
Professional Indemnity Insurance Proposal Form

Design & Construct

(with Addendums for Architects, Engineers, Environmental Consultants, Surveyors and Valuers)

IMPORTANT NOTICE

Your Duty of Disclosure

Before you enter into a contract of general insurance with any insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer every matter you know or could reasonably be expected to know to be a matter relevant to the decision of the insurer whether to accept the risk 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 insurance.

Your duty however does not require disclosure of a matter:

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

The requirement of full and frank disclosure of anything which may be material to the risk for which you seek cover (for example, claims, whether founded or unfounded), is of the utmost importance with this type of insurance.

If you do not understand any part of this Proposal Form, seek advice from your professional insurance adviser, as you will be bound by your answers and any of the information provided by you.

Non-Disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce their liability under the contract in respect of a claim. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

Claims Made & Notified Insurance

This insurance is written on a "claims made and notified" basis. This means that the insurer indemnifies you for Claims (as defined) that are made against you during the period of insurance and notified to the Insurer during the period of insurance. The policy does **not** provide cover for any claims made against you during the period of insurance if at any time prior to commencement of the period of insurance you became aware of facts which might give rise to those Claims being made against you.

Section 40(3) of the Insurance Contracts Act 1984 provides that where you gave notice in writing to the insurer of any facts that might give rise to a Claim against you as soon as reasonably practical after you become aware of those facts, but before the

expiry of the period of insurance, the insurer cannot refuse to pay a Claim which arises out of those facts, when made, because it was made after the period of insurance had expired.

The policy does not cover your civil liability for breach of professional duty arising from any claim:

- first made prior to the inception of the Policy;
 - directly or indirectly based upon, or attributable to, or in consequence of, any incident, occurrence, fact or matter which you knew or ought or should have reasonably known, had the potential to give rise to a claim under the Policy; or
 - directly or indirectly based upon, or attributable to, or in consequence of any fact, matter, circumstance or occurrence which has been notified under any other insurance attaching prior to the inception date of the Policy.
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Retroactive Date

The proposed insurance may be limited by a retroactive date. If so, the policy will not cover any claims or circumstances arising from any events, omissions or conduct prior to such retroactive date.

Subrogation

Where you have prejudiced the insurer's rights to recover a loss from another party, this may have the effect of excluding or limiting the insurers liability in respect of that loss.

Change in Risk or Circumstances

You should advise the insurer(s) as soon as practicable of any material change in your business activities (as disclosed in the Proposal Form).

Privacy

New privacy legislation took effect on 21st December 2001. The legislation regulates the way private sector organizations can collect, use, keep, secure and disclose personal information. We have developed a privacy policy that explains what sort of personal information we hold about you and what we do with that information. Please refer to our website for a copy of our Privacy Statement.

Additional Notes

If there is insufficient space to adequately complete your answers, please provide further details on your letterhead, clearly identifying the question referenced.

Proposer Details

New Business

Renewal to Newline

1. Name of Firm to be Insured (including any predecessors):

Entity to be Insured	ABN	Commencement Date

2. Address of the Firm:

3. Website of Firm (if applicable):

www.

4. Contact Details:

Contact Person	
Email	
Telephone	

5. Date since the Firm has continuously carried on the business:

6. Please provide details of the Principal(s) of the Firm:

Name in full of all Partners / Principals / Directors	Qualifications	Date Qualified	How many years as a Partner / Principal / Director	
			This Practice	Prior Practice

7. Please state total numbers of:

Principals/Directors		Other Technical Staff	
Qualified staff		Administrative/Other staff	

8. In the past five (5) years, has your staff size increased or decreased by more than 50%

Yes No

9. Does the Firm belong to any Professional Associations?

Yes No

If Yes, please specify:

SUB-CONTRACTORS

10. (a) Do you use the services of independent contractors, sub-contractors or agents?

Yes No

(i) If **No**, proceed to question 11. If **Yes**, do you require them to maintain their own Professional Indemnity insurance?

Yes No

(ii) If **Yes**, what limit of indemnity do you require them to carry?

\$

- (iii) If **No** to Question 10(a)(i), do you require any consultant, sub-contractor or agent to be indemnified under your insurance? Yes No

If **Yes**, please state:

Name	Qualifications	Fees Paid (last financial year)

- (iv) Do you enter hold harmless or similar agreements which limits legal rights , entitlements or recoveries against such consultants, sub-contractors or agents? Yes No

If **Yes**, provide full details:

- b) What percentage of your income relates to sub-contracted work?

%

GENERAL INFORMATION

11. (a) Has any person for whom insurance is now sought ever been the subject of disciplinary proceedings by any professional organisation of which they are a member? Yes No
- (b) In the last complete financial year, did more than 30% of fee income derive from one client? Yes No
- (c) In the last five (5) years, has the firm merged with or acquired any other business entity? Yes No
- (d) Do you anticipate any material changes to the firm or it practice within the next 12 months? Yes No

If **Yes** to any of the above, please give full details:

- (e) Does the Firm or any Principal, Partner or Director act on behalf or undertake work for any firm, company or organisation in which the Firm or the Principal / Partner / Director has a financial interest? Yes No

If **Yes**, does your Principal, Partner or Director perform an executive role or hold a position whereby he or she is able to make a major policy decision on behalf of such firm, company or organisation? Yes No

Is such other firm, company or organisation associated with any process of manufacture, construction, or erection or any form of contracting or supply? Yes No

12. Are any of your activities already covered under a Single Project Professional Indemnity insurance policy? Yes No

If **Yes**, please provide the following:

Description of Project	Approximate Contract Value	Sum Insured	Approximate Completion Date

13. Do you enter into Build Own & Operate (BOO) contracts or Build Own Operate & Transfer (BOOT) contracts? Yes No

If **Yes**, please provide details:

14. Have you ever taken equity stakes in the projects you have been commissioned to work on? Yes No

If **Yes**, please provide details:

FEE INCOME INFORMATION

15. a) Please provide details of gross fees received for the following financial years:

	Last Year	Current Year	Estimated Year
Year End (Month / Year)	/	/	/
Gross Turnover	\$	\$	\$

b) Percentage of work undertaken overseas (Last Year)

USA / Canada:	%	Elsewhere Overseas:	%
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c) Please provide a breakdown of your Professional Fee Income and other turnover:

Professional Fee Income is income derived from:

- design or specification (including drafting);
- supervision of construction works;
- feasibility studies for construction works;
- calculation or provision of technical information;
- advice of a technical nature;
- surveying (including quantity surveying);
- testing and commissioning;
- project management for a fee;
- construction management for a fee;
- training in relation to any of the above.

		Current Financial Year		Next Financial Year Est.	
		Professional Fee Income	Other Turnover	Professional Fee Income	Other Turnover
1	Full Design / Construction (T/O with Fee element) Turnover where the Firm designs and constructs from its own design and provides full technical supervision	\$	\$	\$	\$
2	Design / Technical Services only (Fees only) Fees where the Firm provides design and technical services only (i.e. no construction is undertaken by the Firm)	\$		\$	
3	Project Management / Supervision (Fees only) Fees where the Firm provides project management or supervision of construction services only (i.e. no construction is undertaken by the Firm)	\$		\$	
4	Contingent Design - Construction (T/O only) Turnover where the Firm constructs from others' design performed on behalf of the Firm (i.e. where there is a contingent design liability)		\$		\$
5	Contingent Design - Supervision (T/O only) Turnover where the Firm constructs from others' design and others' technical supervision		\$		\$
6	Other turnover or fee income not specified above	\$	\$	\$	\$
Total		\$	\$	\$	\$

PROFESSIONAL FEE Income Split only:

Current Year (Items 1, 2, 3 & 6 above)

Engineering *	%
Environmental Consulting *	%
Architecture / Drafting *	%
Surveying *	%
Valuation Work *	%
Town Planning	%
Soil/Foundation Consultancy	%
Expert Witness / Mediation	%
Feasibility Studies	%
Construction / Project Management	%
Other work (give details)	%
Total	100%

NOTE: Where denoted * above, a separate *Addendum* is required to be completed.

PROFESSIONAL FEE Income only by Work Type

Current Year (Items 1, 2, 3 & 6 above)

Work Type	
Home Building	
Individual Dwellings	%
Low Rise Buildings (up to 3 Floors)	%
High Rise Buildings (above 3 Floors)	%
Modular Buildings / Modular Design	%
Hotels	%
Public / Commercial Buildings	
Hospitals	%
Schools / Universities	%
Office / Retail / Warehouses	%
Municipal Buildings/ Recreation Centres	%
Engineering / Construction	
Highways	
Bridges / Tunnels / Dams	
Harbours / Jetties	
Sewerage / Water Schemes	%
Industrial	
Power / Manufacturing Plants	%
Refineries / Petrochemical Installations	%
Mechanical Plant / Bulk Handling Equipment	%
Industrial Building Systems	%
All Other	
	%

(d) Please provide a percentage split of your FEE income by geographical area:

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

(e) Please provide a brief description of each of the five (5) largest contracts undertaken by you during the last five (5) years and the income derived from those contracts:

	Approximate Completion Date	Description of Services Performed	Firm's Contract Value	Total Contract Value
1			\$	
2			\$	
3			\$	
4			\$	
5			\$	

OPTIONAL COVERAGE EXTENSIONS

16. Do you require cover for the **Previous Business Activities** of any Partner / Principal / Director? Yes No

If **Yes**, Please complete the following. If **No** please proceed to question 17.

Name of Principal		
Name of Practice		
Position at Practice		
Period at Practice		
Fees for Practice (last complete year)	\$	\$
Reason for Leaving		

17. Do you require the cover to indemnify you in respect of any **Joint Ventures** you are involved in? Yes No

If **Yes**, give full details of the nature of the Joint Venture and the parties involved:

18. Do you require any **Fidelity** cover? Yes No

If **No**, go directly to Question 19. If **Yes**, please complete the balance of Question 18.

(a) Are satisfactory written references obtained from former employers for at least three years prior to the engagement of any employee responsible for money, accounts or goods? Yes No

(b) Has the proposer/s suffered any loss through fraud or dishonesty or are you aware, AFTER ENQUIRY, of any circumstances which might give rise to a loss against the Firm? Yes No

If **YES**, state date, circumstances, amount and steps taken to prevent a recurrence:

(c) Do all cheques drawn for more than \$5,000 require at least two signatures? Yes No

(d) Is cash in hand and petty cash and bank reconciliation checked independently of those employees responsible for cash or to deposit into or withdraw from bank accounts? Yes No

(e) Are bank statements, receipts, counterfoils and supporting documents checked at least monthly against the cash book entries independently of those employees making cash book entries or paying into the bank? Yes No

(f) Are employees receiving cash and cheques in the course of their duties required to pay in daily? Yes No

INSURANCE HISTORY

19. Has the Firm (or its predecessors or any past or present principal or director) had any insurer decline a proposal, impose special terms or had a similar insurance cancelled or refused to renew? Yes No

If Yes, please provide full details:

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20. Are you currently insured for Professional Indemnity insurance? Yes No

If Yes, please confirm:

Name of Insurer(s)	
Limit of Indemnity	
Retroactive Date	
Premium (excl GST & Stamp Duty)	
Excess	
Renewal Date	

LIMITS & EXCESS

21. (a) For what Limit/s of Indemnity are quotations required?

\$1,000,000 \$2,000,000 \$3,000,000
\$5,000,000 \$10,000,000 \$20,000,000

Other - Please specify:

\$

- (b) Is a reinstatement of the Limit of Liability required? Yes No

- (c) There will be a minimum level of uninsured excess. Is a quotation required with a voluntary excess to achieve a premium saving? Please tick as appropriate:

\$5,000 10,000 \$20,000 \$50,000

Other - Please specify:

\$

CLAIMS INFORMATION

22. (a) If an insurance similar to that now proposed has been or is now in effect would any claim which has been made or which is now pending against any persons proposed for insurance fall within the scope of such insurance? Yes No

If Yes, please give details including date and cost/estimated cost of claim/loss:

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If Yes, what steps have been taken to prevent a recurrence?

- (b) Is any person aware, AFTER ENQUIRY, of any circumstances or incidents which he/she has reason to believe might give rise to any claim against the Firm or any Directors, Officers or Employees of the Firm? Yes No

If Yes, please give details including estimated cost of claim/loss:

RISK MANAGEMENT

21. Do you have a **documented** Risk Management programme? Yes No
22. Do you use engagement letters or a standard form of contract or agreement? Yes No

If No, please provide details of the basis of engagement?

If Yes, do your contracts contain any of the following:

- Hold Harmless or Indemnity Agreements inuring to your benefit? Yes No
- Hold Harmless or Indemnity Agreements inuring to the benefit of others? Yes No
- Guarantees or warranties? Yes No
- Disclaimers inuring to your benefit? Yes No

24. Are verbal reports always confirmed in writing? Yes No

If No, how are they substantiated?

25. Can you confirm that:

- Work undertaken by professional / technical staff is regularly reviewed by a Principal/Manager? Yes No
- Written procedures or checklists are used for the professional / technical services provided? Yes No
- Contracts /terms of acceptance are evidenced in writing, specifying the work to be undertaken and the extent of the firms responsibility? Yes No
- Records are kept of all contracts, letters of engagement, client meetings and phone calls? Yes No
- Diary systems, registers and other procedures are in operations to ensure that deadlines are met? Yes No
- Satisfactory documented references are always obtained for new employees undertaking professional / technical services? Yes No

DECLARATION

I hereby declare that:

1. I am authorised to complete this Proposal Form and to accept the quotation terms for this insurance on behalf or the Firm referred to in Question 1 (including on behalf of its partners, principals and directors); and
2. All answers to the questions contained in this Proposal Form are, AFTER ENQUIRY, true and correct to the best of my knowledge and belief and that no material facts have been misstated, omitted or suppressed; and
3. I have received the Important Notice at the beginning of this Proposal Form and I have read and understood the contents therein; and
4. I understand that, up until a contract of insurance is entered into, I am under a continuing obligation to immediately inform the Underwriters of any change in the particulars or statements contained in this Proposal Form or accompanying documents; and
5. I understand that the submission of this Proposal Form does not bind either the Underwriters or the Firm specified in Question 1 to enter into a binding contract of insurance.

Signed: _____

Capacity: _____

Company: _____

Date: _____

A copy of this proposal should be retained by you for your own records.

ARCHITECTS ADDENDUM

1. Please confirm the amount of fee income from all Architectural related activities:

\$

2. Of the amount detailed in Question 1 above, please confirm if you provide any of the following service and the percentage of fee income from such services:

	Yes <input type="checkbox"/>	No <input type="checkbox"/>	% of Fee Income	% of that Fee Income Let to Outside Consultants
Architecture	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	%
Architectural Consultancy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	%
Drafting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	%
Interior Design	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	%
Landscape Architecture	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	%
Town Planning / Feasibility Studies	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	%
Drafting Planning Applications	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	%
Project Co-Ordination	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Project Management	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	%
Quantity Surveying	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	%
Building Surveys	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	%
Abortive Work	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	%
Heritage Consulting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	%
Other	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	%

3. If you engage consultants, sub-contractors and agents, do you:

- (a) Enter into any hold harmless agreements or otherwise waive any legal right or entitlements you may have against such consultants, sub-contractors and agents? Yes No
- (b) Insist that such consultants, sub-contractors and agents have their own professional indemnity insurance? Yes No

4. Do you engage in manufacturing, construction, erection or installation (or act as a Principal in relation to a contract involving manufacturing, construction, erection or installation)? Yes No

5. Are all employed or contracted:

Architects: registered with the registration board in the State / Territory in which they practice?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Landscape Architects: members of the Australian Institute of landscape Architects?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Town Planners: recognised by the Planning Institute of Australia?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Draftsmen / Designers: members of the Building Designers Association?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

6. Are any of your activities already covered under a Single Project Professional Indemnity insurance policy? Yes No

DECLARATION

I hereby declare that:

- I am authorised to complete this Addendum on behalf of the Firm referred to in Question 1 of the Proposal Form (including on behalf of its partners, principals and directors); and
- All answers to the questions contained in this Addendum are, AFTER ENQUIRY, true and correct to the best of my knowledge and belief and that no material facts have been misstated, omitted or suppressed; and
- I have read the Important Notice at the beginning of the Proposal Form and I have read and understood the contents therein; and
- I understand that, up until a contract of insurance is entered into, I am under a continuing obligation to immediately inform the Underwriters of any change in the particulars or statements contained in this Addendum.

Signed by:		Capacity:	
Company:		Date:	

ENGINEERS ADDENDUM

1. Please confirm the amount of fee income from all Engineering related activities (other than Environmental Engineering/ Environmental Consultants):

\$

2. Of the amount detailed in Question 1 above, please confirm if you provide any of the following service and the percentage of fee income from such services:

			% of Fee Income	% of that Fee Income Let to Outside Consultants
Acoustic Engineering	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	%
Aerospace Engineering	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	%
Bioengineering (excl Medical)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	%
Biomedical Engineering	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	%
Civil Engineering	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	%
Chemical Engineering	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	%
Electrical Engineering	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	%
Expert Witness	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	%
Feasibility Studies	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	%
Geotechnical / Soil Engineering	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	%
Heating / Ventilation Engineering	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	%
Hydraulic / Fire Engineering	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	%
Marine Engineering	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	%
Mechanical Engineering	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	%
Mining Engineering	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	%
Nuclear Engineering	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	%
Oil & Gas Engineering	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	%
Plumbing Engineering	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	%
Structural Engineering	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	%
Other	Yes <input type="checkbox"/>	No <input type="checkbox"/>	%	%

3. If you engage consultants, sub-contractors and agents, do you:
- (c) Enter into any hold harmless agreements or otherwise waive any legal right or entitlements you may have against such consultants, sub-contractors and agents? Yes No
- (d) Insist that such consultants, sub-contractors and agents have their own professional indemnity insurance? Yes No
4. Do you engage in manufacturing, construction, erection or installation (or act as a Principal in relation to a contract involving manufacturing, construction, erection or installation)? Yes No

DECLARATION

I hereby declare that:

- I am authorised to complete this Addendum on behalf of the Firm referred to in Question 1 of the Proposal Form (including on behalf of its partners, principals and directors); and
- All answers to the questions contained in this Addendum are, AFTER ENQUIRY, true and correct to the best of my knowledge and belief and that no material facts have been misstated, omitted or suppressed; and
- I have read the Important Notice at the beginning of the Proposal Form and I have read and understood the contents therein; and
- I understand that, up until a contract of insurance is entered into, I am under a continuing obligation to immediately inform the Underwriters of any change in the particulars or statements contained in this Addendum.

Signed by:		Capacity:	
Company:		Date:	

ENVIRONMENTAL ENGINEERS / CONSULTANTS ADDENDUM

1. Please indicate Fee income attributable to each of the following:

	Most Recent Full Financial Year	
	Work Performed by You	Work Sub-Contracted
ENVIRONMENTAL SERVICES		
Assessment / Preparation of Environmental Studies / Reports		
Assessment / Design of Environmental Schemes (landscaping, etc)		
Investigations, Feasibility Studies, inspections, Audits		
Remedial Design <u>with</u> Supervisory Services		
Remedial Design <u>without</u> Supervisory Services		
Environmental Project Management		
Preparation of Environmental Permit Applications		
Laboratory Testing & Analysis – chemical s & bacteria		
Laboratory Testing – Toxic substances (excluding Asbestos)		
Soil, Air, Water sample Testing		
Training & Education		
Preparation of Manuals and other publications		
Underground storage tank management		
Hydrogeology		
Soils Engineering		
Other (please specify):		
PROFESSIONAL SERVICES		
Project Management		
Sampling / Analysis		
Monitoring System design / installation		
Tank Testing / Monitoring		
Tank Design / Installation		

2. Do you undertake work of any nature (including analysis, monitoring, abatement, project management, transportation, design or removal) involving asbestos? Yes No
3. Do you undertake any mould abatement work? Yes No
4. Do you contract or sub-contract to provide hands on remediation services? Yes No

If **Yes**, please indicate billings attributable to the following:

	Most Recent Full Financial Year	
	Work Performed by You	Work Sub-Contracted
REMEDIAL IMPLEMENTATION		
Hazardous materials clean-up / soil removal		
On-Site hazardous waste treatment		
Groundwater treatment / recovery		
Mobile incinerators		
Barrier construction / slurry walls / liners		
Hazardous materials emergency response / clean-up		
TRANSPORTATION		
Hazardous Waste		
Non-Hazardous Waste		
Other (please specify)		

5. Is your Firm named as an Additional Insured on the Sub-contractor's General Liability and Pollution liability insurance covers? Yes No
6. Do you require Certificates of Currency from all of the sub-contractors your engage? Yes No

DECLARATION

I hereby declare that:

- I am authorised to complete this Addendum on behalf of the Firm referred to in Question 1 of the Proposal Form (including on behalf of its partners, principals and directors); and
- All answers to the questions contained in this Addendum are, AFTER ENQUIRY, true and correct to the best of my knowledge and belief and that no material facts have been misstated, omitted or suppressed; and
- I have read the Important Notice at the beginning of the Proposal Form and I have read and understood the contents therein; and
- I understand that, up until a contract of insurance is entered into, I am under a continuing obligation to immediately inform the Underwriters of any change in the particulars or statements contained in this Addendum.

Signed by:		Capacity:	
Company:		Date:	

SURVEYORS ADDENDUM

1. Please confirm the amount of fee income from all Surveying activities:

\$

2. Of the amount detailed in Question 1 above, please confirm if you provide any of the following service and the percentage of fee income from such services:

	Yes <input type="checkbox"/> No <input type="checkbox"/>	% of Fee Income	% of that Fee Income Let to Outside Consultants
Archaeological	Yes <input type="checkbox"/> No <input type="checkbox"/>	%	%
Cadastral Surveying			
<i>Residential</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	%	%
<i>Small Commercial / Industrial (projects < \$1M)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	%	%
<i>Medium Commercial (project between \$1M and \$5M)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	%	%
<i>Large Commercial (projects > \$5M)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	%	%
Engineering / Structural Surveying	Yes <input type="checkbox"/> No <input type="checkbox"/>	%	%
Forensic	Yes <input type="checkbox"/> No <input type="checkbox"/>	%	%
Geodesy	Yes <input type="checkbox"/> No <input type="checkbox"/>	%	%
Geographic Information Systems (GIS)	Yes <input type="checkbox"/> No <input type="checkbox"/>	%	%
Hydrographical Surveying	Yes <input type="checkbox"/> No <input type="checkbox"/>	%	%
Land Information Management	Yes <input type="checkbox"/> No <input type="checkbox"/>	%	%
Mining Surveying	Yes <input type="checkbox"/> No <input type="checkbox"/>	%	%
Photogrammetric Surveying	Yes <input type="checkbox"/> No <input type="checkbox"/>	%	%
Quantity Surveying	Yes <input type="checkbox"/> No <input type="checkbox"/>	%	%
Remote Sensing	Yes <input type="checkbox"/> No <input type="checkbox"/>	%	%
Town Planning	Yes <input type="checkbox"/> No <input type="checkbox"/>	%	%
Other (please specify)	Yes <input type="checkbox"/> No <input type="checkbox"/>	%	%

3. If you engage consultants, sub-contractors and agents, do you:

(e) Enter into any hold harmless agreements or otherwise waive any legal right or entitlements you may have against such consultants, sub-contractors and agents? Yes No

(f) Insist that such consultants, sub-contractors and agents have their own professional indemnity insurance? Yes No

4. Do you engage in manufacturing, construction, erection or installation (or act as a Principal in relation to a contract involving manufacturing, construction, erection or installation)? Yes No

DECLARATION

I hereby declare that:

- I am authorised to complete this Addendum on behalf of the Firm referred to in Question 1 of the Proposal Form (including on behalf of its partners, principals and directors); and
- All answers to the questions contained in this Addendum are, AFTER ENQUIRY, true and correct to the best of my knowledge and belief and that no material facts have been misstated, omitted or suppressed; and
- I have read the Important Notice at the beginning of the Proposal Form and I have read and understood the contents therein; and
- I understand that, up until a contract of insurance is entered into, I am under a continuing obligation to immediately inform the Underwriters of any change in the particulars or statements contained in this Addendum.

Signed by:		Capacity:	
Company:		Date:	

VALUERS ADDENDUM

1. (a) What percentage of the Firm's Valuation Income is derived from Mortgage Valuation work?

	%
--	---

(b) Of this percentage amount in Question 1 (a):

What percentage is for second and third mortgage valuations?	%
--	---

What is the percentage breakdown by the following lender types:	
▪ Banks / Building Societies / Credit Unions	%
▪ Solicitor Lenders	%
▪ Private Lenders	%
▪ Others	%
TOTAL	100%

(c) Please state the **average value** of properties valued in the past 12 months:

For Mortgage / Lending Purposes	
Residential Properties	\$
Commercial Properties	\$
For All Other Purposes	
Residential Properties	\$
Commercial Properties	\$

(d) Please state the **percentage of valuations** conducted in the past 12 months as follows:

Residential Properties > \$2M	%
Commercial Properties > \$5M	%

Of the subject properties referenced above:

▪ Are you aware if the property has been sold for less than 15% below your Valuation? Yes No

If **Yes**, please provide full details on your letterhead.

(e) What is the maximum value of any valuation in the last 36 months?

Value	Type of Building	Purpose of Valuation
\$		

DECLARATION

I hereby declare that:

1. I am authorised to complete this Addendum on behalf of the Firm referred to in Question 1 of the Proposal Form (including on behalf of its partners, principals and directors); and
2. All answers to the questions contained in this Addendum are, AFTER ENQUIRY, true and correct to the best of my knowledge and belief and that no material facts have been misstated, omitted or suppressed; and
3. I have read the Important Notice at the beginning of the Proposal Form and I have read and understood the contents therein; and
4. I understand that, up until a contract of insurance is entered into, I am under a continuing obligation to immediately inform the Underwriters of any change in the particulars or statements contained in this Addendum.

Signed by:		Capacity:	
Company:		Date:	