



ProCon – “Professional Contractor” SHORT FORM (RENEWAL) INSURANCE PROPOSAL

Notice to the Insured - *This notice must be read before You complete this Short Form (Renewal) Insurance Proposal form.*

IMPORTANT NOTICE - *This short form (Renewal) insurance proposal form is for Insured’s who have an existing ProCon Policy and who have previously completed a full Insurance Proposal at the inception of their expiring Policy.*

If you require UAA to consider a Policy Section within the ProCon Policy for which Your expiring policy does not currently cover, please complete and submit the full 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 notified 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



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

A. EXPIRING INSURANCE COVERAGE					
COVER	CURRENTLY INSURED	CURRENT LIMIT OF INDEMNITY	CURRENT DEDUCTIBLE	RENEWAL LIMIT OF INDEMNITY REQUESTED	RENEWAL 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"/>	\$	\$	\$	\$
Broadform Liability 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"/>					
NOTE - If You require UAA to consider a Policy Section within the ProCon Policy for which Your expiring policy does not currently cover, please complete and submit the full Insurance Proposal Form.					
Renewal Period of Insurance requested	From	/	/	To	/ / at 4pm

B. DETAILS OF INSURED																						
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.																						
i																						
ii																						
iii																						
iv																						
2. Tax Status																						
Registered Business: Yes <input type="checkbox"/> No <input type="checkbox"/>										ABN											Taxable	%

C. OCCUPATION & BUSINESS ACTIVITIES OF THE INSURED

3. Since the completion of Your last Insurance Proposal, have there been any changes to the nature of Your occupation and/or business activities? Yes No

If "Yes", please detail below business activity and type of work now undertaken and the approximate percentage of your fee income 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)	%
	%
	%
	%
	%

4(a). 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 Service Provided	% of Turnover
		%
		%
		%

4(b). 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).

5. Percentage of Your work which is undertaken in accordance with plans, specifications and under the direction of third parties. %

6. Will You perform work outside of Australia, or work for clients located overseas? Yes No

If "Yes", please supply details.

7. Do You envisage any substantial changes in Your Business or Business activities or are there any major new operations contemplated during the next 12 months? Yes No

If "Yes", please supply details.

D. ESTIMATED PAYROLL, TURNOVER & FINANCIAL POSITION

8. Estimated Annual Payroll (including earnings of principals, directors, partners)	Total Payroll	\$	No. of Staff	
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9. Estimated Annual Turnover	\$
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10. Please provide turnover percentage split by State (must equal 100%)

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

11. 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)	\$	\$

12. 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?
(Please provide copies of the indemnity & insurance clauses of the Labour Hire Agreements entered into.) Yes No

(e) For the purposes of Policy Section 1 – Broadform Liability, 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 No

E. CLAIMS HISTORY “BROADFORM LIABILITY” - only complete this section where Broadform Liability is an expiring insurance coverage

13. Are there any Claims or notification of potential Claims for Legal Liability against the Business, principals, Employees, consultants or predecessors that have not previously been reported or notified to UAA? 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
				\$	
				\$	
				\$	

F. CLAIMS HISTORY “PROFESSIONAL CIVIL LIABILITY” - only complete this section where Professional Civil Liability is an expiring insurance coverage

14. Are there any Claims or notification of potential Claims for professional negligence or breach of professional duty against the Business, principals, Employees, consultants or predecessors that have not previously been reported to UAA? 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
				\$	
				\$	
				\$	
				\$	

G. CLAIMS HISTORY “DIRECTORS’ AND OFFICERS’ LIABILITY” - only complete this section where Directors’ and Officers’ Liability is an expiring insurance coverage

15. Are there any Claims or notification of potential Claims against any Director or Officer, in their capacity as a Director or Officer of the Business or any other company, organisation or trust that have not previously been reported to UAA? 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
				\$	
				\$	
				\$	
				\$	

H. CLAIMS HISTORY “STATUTORY LIABILITY” - only complete this section where Statutory Liability is an expiring insurance coverage

16. Are there any Claims or notification of potential Claims for any fine or penalty or infringement notice (other than Road Traffic) imposed by Federal, State, Local Government or other regulatory authority that have not previously been reported to UAA? 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
				\$	
				\$	
				\$	
				\$	

I. CLAIMS HISTORY “EMPLOYMENT PRACTICES LIABILITY” - only complete this section where Employment Practices Liability is an expiring insurance coverage

17. Are there any Claims or notification of potential Claims for any Employment Practices Claims against the Business, its partners, principals or Directors including but not limited to any Claim alleging unlawful discrimination, defamation, unlawful dismissal, invasion of privacy or harassment that have not previously been reported to UAA? 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
				\$	
				\$	
				\$	
				\$	

J. 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)

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 this Short Form (Renewal) Insurance Proposal giving full details of the additional information.

DECLARATION AND AUTHORISATION

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

1. I am/We are authorised by each of the Insured(s) to make this application for insurance
2. I/We have read and understood the Notice to the Insured on the front of this Short Form (Renewal) Insurance Proposal
3. I/We have read this Short Form (Renewal) 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 Short Form (Renewal) Insurance Proposal or in the accompanying documents

Although the signing of this Short Form (Renewal) Insurance Proposal does not bind the Insurer to offer insurance to you. You acknowledge that the particulars and statements contained in this Short Form (Renewal) 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 Short Form (Renewal) Insurance Proposal and the accompanying documents will be incorporated into the Policy.

Signed, Managing Director and/or Chief Executive Officer

X

Date

/ /

YOUR INSURANCE BROKER

Empty box for signature of insurance broker.