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## Part A - Company Information

1. Please provide responses to all of the below fields: Name of Company **ABN** Date of Incorporation **Principal Address** Website Address 2. Please provide a description of business activities carried out by the Company: 3. Please provide specific details of the advice or design you give your clients? 4. Are written disclaimers included with your advice or design given? No Yes if yes, please provide a copy(ies) 5. Does the proposed insured have any involvement with any site remediation plans/reports or actual works (phase 1 environmental site assessments)? No Yes 6. Are verbal reports or advice always confirmed in writing? No Yes if no, please explain why. If your professional business activities include Occupational Health & Safety; Environmental Consulting; Real Estate Agent; Valuations; Building Surveying/Inspecting; Accounting or Financial Advising; Engineering; or Design & Construct, then an applicable ADDENDUM must also be completed & attached. 7. To ensure competitive rating, please categorise your activities outlined above and state the percentage of the gross fees for each category.

8. Please provide a res	ponse to all of the follow	wing questions:		
i) Has the business n	No Yes			
ii) Has any other business or practice amalgamated or merged with you?				No Yes
iii) Have you purchased any other business or practice?				No Yes
If 'YES', to any of the ab	ove please provide full	details below:		
9. Are you a member o		ciation or society? de the name of the asso	ciation/society and n	number of years of
	membership			
_	e following table and att ss activities to third par	ach summary of CVs of ties:	your key personnel v	who are involved with
Name of all Principals and (if applicable) relevant staff who provide professional business activities	Qualifications	Date & Place Acquired	How long have they been in the firm?	If less than 5 years practical experience in this occupation, please give details of previous occupations
	do not have Professiona key personnel are requir	l Indemnity insurance o ed for a quote.	r your business is tha	an two years old,
1. Do you issue any pro	omotional material abou	ut your business (e.g. co	ompany profile, capal	oility statement, etc.)?
No Yes	If 'YES', please attacl		. , , , , , , , , , , , , , , , , , , ,	, ,

2. Does any one client (or group of companies) account for more than 50% of your ann income?	nual Gross Professional Fee
No Yes if 'YES', please state the approximate percentage of your annuincome and details of the professional business activities give	
3. Are you connected &/or associated with (financially or otherwise) any other Firm/s,	Partnership/s, Joint Venture
or organisation?  No Yes if 'YES', please provide full details including the name of the of	ther Firm Partnershin &/or
Organisation.	and i min, i artifer sinp eyer
4. Do you anticipate any major changes to your business in the forthcoming 12 months	6?
No Yes if 'YES', please outline the proposed changes.	
5. Are you involved in any process of manufacture, construction, alteration, repair, insta products, other than in a pure consultancy capacity?	
products, other than in a pure consultancy capacity?  No Yes if 'YES', please advise details around the work being complete	
products, other than in a pure consultancy capacity?  No Yes if 'YES', please advise details around the work being complete	
products, other than in a pure consultancy capacity?  No Yes if 'YES', please advise details around the work being complete attributed to these services.	
products, other than in a pure consultancy capacity?  No Yes if 'YES', please advise details around the work being complete attributed to these services.  6. Do you engage any contractor/sub-contractors?  No Yes if 'YES', please advise the following:  i) Do you require all contractors/sub-contractors to carry their own Professional	
products, other than in a pure consultancy capacity?  No Yes if 'YES', please advise details around the work being complete attributed to these services.  6. Do you engage any contractor/sub-contractors?  No Yes if 'YES', please advise the following:	ed and the revenue
products, other than in a pure consultancy capacity?  No Yes if 'YES', please advise details around the work being complete attributed to these services.  6. Do you engage any contractor/sub-contractors?  No Yes if 'YES', please advise the following:  i) Do you require all contractors/sub-contractors to carry their own Professional Indemnity Insurance?  ii) What was the total fees paid to contractors/sub-contractors in the last financial	No Yes \$
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No _	Yes	if 'YES', pl	_	le full details	s and attach	n copies of a	all applica	ıble agı	reemen	ts (other
Pa	art B -	- Insur	ance	Detai	ils					
_	. –	rry an active			y Insurance	Policy?				
No _	Yes	ır yes, piea	ase provide	details:						
Name of		00000								
	ate (DD/MM,	/ҮҮҮҮ)				/	/			
Limit of Indemnity \$										
Excess						\$				
. Stamp D	uty Declara rritory & Ov	tion – Please erseas.	e provide a p	percentage	breakdown		Income	over th	e last 12	2 months
. Stamp D			e provide a p	percentage WA	breakdown ACT		Income NT	over th	e last 12 OS	2 months Total
. Stamp D State/Te	rritory & Ov	erseas.				of your Fee	NT	over the		
. Stamp D State/Ter NSW	rritory & Ov VIC %	QLD %	SA	WA	ACT	of your Fee	NT		0S	Total
. Stamp D State/Tel NSW %	viC  we ever had a	QLD %	SA %	WA	ACT	of your Fee	NT		os %	Total
. Stamp D State/Ter NSW % . Have you i) Insuran	viC  we ever had a	QLD %	SA %	WA	ACT	of your Fee	NT	%	os %	<b>Total</b> 100%
. Stamp D State/Tel NSW % . Have you i) Insuran	val refused?	QLD %	<b>SA</b> %	WA %	ACT	of your Fee	NT	% No	os	Total 100% es
. Stamp D State/Tel NSW % . Have you i) Insuran ii) Renew iii) Specia	vice declined val refused?	QLD % any: or cancelled	SA % ?	WA %	ACT	of your Fee	NT	No No	os	Total 100% es  ces  ces  ces  ces  ces  ces  ces
. Stamp D State/Tel NSW % . Have you i) Insuran ii) Renew iii) Specia	vice declined val refused?	QLD % any: or cancelled	SA % ? your insurar	WA %	ACT	of your Fee	NT	No No	os	Total 100% es  es  es  es



22. Is the Insured aware of any partners/principals/director		rhich may give rise to a claim a	against the Insured or its
No Yes if ye	es, please provide details:		
breaches of professional o		ners/principals/directors or en	
Date of Claim or Loss DD/MM/YYYY	Brief Details of Each Claim or Loss	Cost (if any) of Claim Paid or Loss Insured	Estimated Outstanding Loss
/ /	Claim of Loss	\$	\$
1 1		\$	\$
1 1		\$	\$
No Yes if ye	ployees under any statute, le es, please provide details:	egislation, regulation or By-La	w whatsoever?
<ol><li>Has the Insured or any par penalised, or been the sub</li></ol>	_	ng or alleging professional mis	-
No Yes if ye	es, please provide details:		
cancelled or refused to rer	• •	urer decline a proposal, impos	



Please Note: Signing the Declaration does not bind either the proposed Insured or the Insurer to execute this or any insurance whatsoever.

By signing this Declaration, the Insured declares that all necessary inquiries into the accuracy of the responses given in this proposal have been made and the Insured confirms that the statements and particulars given in this proposal are true, accurate and complete and that no material facts have been omitted, misstated or suppressed. The Insured agrees that if any of the information changes between the date of this proposal and the inception date of the insurance to which this proposal relates, the Insured will give immediate notice thereof to the Artisan Underwriting Pty Ltd (Artisan).

The Insured acknowledges receipt of the Important Notice, Privacy Notice and Duty of Disclosure information contained in this proposal and confirms they have read and understood the content of them. The Insured consents to Artisan Underwriting Pty Ltd collecting, using and disclosing personal information as set out in Artisan's Privacy Notice in this proposal and the policy. If the Insured has provided or will provide information to Artisan about any other individuals, the Insured confirms that they are authorised to disclose the other individual's personal information to Artisan and give the above consent on their behalf.

The signatory below confirms that they are authorised by the Insured (and its subsidiaries, previous businesses, partners/principals/directors if applicable) to complete this proposal form and to accept quotation terms for this insurance on behalf of the Insureds (and its subsidiaries, previous businesses, partners/principals/directors) behalf.

Signed		
Name of Partner(s) or Director (s)		
On behalf of		
Date	/	/



## Part E - OH&S/Environmental Consultants

27. Based on your Gross Professional Fees for the past 12 months, please provide approximate % Split of fees derived from your profesional business activities in the following areas:

Professional Activity	% of Fees (must total 100%)
1. General OH&S consulting:	
i) Environmental compliance advice?  ii) Environmental impact assessment?  iii) Health & safety risks assessment?  iv) Land contamination advice.  Yes No Yes No Yes No	
2. OH&S Training (classroom based only)	
3. Occupational Hygiene Consulting	
4. Occupational Rehabilitation Consulting	
5. Dangerous Goods Consulting/Auditing	
6. Safety Engineering	
7. Site Remediation and Assessment	
8. Radiation	
9. Asbestos Auditing	
10. Asbestos Removal (including project management)	
11. Environmental Audits/Consulting/Engineering	
12. Pollution	
13. Waste Water Treatment	
14. Recycling – Please specify which type:	
15. Acoustics & Noise Prevention	
16. Soil Testing	
17. Water Quality Audits	
18. Mining Safety	
19. Toxic Mould/Fungi	

Professional Activity	% of Fees (must total 100%)
20. Building Inspection	
21. Machinery & Heavy Vehicle Training /Ticketing	
22. Inspection & Testing of Machinery	
Others (please specify):	
28. Based on your Gross Professional Fees for the past 12 months, please provide app derived from the following client groups:	oximate % split of fees
Professional Activity	% of Fees (must total 100%)
1. Residential	
2. Commercial	
3. Manufacturing	
4. Construction	
5. Local Authorities/Government Bodies	
6. Oil & Gas Industry	
7. Utility Industry (please specify whether water, power, etc)	
8. Mining Industry	
9. Chemistry	
Others (please specify):	
Proposers Signature:	
Proposers Name:	
Date	

