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www.artisanuw.com.au



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 response to all of the following questions:

i) Has the business name every changed?	No <input type="checkbox"/> Yes <input type="checkbox"/>
ii) Has any other business or practice amalgamated or merged with you?	No <input type="checkbox"/> Yes <input type="checkbox"/>
iii) Have you purchased any other business or practice?	No <input type="checkbox"/> Yes <input type="checkbox"/>

If 'YES', to any of the above please provide full details below:

9. Are you a member of any professional association or society?

No Yes if 'YES', please provide the name of the association/society and number of years of membership

10. Please complete the following table and attach summary of CVs of your key personnel who are involved with professional business activities to third parties:

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

NOTE: If you currently do not have Professional Indemnity insurance or your business is than two years old, summary CV's of your key personnel are required for a quote.

11. Do you issue any promotional material about your business (e.g. company profile, capability statement, etc.)?

No Yes If 'YES', please attach copies.

12. Does any one client (or group of companies) account for more than 50% of your annual Gross Professional Fee income?

No Yes if 'YES', please state the approximate percentage of your annual Gross Professional Fee income and details of the professional business activities given.

13. 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 other Firm, Partnership &/or Organisation.

14. Do you anticipate any major changes to your business in the forthcoming 12 months?

No Yes if 'YES', please outline the proposed changes.

15. Are you involved in any process of manufacture, construction, alteration, repair, installation or sale or supply of products, other than in a pure consultancy capacity?

No Yes if 'YES', please advise details around the work being completed and the revenue attributed to these services.

16. 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?	No <input type="checkbox"/> Yes <input type="checkbox"/>
ii) What was the total fees paid to contractors/sub-contractors in the last financial year?	\$
iii) What are the services/activities provided by the contractors/sub-contractors? (provide response below):	
<input type="text"/>	

17. Do you use a standard form of contract, agreement or letter of appointment?

No Yes if 'YES', please attach a copy(ies).

18. Do you assume liability under contract or hold others harmless (other than lease liability)?

No Yes if 'YES', please provide full details and attach copies of all applicable agreements (other than leases)



Part B – Insurance Details

19. Does the Insured carry an active Professional Indemnity Insurance Policy?

No Yes if yes, please provide details:

Name of Insurer	
Expiry Date (DD/MM/YYYY)	/ /
Limit of Indemnity	\$
Excess	\$

20. Stamp Duty Declaration – Please provide a percentage breakdown of your Fee Income over the last 12 months by State/Territory & Overseas.

NSW	VIC	QLD	SA	WA	ACT	TAS	NT	OS	Total
%	%	%	%	%	%	%	%	%	100%

21. Have you ever had any:

i) Insurance declined or cancelled?	No <input type="checkbox"/> Yes <input type="checkbox"/>
ii) Renewal refused?	No <input type="checkbox"/> Yes <input type="checkbox"/>
iii) Special conditions imposed on your insurance?	No <input type="checkbox"/> Yes <input type="checkbox"/>
iv) Increased excess imposed on your insurance?	No <input type="checkbox"/> Yes <input type="checkbox"/>
v) Claims denied for this class of insurance?	No <input type="checkbox"/> Yes <input type="checkbox"/>



Part C – Claims

22. Is the Insured aware of any circumstance or incident which may give rise to a claim against the Insured or its partners/principals/directors or employees?

No Yes if yes, please provide details:

23. Has there ever been or is there any pending claims against the Insured, its subsidiaries, previous businesses or predecessors in business or its current or former partners/principals/directors or employees for actual or alleged breaches of professional duties or services for which this policy relates?

No Yes if yes, please provide details:

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
/ /		\$	\$
/ /		\$	\$
/ /		\$	\$

24. Is the Insured aware of any actual or pending prosecution, investigation or inquiry of the Insured or any partners/principals/directors or employees under any statute, legislation, regulation or By-Law whatsoever?

No Yes if yes, please provide details:

25. Has the Insured or any partner/directors or employees ever been subject to any disciplinary action, been fined or penalised, or been the subject of an inquiry investigating or alleging professional misconduct?

No Yes if yes, please provide details:

26. Has the Insured (including its subsidiaries, previous businesses or predecessors in business or its current or former partners/principals/directors) ever had any Insurer decline a proposal, imposed any special terms, cancelled or refused to renew a Professional Indemnity Insurance policy?

No Yes if yes, please provide details:



Part D – Declaration

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 professional business activities in the following areas:

Professional Activity	% of Fees (must total 100%)
1. General OH&S consulting: i) Environmental compliance advice? Yes <input type="checkbox"/> No <input type="checkbox"/> ii) Environmental impact assessment? Yes <input type="checkbox"/> No <input type="checkbox"/> iii) Health & safety risks assessment? Yes <input type="checkbox"/> No <input type="checkbox"/> iv) Land contamination advice. Yes <input type="checkbox"/> No <input type="checkbox"/>	
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 approximate % split of fees derived from the following client groups:

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	



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