

QBE Professional Liability Proposal

Professional Indemnity Insurance

QBE Pacific Islands



A. Notice to the proposed insured

Disclosure of relevant facts - your duty of disclosure

Before you enter into a contract of general insurance with us, you have a duty to disclose to us every matter that you know, or could reasonably be expected to know, is relevant to our decision whether to accept the risk of insurance and, if so, on what terms. This includes facts which are not subject to questions in this proposal. If in any doubt as to whether a fact may be material you should disclose it to ensure that any cover granted is not prejudiced. You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of general insurance.

Comment

The requirement of full and frank disclosure of anything which may be material to the risk for which you seek cover (eg. 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.

Non-disclosure / misstatement

If you fail to comply with your duty of disclosure, QBE may be entitled to avoid the contract altogether, and so decline to pay any claim.

Inadequate space to answer

If there is inadequate space to answer our questions or you need to disclose something to us because of your duty of disclosure, please attach a separate sheet of paper to this proposal giving full details of additional information on your letterhead.

Claims made policy

This proposal is for a "claims made" 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 of which you first became aware 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. You should familiarise yourself with our standard form of policy for this type of cover before submitting this proposal.

Limit of indemnity

The limit of indemnity is inclusive of legal and other costs. You should ensure that the limit of indemnity chosen is adequate.

Important

- Please answer ALL questions fully. If there is insufficient space please provide details on your letterhead.
- Where provided, tick appropriate box to indicate answer.
- The applicant will be referred to in this proposal as "You" or "Your", this means every person or entity to be insured under this insurance.

Markets

Please use the checklist below to indicate the operation in the QBE Pacific Islands region to which you will be submitting your proposal.

MARKET	BUSINESS NAME	PLEASE TICK
Fiji	QBE Insurance (Fiji) Limited	<input type="checkbox"/>
Papua New Guinea	QBE Insurance (PNG) Limited	<input type="checkbox"/>
Solomon Islands	QBE Insurance (International) Pty Limited	<input type="checkbox"/>
Vanuatu	QBE Insurance (Vanuatu) Limited	<input type="checkbox"/>

Note: For any other markets please contact the local QBE office.

Jurisdiction

The content and use of this proposal form or any policy entered into pursuant to this form or any dealing in relation to or arising from this form are governed by:

- a. the laws of the country of the QBE office which issues the policy/ies arising from this proposal; unless
- b. the policy/ies refer to the laws of a different country applying, in which case the laws of that country,

and in relation to those matters, the parties submit to the exclusive jurisdiction of the courts of that country.

For those policies governed by the laws of the Republic of Vanuatu, the validity, interpretation and effect and the rights and obligations of the parties to such policies shall be governed exclusively by English law as applicable within Vanuatu immediately before 30 July 1980 and shall be exclusively justiciable before the Supreme Court of Vanuatu.

Note

Values, Sums Insured, Limits and Deductibles further marked as * are in the currency of the country in which a policy will be issued, upon the approval of this proposal.

B. Details of applicant

Full name of all entities to be insured (including service, administrative or nominee companies and subsidiaries that you wish to be covered by this policy) (Hereinafter the applicant will be referred to as "You" or "Your")

Your principal address

Address(es) of branch offices or other locations

Date on which the Practice was established

C. Management and personnel details

1. Please supply the following details:

Names of partners, principals and directors	Age	Qualifications	Date qualified	Period practicing as partner, principal or director	
				This practice	Previous practices
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Please supply total numbers of:

a) Partners/principals/directors b) Qualified staff c) Other technical staff
 d) Trainee staff e) Non-technical administrative staff f) Clerical staff
g) Other staff (please specify):
Total

Please enclose curriculum vitae or resumes for all partners/principals/directors detailing qualifications and a summary of career experience.

For sole proprietors only - questions C.3 and C.4.

3.State the experience of your assistants, their qualification and their length of service.

4. What arrangements do you have to assist you during your temporary absence: on business leave, sickness, or unforeseen emergency?

D. Details of practice

- 1.a) Has the name of the Practice ever been changed? Yes No
- b) Has any other practice or business amalgamated or merged with you? Yes No
- c) Have you purchased any other practice or business? Yes No

If you have answered "Yes" to either part D.1.a, D.1.b or D.1.c., please supply details, including dates.

2. Is any partner, principal or director connected or associated (financially or otherwise) with any other practice or business?

Yes No

If you have answered "Yes" please supply details, including dates.

3. Please list the professional bodies or associations to which the applicant belongs.

4.a) Please provide details of the precise nature of activities or business.

4.b) Please define and describe what you would consider to be the primary and major loss exposure for which you are seeking professional indemnity insurance.

4.c) Please categorise the activities or business outlined in question 4.a above and indicate the approximate percentage of your fee income derived from same.

Type of work	%

4.d) Please provide details of advice given in relation to the activities or business outlined in question 4.a above.

4.e) Are verbal reports always confirmed in writing?

Yes No

If "No", how do you substantiate such verbal reports?

5.a) Do you provide written reports to clients?

Yes No

If "Yes", please provide sample copies of typical reports including details of any disclaimers and/or warranties used in connection with such reports.

5.b) Do all your reports to clients include disclaimers?

Yes No

If "No", in what circumstances would you include a disclaimer?

6. Please provide brief descriptions and fees for the five (5) largest contracts undertaken over the past five (5) years.

Brief description	Fees*

7. Does any contract or client represent more than 20% of your annual work or fees? Yes No

If "Yes", please supply details.

8. Do you engage consultants, sub-contractors or agents? Yes No If "Yes":

a) Do you insist they carry their own professional indemnity insurance? Yes No

b) Do you enter into any hold-harmless agreements or otherwise waive any legal rights or entitlements which you may have against such consultants, sub-contractors or agents? Yes No

9. Do you envisage any substantial changes in your activities or are there any major new operations contemplated during the next 12 months? If "Yes", please supply details. Yes No

10. Do you issue any brochures or other promotional material (including capability statements) describing your activities or services? If "Yes", please enclose copies. Yes No

Please reply to the following question 11.a) if you submit your proposal in Fiji, PNG, or Solomon Islands.

11.a) Do you perform work outside of the country where you are submitting your proposal, or work for clients located overseas? Yes No

Please reply to the following question 11.b) if you submit your proposal in Vanuatu.

11.b) Do you perform work outside of Vanuatu, or work for clients located overseas, or for international companies that trade overseas only? If "Yes" to questions 11a or 11b, what type of work is performed? Yes No

12. Have you implemented any formal risk management procedures? Yes No If "Yes",

a) Is adherence to these procedures periodically reviewed? Yes No

If "Yes" how often? months

b) Are identified breaches rectified? Yes No

13. Can you confirm that remedial action has been taken to prevent reoccurrences of any circumstances detailed in Section F below? If "No", can you please explain why no action has been taken? Yes No

E. Financial position of this practice

1. Please advise the date of your financial year end.

2. Please provide the amount of total income/fees for the following:

Financial years	This country	Overseas
Current financial year*		
Last financial year*		
Previous financial year*		

3. Please provide the amount of the largest annual fee for any one client*.

4. If you derive income from both this country and overseas, please provide names of the countries and the approximate percentage of your activities (based on fee income) applicable to each country.

Country	Percentage of income
	%
	%
	%
	%
	%

F. Claims details

1. Has any partner, principal, director or staff member ever been subject to disciplinary proceedings for professional misconduct?

If "Yes", please supply details.

Yes No

2. Have any claims for negligence or breach of professional duty been made in the last ten (10) years against the Practice or any of their predecessors in business or any prior practice of any of their present or former partners, principals or directors, or have circumstances been notified to insurers that might give rise to a claim?

If "Yes", please provide the following details in respect of each matter:

Yes No

Date matter notified	Name of insurer (if any)	Name of claimant or potential claimant	Brief description of the matter	Amount* paid or estimate* of potential liability	Is matter finalised or outstanding?

3. Are any of the partners, principals or directors, after enquiry, aware of any potential claim or circumstances that might give rise to a claim against the Practice or any prior practice or any of their present or former partners, principals or directors which matter is not referred to in question F.2 above?

If "Yes", please provide the following details in respect to each matter:

Yes No

Name of claimant or potential claimant	Brief description of the matter	Estimate of potential liability*

G. Insurance cover

1. Does the Practice presently carry, or has the Practice ever carried, professional indemnity insurance?

Yes No

If "Yes", please supply the following details:

Insurer	Expiry date	Limit of indemnity*	Premium*	Deductible / excess	Retroactive date

2. Has the Practice or any partner, principal or director ever been refused this type of insurance, or had similar insurance cancelled, or had an application for renewal declined, or had special terms imposed?

If "Yes", please supply details.

Yes No

H. Application for cover

1.a) Limit of indemnity required*

1.b) (i) Automatically included extensions:

- Libel and slander
- Consultants, subcontractors and agents
- Joint venture liability
- Run-off cover insured entity or subsidiary
- Outgoing principals
- Loss of documents
- Intellectual property
- Newly created or acquired entity or subsidiary
- Estates and legal representatives

1.b) (ii) Please indicate if you seek cover for the following optional extensions:

- Fraud and dishonesty
- Previous business
- Continuous cover
- Increased aggregate limit of indemnity

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

I. Signature and declaration

I/We the undersigned authorised proposed insured person(s), after enquiry declare as follows:

1. I/We are authorised by each of the other applicants to make this proposal.
2. I/We have read and understood the Notice to the proposed insured on the front of this proposal form.
3. I/We have read and understood this proposal and the accompanying documents and acknowledge the contents of same to be true and complete.
4. I/We understand that, up until a contract of insurance is entered into, I/we are under a continuing obligation to immediately inform QBE of any change in the particulars or statements contained in this proposal or in any accompanying documents.

If accepted by QBE, this proposal form and declaration, and any other material which I/we have provided to QBE shall be incorporated into and form the basis of the contract of insurance.

Policyholder 1

Name	<input type="text"/>
Position	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>

Policyholder 2

Name	<input type="text"/>
Position	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>

Fiji

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Papua New Guinea

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Vanuatu

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