



**BRUCE CHIENE**  
INSURANCE BROKERS

**Institute of Professional Organisers (IOPPO)**

**Professional Indemnity & Public Liability Application Form**

1. Full legal name of legal entity to be insured (including any trading names):
  
2. ABN or NZBN:
  
3. Address:
  
4. Main Contact Full Name:
  
5. Main Contact Email:
  
6. Main Contact Telephone Number or Mobile Number (Please include Country Code):
  
7. Total number of staff (on a full time equivalent basis):
  
8. During the last 5 years has any claim been made, or has negligence been alleged, against any entity or individual to be insured by this insurance (including any prior corporate entity and any of the present or former principals). Or have any circumstances which may give rise to a claim against any of these been notified to insurers? (if yes, please provide full details including any amounts paid to date and any outstanding amounts – attach addendum if necessary):
  
9. Are there any circumstances not already notified to insurers which may give rise to a claim against any entity or individual to be insured by this insurance (including any prior corporate entity and any other of the present or former principals?). If yes please provide details and an estimate of any liability:
  
10. Has any Principal or staff member ever been subject to disciplinary proceedings for professional misconduct?
  
11. Please provide numbers of which State or Territory your Staff are based in.

ACT:            NSW:            VIC:            QLD:            SA:  
WA:            TAS:            NT:            NZ:            Overseas:

*If you have any staff located overseas, please identify overseas country(ies). Please discuss with your accountant / tax representative any local taxes for overseas insurances.*



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12. (NSW ONLY) Are you a small business eligible for the exemption from the requirement to pay NSW duty on certain types of insurance?

*(Generally speaking, you are a small business if your aggregated turnover is less than \$2million.)*

**Declaration - I / we hereby agree declare that: My / Our attention has been drawn to the Important Notice accompanying this Proposal form and further i/we have read these notices carefully and acknowledge my / our understanding of their content by my / our signature/s below. The above statements are true. and I / we have not suppressed or mis-stated and facts and should any information given by me / us alter between the date of this Proposal Form and the inception date of the insurance to which this Proposal relates I / we shall give immediate notice thereof. I / we agree that, by submitting this form the personal information I / we provide to CGU Insurance Ltd in this form or otherwise may be collected, held, used and disclosed in the manner set out in the CGU Privacy Policy found at [www.cgu.com.au/privacy](http://www.cgu.com.au/privacy), including for processing this application and providing me / us with cover. I will also confirm that the undersigned is / are authorised to act for and on behalf of all persons who may be entitled to indemnity under any policy which may be issued pursuant to this Proposal Form and i / we complete this Proposal Form on their behalf. To be signed by the chairman, managing director, principal, partner of the partnership, company, practice or business**

NAME:

POSITION:

SIGNATURE:

DATE:

START DATE OF COVER REQUIRED:

**PLEASE TURNOVER PAGE TO NOTIFY OF PAYMENT METHOD**



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Please indicate your preferred payment option:

	Member	NON Member
<input type="checkbox"/> LUMP SUM: Invoice will be sent shortly	\$758.00	\$946.00
<input type="checkbox"/> MONTHLY* First Instalment due 30/06/18:	\$101.07	\$118.94
Then 11 monthly payments from 30/07/18:	\$72.07	\$89.94

\*Monthly payment option is via Premium Funding and requires you to provide the additional information for Direct Debit authority please:

BSB: \_\_\_\_\_

A/C: \_\_\_\_\_

## IMPORTANT NOTICE TO APPLICANTS

**Please read and retain in your file.**

The proposed professional indemnity insurance is issued on a 'claims made' basis. This means that the policy responds to:

1. claims first made against the insured during the policy period and notified to CGU Professional Risks during that policy period, providing that the insured was not aware, at any time prior to the policy inception, of circumstances which would have alerted a reasonable person in the insured's position that a claim may be made against the insured, and
2. 'claims circumstances' notified pursuant to Section 40 (3) of the *Insurance Contracts Act* which states:  
*"where the insured gave notice in writing to the insurer of facts that might give rise to a 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 insurance cover provided by the contract"*.

After policy expiry, no new claims can be made on the expired policy even though the event giving rise to the claim may have occurred during the policy period.

If during the policy period you become aware of circumstances which a reasonable person in your position would consider may give rise to a claim, and which you fail to notify to us during the policy period, we may not cover you under a subsequent policy for any claim which arises from these circumstances.

When completing the proposal you are obliged to report and provide full details of all circumstances of which you are aware and which a reasonable person in your position would consider may give rise to a claim. It is important that you make proper disclosure (see Duty of Disclosure below) so that your cover under any new policy with us is not compromised.

Pursuant to the Insurance Contracts Act your duty to disclose all relevant information is set out below.



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### **Duty of Disclosure**

Before entering into a contract of general insurance, you have a duty, under the Insurance Contracts Act, to disclose to us every matter that you are aware of, or could reasonably be expected to be aware of, that is relevant to our decision about insuring you and if so, on what terms. You have the same duty to disclose these matters to us before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of matter –

- that diminishes the risk to be undertaken by us;
- that is of common knowledge;
- that we know or, in the ordinary course of our business, ought to know;
- as to which compliance with your duty is waived by us.

You should note that your duty continues after the proposal form has been completed and until the policy entered into.

### **Non-disclosure**

If you fail to comply with your duty of disclosure, we may be entitled to reduce our liability under the policy in respect of a claim or may cancel the policy. If your non-disclosure is fraudulent, we may also have the option of avoiding the contract from its beginning. It is therefore vital that you enquire of all entities comprising the insured, including senior staff, before completing the proposal form and before you sign any declaration confirming there is no change in the information disclosed.

### **Retroactive Liability**

The proposed insurance may be limited by a retroactive date either stated in the schedule or endorsed onto the policy. Where the retroactive cover provided by the proposed policy is subject to such a date, then the policy does not cover any claim arising from actual or alleged act, error, omission or conduct occurring prior to such retroactive date.

### **Average Provision**

One of the insuring provisions of the proposed insurance may provide that where the amount required to dispose of a claim exceeds the limit of the sum insured in the policy, then CGU Professional Risks shall be liable only for a proportion of the total costs and expenses. This shall be the same proportion of the total expenses as the policy limit bears to the total amount required to dispose of the claim.

### **Surrender of Waiver of any Right of Contribution or Indemnity**

If another person or company is liable to compensate you or hold you harmless for part or all of any loss or damage otherwise covered by our policy, but you agree with that person or company (either before or after the inception date of our policy) that you would not seek to recover any loss or damage from them, we will not cover you for this loss or damage.