NEWLINE GROUP™

Professional Indemnity Insurance Proposal Form

Environmental Consultants

(with an Addendum for Engineers)

IMPORTANT NOTICE

Your Duty of Disclosure

Before you enter into a contact 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.

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 or 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 provide details

10. If a sole practitioner, does the Proposer have a locum arrangement in force for periods of absence from the office due to leave or sickness? **Yes** ❑ **No** ❑

SUB-CONTRACTORS

11. (a) Do you use the services of independent sub-contractors? **Yes** ❑ **No** ❑

(i) If **No**, proceed to question 12, 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 11(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:

(v) Is your Firm named as an Additional Insured on the Sub-Contractor's General Liability and Pollution liability insurance covers? **Yes** ❑ **No** ❑

(vi) Do you require Certificates of Currency from all of the Sub-Contractors your engage? **Yes** ❑ **No** ❑

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

%

FEE INCOME INFORMATION

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

	Last Year	Current Year	Estimated Year
Year End (Month / Year)	/	/	/
Gross Fees	$	$	$
Average Project Fee	$	$	$
Maximum Project Fee	$	$	$

b) Percentage of work undertaken overseas (Last Year)

USA / Canada:	%	Elsewhere Overseas:	%

c) 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 with Supervisory Services	%	%
Remedial Design without 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	%	%

Other Professional Services		
Engineering *	%	%
Surveying	%	%
Architecture / Drafting	%	%
Other	%	%

* Please complete the separate Engineers Addendum attached.

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

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

(e) Please provide a percentage split of your fee income involving the following applications:

Areas of Application		Areas of Application	
Individual Dwellings	%	Oil & Gas Pipelines	%
Low Rise Buildings (up to 3 Floors)	%	Petrochemical / Refineries	%
High Rise Buildings (above 3 Floors)	%	Fertiliser / Ammonia Urea Plants	%
Schools/ Hospitals/Municipal Buildings/ Recreation Centres	%		
Modular Buildings (incl. Modular Design)	%	Environmental audits	%
Factories	%	Waste disposal, treatment or management	%
		Environmental Appraisals / Impact Assessments	%
Surveying – all domestic	%	Design of Pollution Control Equipment	%
Surveying – Commercial / Industrial < $1M	%	Contaminated Site Clean Up / Remediation	%
Surveying – Commercial /Industrial: $1M to$5M	%	Underground Storage Facilities	%
Surveying – Commercial/Industrial: >$5M	%	Hazardous Chemical Substances	%
Surveying – Roadwork	%	Social Impact Assessments	%
Surveying – Engineering	%		
Surveying – Hydrographic	%	Mining – Process Control Equipment and systems	%
Surveying – Photogrammetric	%	Mining – all other	%
		Mechanical Plant	%
Town Planning (Capital Cities)	%	Bulk Handling Equipment / Silos	
Town Planning (other than Capital Cities)	%		
Subdivisions		Foundations & Underpinning	%
Building Inspections / Certification	%	Soil Testing & Foundations	%
Bridges / Flyovers / Tunnels / Dams	%	Nuclear / Atomic Projects	%
Railways / Tramways	%		
Roadways / Highways	%	Other Applications	%
Harbours /Jetties	%		
		TOTAL	**100%**

(f) 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 Performed by You*
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)		

(g) In the last complete financial year, did more than 20% of fee income derive from one client? **Yes** ❑ **No** ❑

Please provide a brief description of each of the five (5) largest contracts undertaken by you during the last three (3) years and the income derived from those contracts:

Brief Description of Contract	Fee Income
	$
	$
	$
	$
	$

GENERAL INFORMATION

13. (a) Has the Firm or any person for whom insurance is now sought ever been the subject of disciplinary proceedings by a professional organisation ? **Yes** ❑ **No** ❑

(b) In the last 5 years, has the firm merged with or acquired the business of any sole practitioner or any other business entity? **Yes** ❑ **No** ❑

(c) 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:

(d) Do you undertake work of any nature (including analysis, monitoring, abatement, project management, transportation, design or removal) involving asbestos? **Yes** ❑ **No** ❑

(e) Do you undertake any mould abatement work? **Yes** ❑ **No** ❑

(f) 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** ❑

OPTIONAL COVERAGE EXTENSIONS

14. 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 15.

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

15. 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:

16. Do you require any **Fidelity** cover? **Yes** ❑ **No** ❑

If **No**, go directly to Question 17. If **Yes**, please complete the balance of Question 16.

(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

17. Has the Firm (or its predecessors) 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:

18. 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

19. (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:

$2,500	❑	$5,000	❑	10,000	❑
$20,000	❑	$50,000	❑		

Other - Please specify:

$

CLAIMS INFORMATION

20. (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:

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 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** ❑

23. Are verbal reports always confirmed in writing? **Yes** ❑ **No** ❑

If **No**, how are they substantiated?

24. 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.

ENGINEERS ADDENDUM

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

$

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 ❑	No ❑	%	%
Aerospace Engineering	Yes ❑	No ❑	%	%
Bioengineering (excl Medical)	Yes ❑	No ❑	%	%
Biomedical Engineering	Yes ❑	No ❑	%	%
Civil Engineering	Yes ❑	No ❑	%	%
Chemical Engineering	Yes ❑	No ❑	%	%
Electrical Engineering	Yes ❑	No ❑	%	%
Expert Witness	Yes ❑	No ❑	%	%
Feasibility Studies	Yes ❑	No ❑	%	%
Geotechnical / Soil Engineering	Yes ❑	No ❑	%	%
Heating / Ventilation Engineering	Yes ❑	No ❑	%	%
Hydraulic / Fire Engineering	Yes ❑	No ❑	%	%
Marine Engineering	Yes ❑	No ❑	%	%
Mechanical Engineering	Yes ❑	No ❑	%	%
Mining Engineering	Yes ❑	No ❑	%	%
Nuclear Engineering	Yes ❑	No ❑	%	%
Oil & Gas Engineering	Yes ❑	No ❑	%	%
Plumbing Engineering	Yes ❑	No ❑	%	%
Structural Engineering	Yes ❑	No ❑	%	%
Other	Yes ❑	No ❑	%	%

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 ❑**

DECLARATION

I hereby declare that:

1. I am authorised to complete this Addendum on behalf or 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:	