	%
16. Please complete the following table in respect of the Business and its controlled entities							
				Most Recent Financial Year End \$	Previous Financial Year End \$		
Current Assets				\$	\$		
Current Liabilities				\$	\$		
Total Assets				\$	\$		
Total Liabilities				\$	\$		
Intangibles				\$	\$		
Net Profit/Loss (after tax)				\$	\$		

D. ESTIMATED PAYROLL, TURNOVER & FINANCIAL POSITION...cont

17. Financial Declaration

- (a) Has there been any adverse effect on the financial position of the Business which is not reflected in Your most recent financial year as set out in the above table or within any submitted financial statements? Yes No
- (b) Is any proposed Insured aware of any facts or circumstances that may effect the ability of the Business to meet its debts as and when they fall due? Yes No
- (c) Over the last 2 financial years have the financial statements of the Business been subject to a qualified audit report? Yes No

If you have answered "Yes", to either (a), (b) or (c), please supply details.

18. Fidelity – Is any Employee authorised to:

- (a) Issue a cheque or any other bank instruments as a sole signatory, or authorises any payment without authorisation by a supervisor or manager? Yes No
- (b) Process a refund to customers without the authorisation by a supervisor or manager? Yes No
- (c) Reconcile any bank account through which that Employee is authorised to deposit funds into or withdraw funds from? Yes No

If you have answered "Yes", to either (a), (b) or (c), please supply details.

19. Do You engage labour hire, contractors or sub-contractors? Yes No

If "Yes":

(a) Please supply:

TYPE	Estimated Annual Payments	Nature of work carried out
Labour Hire	\$	
Contractors	\$	
Sub-Contractors	\$	

- (b) Do You insist and check that they carry their own Liability and Workers' Compensation Insurance? Yes No
- (c) Do You insist on being named as principals on contractors' and/or sub-contractors' liability policies? Yes No
- (d) Are You required to insure Labour Hire personnel for Workers' Compensation? Yes No

E. BROADFORM LIABILITY – only complete this section should Broadform Liability Cover be required		
20. Sub-Limits		
Amount of indemnity required for goods in Your physical &/or legal control \$250,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1 Million <input type="checkbox"/>		
21. Do You undertake any demolition, bridge or underground work? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If “Yes”, please provide full details of the type of work undertaken, and the percentage of turnover that relates to such activities:		
22. Do You Dry Hire in Plant, to complete or compliment Your business activities? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If “Yes”, what type of equipment is hired in and how often:		
23. Railways:		
(a) Do You undertake work activities that involve an exposure to railways:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(b) Are You involved in any rail line, rail track construction and/or maintenance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(c) Are You involved in any rail signal equipment construction and/or maintenance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If “Yes”, to any of the above questions, please state Your specific work activities/arrangements and the estimated derived turnover from these activities:		
24. Crane / Lifting Operations:		
(a) Are You involved in any Stevedoring activities (loading/unloading on or off any Ship, Boat or Vessel)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(b) Do You perform any Crane Operations whilst Your machines are placed on barges or any other form Watercraft?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If “Yes”, to (a) or (b) above, please provide detailed information including but not limited to percentage of turnover that relates to such work, location of work, for whom such work is being performed, contractual obligations etc:		
25. Where contractors and/or sub-contractors are engaged by You, do You want to insure Your Legal Liability for Bodily Injury to such contractors and/or sub-contractors? Yes <input type="checkbox"/> No <input type="checkbox"/>		
26. Do You require the Broadform Liability Policy Section to include cover for Property Owners Liability for properties that are not Your trading base of Operation? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If “Yes”, please provide details of each property (or vacant land) required to be insured including but not limited the:		
<ul style="list-style-type: none"> ▪ Location / Address of each Property; ▪ Description of each Property (including size, number of storey’s, age, construction, condition etc); ▪ Information on what each Property is being used for / tenanted by; ▪ Details of Maintenance programs as well as details of any managing agent and their responsibilities; and ▪ If vacant, details of the length of time vacant, future plans, condition and security measures 		

E. BROADFORM LIABILITY cont...– only complete this section should Broadform Liability Cover be required	
27. Please provide full details of any hazardous activities undertaken in the course of Your Business activities (e.g. handling of waste, welding, water activities etc) and/or any other information which may be relevant to the Broadform Liability Insurance section:	

F. STATUTORY LIABILITY – only complete this section should Statutory Liability Cover be required	
28. Does the Business	
(a) have formal Quality Assurance Certification to ISO9000 series	Yes <input type="checkbox"/> No <input type="checkbox"/>
(b) have a formal documented OH&S Procedures Manual which is distributed to all workers?	Yes <input type="checkbox"/> No <input type="checkbox"/>
29. Does the Business or any Subsidiary or Controlled Entity manufacture or use any toxic chemicals or hazardous substances?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If “Yes”, please provide comprehensive details:	
30. Does the Business or any Subsidiary or controlled entity have, or have applied for, any Environmental Licence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If “Yes”, please provide comprehensive details:	

G. EMPLOYMENT PRACTICES LIABILITY – only complete this section should Employment Practices Liability Cover be required	
31. Does the Business have	
(a) employment policies and procedures in place which have been reviewed and approved by external legal practitioners?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(b) a complaints handling procedure in place to address workplace grievances?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(c) a policy prohibiting inappropriate use of computer technology such as e-mail, internet, screen savers etc?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(d) an employment handbook which is distributed to all Employees?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If You have answered “Yes” to (a), (b), (c) or (d) above, please supply details:	
If You have answered “No” to (a), (b), (c) or (d) above, please supply details of what practices and procedures are in place or in the process of being put in place:	

H. INSURANCE HISTORY (GENERAL)

32. Has the Business or any Subsidiary or Controlled Entity had any insurance declined or cancelled, application rejected, renewal refused, claim rejected, special conditions or special excess / deductible imposed by an insurer? Yes No

If You have answered "Yes", please supply details:

33. Does the Business presently hold or has the Business ever held, Broadform Liability, Professional Civil Liability, Directors' and Officers' Liability, Statutory Liability or Employment Practices Liability Insurance? Yes No

If You have answered "Yes", please supply the following details:

	Broadform Liability	Professional Civil Liability	Directors' & Officers' Liability	Statutory Liability	Employment Practices Liability
Insurer					
Expiry Date	/ /	/ /	/ /	/ /	/ /
Limit of Indemnity	\$	\$	\$	\$	\$
Premium	\$	\$	\$	\$	\$

I. CLAIMS HISTORY "BROADFORM LIABILITY" - only complete this section should Broadform Liability Cover be required

34. Claims Declaration – "Broadform Liability"
Have any Claims been made against You (whether insured or not) during the last 7 years? Yes No

If "Yes", please supply the following details in respect of each matter:

Date Notified	Name of Insurer	Name of Claimant or potential Claimant	Brief Description of Matter	Amount Paid or Outstanding	Finalised or Outstanding
				\$	
				\$	
				\$	
				\$	
				\$	

J. CLAIMS HISTORY “PROFESSIONAL CIVIL LIABILITY” - only complete this section should Professional Civil Liability Cover be required

35(a). Claims Declaration – “Professional Civil Liability”

Has any Partner, Principal, Director, Employee or staff member been subject to disciplinary proceedings for professional misconduct? Yes No

If “Yes”, please supply details:

35(b). Have any Claims or notification of potential Claims for professional negligence or breach of professional duty been made in the last 10 years against the Business or any of their predecessors in business or against any prior business of any of their present or former partners, principals, Directors, Employees or staff members? Yes No

If “Yes”, please supply the following details in respect of each matter:

Date Notified	Name of Insurer	Name of Claimant or potential Claimant	Brief Description of Matter	Amount Paid or Outstanding	Finalised or Outstanding
				\$	
				\$	
				\$	
				\$	
				\$	

35(c). Do any circumstances exist that might give rise to a Claim against the Business for professional negligence or breach of professional duty? Yes No

If “Yes”, please supply the following details in respect of each matter:

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

K. CLAIMS HISTORY “DIRECTORS’ AND OFFICERS’ LIABILITY” - only complete this section should Directors’ and Officers’ Liability Cover be required

36. Claims Declaration – “Directors’ and Officers’ Liability”

- (a) Has there been, or is there now pending any action, litigation or other proceedings against a Director or Officer of the Named Insured or the Named Insured, including any action, litigation or other proceeding brought under or pursuant to any Commonwealth, State, or Territory legislation? Yes No
- (b) Has there been or is there now pending any investigation, examination, inquiry or other proceedings in relation to the affairs of the Business? Yes No
- (c) Do any circumstances exist that might give rise to any event described under (a) or (b) above? Yes No

If You have answered “Yes”, to (a), (b) or (c) above, please supply details:

- 37(a).** Has there been or is there now pending any Claim against any proposed Director or Officer, in their capacity as a Director or Officer of the Named Insured of any other company, organisation, association or trust? Yes No

If “Yes”, please supply the following details in respect of each matter:

Date Notified	Name of Insurer	Name of Claimant or potential Claimant	Brief Description of Matter	Amount Paid or Outstanding	Finalised or Outstanding
				\$	
				\$	
				\$	
				\$	

- 37(b).** Do any circumstances exist that might give rise to a Claim against any proposed Director or Officer? Yes No

If “Yes”, please supply the following details in respect of each matter:

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

L. CLAIMS HISTORY “STATUTORY LIABILITY” - only complete this section should Statutory Liability Cover be required

- 38(a).** Claims Declaration – “Statutory Liability”
 Has any Business or person to be covered by this insurance, in the past 5 years, had any fine or penalty or infringement notice (other than Road Traffic) imposed by Federal, State, Local Government or other regulatory authority? Yes No

If “Yes”, please supply the following details in respect of each matter:

Date Notified	Name of Insurer	Type of Fine, Penalty or Infringement Notice	Reason for the Fine, Penalty or Infringement Notice	Amount Paid or Outstanding	Finalised or Outstanding
				\$	
				\$	
				\$	

L. CLAIMS HISTORY "STATUTORY LIABILITY"...cont - only complete this section should Statutory Liability Cover be required

38(b). Has any Insured or persons to be covered by this insurance, in the past 5 years, experienced any incident or circumstance which could give risk to a fine or penalty or infringement notice (other than Road Traffic) by Federal, State, Local Government or other regulatory authority? Yes No

If "Yes", please supply the following details in respect of each matter:

Type of Fine, Penalty or Infringement Notice	Reason for the Fine, Penalty or Infringement Notice	Estimate of Potential Fine, Penalty or Infringement Notice
		\$
		\$
		\$
		\$

M. CLAIMS HISTORY "EMPLOYMENT PRACTICES LIABILITY" - only complete this section should Employment Practices Liability Cover be required

39(a). Claims Declaration – "Employment Practices Liability"
 Has the Insured or the Insured Person had any office closures, consolidations, mergers or acquisitions in the past 3 years resulting in any lay-offs or early retirement, or are such closures consolidations, mergers or acquisitions anticipated in the next 12 months? Yes No

If "Yes", please supply details:

39(b). Has there been, or is there now pending, any Employment Wrongful Act claim against the Business, its Partners, Principals or Directors, the Insured or the Insured Person including but not limited to any claim alleging unlawful discrimination, defamation, unlawful dismissal, invasion of privacy or harassment? Yes No

If "Yes", please supply the following details in respect of each matter:

Date Notified	Name of Insurer	Claim For (e.g. harassment etc)	Brief Description of Matter	Amount Paid or Outstanding	Finalised or Outstanding
				\$	
				\$	
				\$	
				\$	
				\$	

39(c). Do any circumstances exist that might give rise to an Employment Practices claim against the Business, its Partners, Principals or Directors? Yes No

If "Yes", please supply the following details in respect of each matter:

Claim For (e.g. harassment etc)	Brief Description of Matter	Estimate of Potential Liability
		\$
		\$
		\$
		\$

N. IMPORTANT INFORMATION and DECLARATION

THE INSURER

Insurer:

This Policy is underwritten by QBE Insurance (Australia) Limited, ABN 78 003 191 035, AFS Licence No. 239545 of 82 Pitt Street, Sydney.

UAA – The Insurers Agent:

Underwriting Agencies of Australia Pty Limited, (ABN 86 003 565 302, AFS Licence No. 238517)

PRIVACY

UAA includes information about how We manage Your personal information in our Policy Booklets. You can obtain a copy of the UAA Privacy Policy Statement from our website www.uaa.com.au or the Insurer's Privacy Policy at www.qbe.com

DUTY OF DISCLOSURE

The law requires You to tell the Insurer everything You know (or could reasonably be expected to know in the circumstances) which is relevant to the Insurer's decision to insure You and the terms on which the Insurer insures You.

This duty applies before You enter into a contract with the Insurer, that is, before the Insurer accepts Your proposal and also each time before You alter or renew the Policy.

Each person named as the Insured has the same duty.

Non-Disclosure

If You do not tell the Insurer everything necessary, the Insurer, may reduce or refuse to pay a Claim, or cancel the Policy. If You act dishonestly, the Insurer may invalidate the Policy from its beginning and not be bound by it.

You don't need to tell the Insurer anything which: reduces the risk, is common knowledge, the Insurer already knows, or ought to know in the ordinary course of its business, or the Insurer indicates it does not want to know. If You are not sure that something is relevant, it is best to disclose it anyway.

INADEQUATE SPACE TO ANSWER

If there is inadequate space to answer any question, or You need to disclose something to the Insurer because of Your Duty of Disclosure, please attach a separate piece of paper to this Insurance Proposal giving full details of the additional information.

DECLARATION AND AUTHORISATION

1. The Duty of Disclosure, Non-Disclosure and Inadequate Space to Answer notices set out above have been read by me/us.
2. All answers and statements made in this Insurance Proposal are true and accurate in every respect and no information has been withheld which is likely to affect the Insurer's decision about accepting this insurance.
3. I/We acknowledge the Insurer reserves the right to decline any Insurance Proposal.

I/We the undersigned authorised proposed Insured(s), after enquiry declare as follows:

1. I am/We are authorised by each of the proposed Insured(s) to make this application for insurance
2. I/We have read and understood the Notice to the proposed Insured on the front of this Insurance Proposal
3. I/We have read this Insurance Proposal and the accompanying documents and acknowledge the contents of same to be true and complete
4. I/We understand that, up until a contract of insurance is entered into, I am/We are under a continuing obligation to immediately inform the Insurer of any change in the particulars or statements contained in this Insurance Proposal or in the accompanying documents

Although the signing of this Insurance Proposal does not bind the Insurer to offer insurance to You, You acknowledge that the particulars and statements contained in this Insurance Proposal and in the accompanying documents will be relied on by Us and will form the basis of the contract should a Policy be offered and issued to You. You also acknowledge that the Insurance Proposal and the accompanying documents will be incorporated into the Policy.

Signed by Managing Director and/or Chief Executive Officer	X	Date	/ /
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YOUR INSURANCE BROKER



Underwriting Agencies of Australia Pty Ltd

ABN 86 003 565 302
AFS Licence Number: 23 85 17

Head Office Newcastle:

Hunter Mall Chambers
175 Scott St
PO Box 656
Newcastle NSW 2300

P: (02) 4925 6666
F: (02) 4929 6621

Sydney Office:

Level 9 / 56 Station Street
Parramatta NSW 2150

P: (02) 9848 6645
F: (02) 9848 6522

Melbourne Office:

Suite 1, 1st Floor 176-178 High St
PO Box 2130
Preston VIC 3072

P: (03) 9495 1633
F: (03) 9495 1644

Brisbane Office:

5/192 Evans Rd
PO Box 202
Salisbury QLD 4107

P: (07) 3272 7502
F: (07) 3272 7503

Perth Office:

49 Ord St
PO Box 1664
West Perth WA 6872

P: (08) 9481 3773
F: (08) 9481 8773

Website: www.uaa.com.au
Email: proconenquiries@uaa.com.au