

General Consultants Professional Liability Proposal Form

Please read the following notices. They are for your information and do not form part of the insurance contract. They do not impose contractual obligations on you or create contractual rights.

Your Duty of Disclosure

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms. You have this duty until we agree to insure you. You have the same duty before you renew, extend, vary or reinstate an insurance contract. You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- · we know or should know as an insurer; or
- · we waive your duty to tell us about.

If you do not tell us something

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both. If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Claims Made Policy

This policy is issued on a 'claims made and notified' basis. This means that the Insuring Clause responds to:

- claims first made against you during the Period of Insurance and notified to the insurer during the Period of Insurance, provided 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
- written notification of facts pursuant to section 40(3) of the Insurance Contracts Act 1984. The facts that you may decide to notify, are those which might give rise to a claim against you. Such notification must be given as soon as reasonably practicable after you become aware of the facts and prior to the Period of Insurance expiring. If you give written notification of facts the policy will respond even though a claim arising from those facts is made against you after the policy has expired. For your information, s40(3) of the Insurance Contracts Act 1984 is set out below:

'S40(3) Where the insured gave notice in writing to the insurer of facts that might give rise to 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 the insurance cover provided by the contract.'

When the Period of Insurance expires, no new notification of facts can be made on the expired policy even though the event giving rise to the claim against you may have occurred during the Period of Insurance.



Underinsurance provision

If your policy provides for 'Costs in Addition' to the limit of liability and if a payment in excess of the limit of liability available under your 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 liability available under this policy bears to the amount paid to dispose of the claim payments.

Subrogation waiver

Our policy contains a provision that has the effect of excluding or limiting our liability in respect of a liability incurred solely by reason of the insured entering into a deed or agreement excluding, limiting or delaying the legal rights of recovery against another.

Privacy

FTA Insurance complies with the Privacy Act 1988 and the Australian Privacy Principles therein. If we disclose personal information to you for any reason you must also act in accordance with and comply with the terms of the Privacy Act and the Australian Privacy Principles.

Agent of the Insurer

In effecting this insurance contract FTA will be acting under an authority given to it by the insurer to effect the contract and FTA will be effecting the contract as agent of the insurer and not of the Insured.

Purpose for collection of information

FTA Insurance Pty Ltd is committed to compliance with the Privacy Act 1988 (Cth). We use your personal information to assess the risk of and provide insurance, and assess and manage claims.

We provide your information to the insurers we represent when we receive a submission from your broker, decline, quote or issue and administer your insurance. We may also provide your information to your broker and our contracted third party service providers (e.g. claims management companies, auditors and solicitors), but will take all reasonable steps to ensure that they comply with the Privacy Act.

Our Privacy Policy contains information about how you can access the information we hold about you, ask us to correct it, or make a privacy related complaint. You can obtain a copy from our Privacy Officer by telephone 02 9003 1660, email quotes@FTAinsurance.com.au or by visiting our website www.FTAinsurance.com.au.

By providing us with your personal information, you consent to its collection and use as outlined above and in our Privacy Policy.

Contact Details:

FTA Insurance PO Box 21 Roseville NSW 2069 Ph: 02 9003 1660

Email: quotes@FTAinsurance.com.au Web site: www.FTAinsurance.com.au



General Details:

1. Insured Details

Name of Insured						ABN		Date Established
2. Main contact dea	tils of Insured							
Principal	ins or moureu							
trading address								
Web site								
Contact Email								
3. Individual, partne	er, principal, director,	cor	nsultar	nts deta	ils:	T		
						Year	Length of Service This Previous	
Name			Age	Qualifications		Qualified	practice	
4. Number of emplo	oyees split between t	he f	followi	ng:		l	l	
Principals/Directors	Qualified Staff		dmin St					
,					,	(pis specify) Total		
No □ Yes □ If Y	onnected or associate es is cover required f Yes If Yes ple the work un Company	or v	work c	omplete y the re	d for Ass lationshi	sociated cor ip with the A	mpany? Associate	ed Company,
	years has the propos r has any merger or c						ner busir	 ness been
•	es please provide de				p.3001			
163 111	es piease provide de	tans	•					



Section 2 Claims Information

7.	After f	-	y has the pro	oposer sustained any loss through the	fraud or dis	honesty of	any
No	•		Yes please p	rovide details			
8. No	order	applicable	to any past	oser aware of any fraud, dishonesty, book or present principal, partner, director rovide details			ration
9. <u>No</u>	partne	r, directo	r, or employ	aim been made against the proposer's ee whilst in this or any other business? rovide details (please use a separate p	?		pal,
	ate otified	Insurer	Claimant (or potential Claimant)	Brief Description	Amount paid including legal costs	Estimate of amounts to be paid	Finalised or open
10. No	could i	result in a or, or emp	ny claim bei nloyee whilst	oser aware of any circumstance or inc ng made against the proposer's busine in this or any other business? rovide details		•	
11. No	discipl other l	inary prod business?	ceedings or a	ncipal, partner, director or employee ctions for misconduct in a professiona rovide details	-	•	or any
			. 35 picuse p				



Section 3 Activities undertaken by the Insured

			Last Financial Year Ended /		ent Financi		Coming Financial Year Ending /		
Australia									
Elsewhere	<u> </u>								
Total									
			d as derived and income		ts based "El	sewhere'	' please provi	de details	
							he proposer'		
NSW	Vic	Qld	WA	SA	Tas	ACT	NT	O/S	
%	%	%	%	%	%	9	%	%	
.or ricuse	provide tui	descriptio	n of the acti	vicies unde	rtaken by tr	ne propos	er		
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Sectior 16. Does th which c	1 4 Ins ne propose cover is bei	rance currently ing sought?	Covera	ge sional Inder				ctivities for	
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Section 16. Does the which controls and the management of the man	n 4 Ins ne propose cover is bei	rance currently ng sought? es please pr	Covera nave Profes ovide detail	ge sional Inder	mnity Insura	ance in fo	rce for the ac	mber of yea inuously hel	



INSURANCE
18. Please provide me with quotes for the following Limits of Liability:
□ \$1,000,000
□ \$2,000,000
□ \$5,000,000
□ \$10,000,000
□ \$20,000,000
Section 5 Declaration
19. I declare that I am authorised to complete this Proposal Form on behalf of the Insured, that I have made reasonable enquiries to ascertain the truth of all the statements and that to the best of my knowledge and belief the statements and particulars in this Proposal Form are true and correct and no material facts have been omitted or misrepresented. I undertake to inform FTA Insurance of any change to any material fact which occurs before any insurance based on this Proposal Form is entered into.
X
Name and Position of person signing:
Date: