



Pest controllers

Professional indemnity insurance

Proposal form 2011 - 2012

Please return completed proposal form to your nearest Aon office (back page of proposal)

Aon Risk Services Australia Limited

ABN 17 000 434 720 : AFSL No. 241141

Level 1, 130 George Street, Parramatta NSW 2150

PO Box 1331, Parramatta NSW 2124

phone 02 8623 4000 tollfree 1800 251 774

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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 a 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 seek 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. 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.

4. Average provision

This policy provides that if a payment in excess of the limit of indemnity available under this 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. Any surplus will be deducted from claim payments.

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.

Pest controllers. Proposal form

2011 – 2012

Professional indemnity insurance

Please complete and return this proposal form to the Aon office in your state. (Refer to the back page.)
If you are faxing or emailing your proposal form, please do not send the original.

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 Ms Miss

First name Family name

Postal Address

Suburb State Postcode

Phone Fax

Email

Web address

Note: It is essential that you specify the names of all entities, including service companies, in respect of which insurance cover is required. All questions which follow and your duty of disclosure generally, will apply to each entity which you nominate.

2. ABN

3. Please advise the percentage of your Input Tax Credit (IPC). 100% Other %
Please indicate

4. Date business established

5. Staff numbers

(a) Partners / Principals / Directors	<input type="text"/>
(b) Employees (<i>include all full-time, part-time and casual employees</i>)	<input type="text"/>
(c) Administrative/clerical staff	<input type="text"/>
(d) Other (<i>please provide details</i>) _____	<input type="text"/>
TOTAL STAFF	<input type="text"/>

6. (a) Do you engage agents, consultants or sub-contractors? Yes No
(b) If Yes, do you insist they carry their own professional indemnity insurance? Yes No

7. Do you currently hold an industry licence relevant to this application for insurance? Yes No

If Yes, please provide full details.

8. Details of Income

Please state your gross income for the last 12 months derived from the following business activities:

<u>Business Activity</u>	<u>Gross Annual Income</u>
<p>(a) Pest Inspection Services * - for domestic (including pre-purchase inspection reports), commercial and industrial premises.</p>	<div style="border: 1px solid black; padding: 2px;">\$</div>
<p>(b) Pest Treatment * - for the purpose of eradication or control of pests, excluding fumigation or agricultural spraying.</p>	<div style="border: 1px solid black; padding: 2px;">\$</div>
<p>Total gross annual income</p>	<div style="border: 1px solid black; padding: 2px;">\$</div>

* Note: The policy wording defines pests as insects, termites, cockroaches, rodents, rabbits, foxes, birds, possums, spiders, fleas and weeds. If you require cover for any other pests, please contact our office.

9. Please state the approximate percentage of your activities (based on total gross income) applicable to each state, territory and overseas.

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

10. Have you undertaken any termite inspection or termite treatment work in the past 3 years or do you plan on undertaking any of this work in the next 12 months? Yes No

If Yes, please answer the Risk Management questions 11. (a), (b), (c) and (d) below.

If No, please proceed to question 12.

11. Risk Management

- (a)** Have you been assessed as competent in the National Pest Management Industry Competency Standards, Unit 8 "Inspect and Report on Timber Pests"? Yes No
- (b)** Do you complete either of the following Report Systems Australia Pty Ltd forms on every inspection service performed?

 - (i) Standard Timber Pest Inspection Reports Yes No
 - (ii) Standard Termite Inspection Reports Yes No
- (c)** Is your work conducted strictly in accordance with one or more of the following Australian Standards?

 - (i) AS 3660 Termite management Yes No
 - (ii) AS 4349.3 Inspection of buildings – Timber pest inspections Yes No
- (d)** Do all new employees receive training according to one or more of the following standards or systems?

 - (i) Report Systems Australia Pty Ltd Standard Timber Pest Inspection Reports and/or Standard Termite Inspection Reports Yes No
 - (ii) National Pest Management Industry Competency Standards, Unit 8 "Inspect and Report on Timber Pests" Yes No
 - (iii) Australian Standards AS 3660 and/or AS4349.3 Yes No

12. Limit of Indemnity (please tick the relevant box indicating limit of cover required)

(a) Professional Indemnity

\$1,000,000
 \$2,000,000
 \$3,000,000
 \$4,000,000
 \$5,000,000
 Other – please indicate cover required \$

(b) Broadform Liability (Public Liability) - Optional

\$5,000,000
 \$10,000,000
 \$20,000,000

13. 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"/>	Policy excess	\$ <input type="text"/>
Expiry date	<input type="text"/>	Premium	\$ <input type="text"/>

14. 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 liability insurance? Yes No
- (d) Have you ever been subject to disciplinary proceedings for professional misconduct by a professional society or any statutory registration board or been called upon to respond to a complaint? Yes No

(If you have answered Yes to any of questions 14. (a), (b), (c) and/or (d) please provide details on the attached Claims Addendum.

DECLARATION AND AGREEMENT

- 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.
- 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.

OFFICE USE ONLY

Inception date.

Total paid

Date stamp

Claims addendum

If you have answered Yes to any of questions 14. (a), (b), (c) and/or (d) 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/Partner

Date signed