



Home Sustainability Assessors and Energy Raters

**Professional indemnity and
Public & Products liability insurance**

Proposal form

Please return completed proposal form to:

Aon Risk Services Australia Limited
Level 33, 201 Kent Street, Sydney NSW 2000
GPO Box 4189, Sydney NSW 2001
Phone: 02 9253 7000 Tollfree: 1800 251 774
Fax: 02 9253 7291 ABN 17 000 434 720

Notice to the proposed insured

It is a requirement of the Insurance Contracts Act 1984 and the Corporations Act 2001 that the following notices 1, 2, 3, 4 and 5 be brought to your attention before you complete this proposal form.

1. Disclosure of relevant facts

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 reasonably be expected to know, that is relevant to the Insurer's decision whether to accept the risk of the 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 a matter:

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

The requirement of full and frank disclosure of anything which may be material to the risk for which you see cover (e.g. claims, whether founded or unfounded), or to the magnitude of the risk, is of the utmost importance with this type of insurance. It is better to err on the side of caution by disclosing anything which might conceivably influence the Insurer's consideration of your proposal.

2. Claims made and notified policy

This proposal is for a "claims made and notified" policy of insurance. This means that the policy covers you for claims made against you and notified to the Insurer during the period of cover. This policy does not provide cover in relation to:

- events that occurred prior to the retroactive date of the policy (if such a date is specified);
- claims made after the expiry of the period of cover even though the event giving rise to the claim may have occurred during the period of cover;
- 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 cover;
- facts or circumstances which you first became aware of prior to the period of cover, 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 proposal form for the current period of cover or on any previous proposal form.

However, where you give notice in writing to the Insurer 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 cover, the policy will, subject to the terms and conditions, cover you notwithstanding that a claim is only made after the expiry of the period of cover.

Upon expiry of the policy no further claims can be made thereunder and the need to maintain insurance or arrangement of Run-Off cover is essential.

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

3. Broker acting as agent of insurer

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

4. Claims notification

If you become aware of a claim or of circumstances that could give rise to a claim in the future, you should notify us in writing immediately, so that we can notify your Insurer on your behalf. If you become aware of a claim or of circumstances and you do not notify them during the policy period, you could be left uninsured or facing a reduced payout from your Insurer in respect of that claim or any future related claim.

5. Subrogation agreements

Where another person would be liable to compensate you for any loss or damage otherwise covered by the policy, 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 policy for any such loss or damage.

Aon's privacy statement

Aon has always valued the privacy of personal information. When we collect, use, disclose or handle personal information, we will be bound by the Privacy Act 1988.

If you would like a copy of our Privacy policy, or wish to seek access to or correct the personal information we collected or disclosed about you, please telephone or email your Aon contact or access our website – www.aon.com.au.

Home Sustainability Assessors and Energy Raters

Professional indemnity & public & products liability insurance

Please complete and return this proposal form to the Aon Sydney office.

If you are faxing your proposal form, please do not send the original.

Please note that this insurance is contingent upon complying with the criteria as set by the Department of Environment, Water, Heritage and the Arts (DEWHA) and prescribed by a Government endorsed accrediting authority, the Association of Building Sustainability Assessors (ABSA).

1. Details of insured

Name of **all** entities to be covered by this policy (*referred to in this proposal form as 'you' and your'*)
(If space provided is insufficient, please give full details on a separate addendum.)

Contact person

Mr Mrs Miss Ms

First name Family name

ABN

Postal Address

Suburb State Postcode

Phone Fax

Email

Website

2. Names of Practitioners, Principals, Partners, or Directors

Name	Age	Qualifications

3. Staff numbers. Please state numbers of:

- (a) Principals/Partners/Directors
- (b) Professionally qualified staff
- (c) Sub-Contractors, Consultants *
- (d) Other Staff
- TOTAL STAFF**

* Please note that this policy will indemnify you for your civil liability in connection with the professional services provided by Sub-Contractors and/or Consultants. Indemnity will not extend to Sub-Contractors and/or Consultants who committed an act, error or omission.

Cover can be extended to include Sub-Contractors and/or Consultants for an additional charge of \$250 plus statutory charges, per Sub-Contractor and/or Consultant.

4. Do you require comprehensive cover for your Sub-Contractors/ Consultants? Yes No

5. State your total annual gross fee income derived from your activities? \$

(If a new business or operating less than 12 months, please advise estimate for the next 12 months. Please also include payments made to Sub-Contractors and/or Consultants.)

6. The policy only covers Certified Home Sustainability Assessing, Energy Rating and training* in energy rating and assessing. Should you require cover for any other activities, please advise below.

(Note: 100% training activities do not automatically obtain the rates for Assessors & Raters)

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7. State the approximate percentage of your activities applicable to each state, territory and overseas.

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

8. Limits of Indemnity (please tick the relevant box indicating limit of cover required)

(a) Professional Indemnity

\$2,000,000 \$5,000,000 Other \$

(b) Public & Products Liability - Limit of \$10,000,000 automatically included.

Other \$

9. Claims/circumstances

(a) Have any claims ever been made against you, your predecessors in business or any of the present or past Partners or Directors? Yes No

(b) Are you aware, after enquiry, of any circumstances which may result in any claims against you, your predecessors in business or any present or past Partners or Directors? Yes No

(c) Has any Insurer ever declined, cancelled or imposed special conditions in relation to your liability insurance? Yes No

(If you have answered Yes to any of questions 10.(a), (b), and/or (c), please complete the enclosed Claims Addendum. If applicable, please supply claims reference number with the details.)

10. Are you currently insured? If Yes, please supply details below: Yes No

Broker	<input type="text"/>	Limit of Indemnity	\$ <input type="text"/>
Insurer	<input type="text"/>	Excess	\$ <input type="text"/>
Expiry date	<input type="text"/>	Premium	\$ <input type="text"/>

DECLARATION AND AGREEMENT

1. I/We acknowledge that I/We have read the Notice to the proposed insured included with this form, and I/We understand those notices. I/We acknowledge that if the proposal form is accepted, the insurance cover will be subject to the terms and conditions as set out in the policy wording.
2. I/We declare that the information contained in this proposal form is true and correct and that I/We have not suppressed nor mis-stated any facts.

Signature of Principal/Director

Date signed

Note: This proposal form can only be actioned once ALL questions have been answered and the above declaration has been signed and dated. Acceptance is also subject to underwriting guidelines.

Claims addendum

If you have answered Yes to any of questions 9.(a), (b) and/or (c) of this proposal form, please provide the following details in respect of each matter.

If more than one matter, copy this form as required before proceeding further.

If there is insufficient space to answer questions, please continue on your headed notepaper and attach it to this addendum.

Year of notification:

Name of insurer (if any):

Name of claimant:

Nature of problem:

Amount paid or estimated

Potential total liability

Is matter finalised or outstanding?

If possible, please provide a claims report from the insurer that is handling this claim.

Declaration

I/We confirm that the information provided above is true and correct.

Name of Practice

Signature of Principal/Director/Proprietor

Date signed