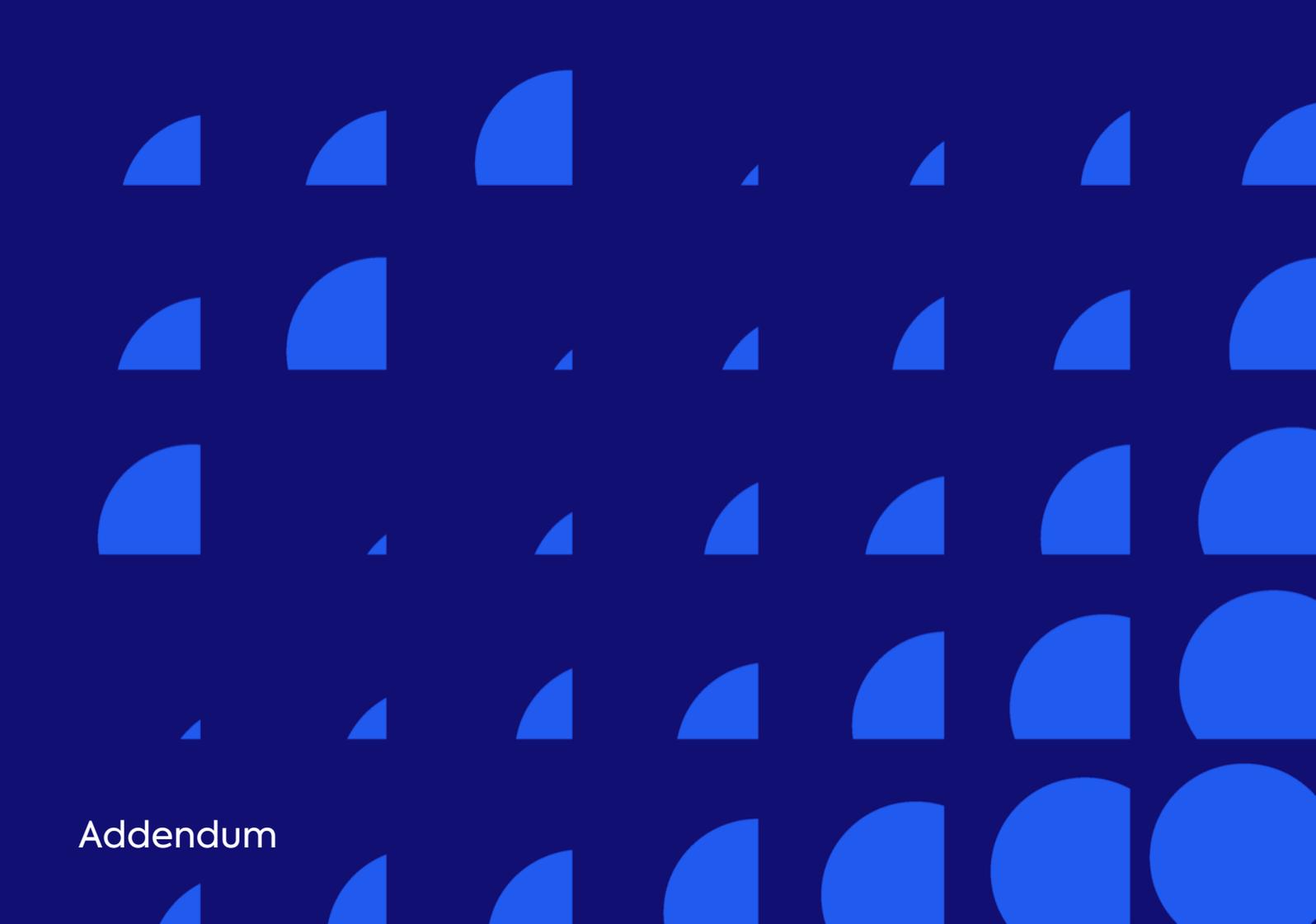


solution.

Engineering,
Surveying/Inspecting
and Architectural
Professional Indemnity
Addendum

Addendum



Important notice

- This Addendum (and any attachments) form part of the Proposal.
- Please answer all questions in full. Where appropriate, please tick the yes or no box that best indicates the Insured's reply.
- If there is insufficient space, please provide further details on the Insured's letterhead.

Insured details

Insured name

1. Does the Insured have a formal evaluation and approval process, including involvement of the Insured's principals, to engage new clients or accept new projects? Yes No
2. Does the Insured always use standard written contracts with clients that clearly outline the scope of services provided and contain appropriate limitations of liability? Yes No

If **NO**, for either of the above two questions, please provide additional detail about relevant processes:

3. Does the Insured work on innovative designs? Yes No
4. Does the Insured subcontract any of their activities? Yes No

If **YES**:

- a. Please state percentage of gross fees/turnover paid to subcontractors in the last 12 months: %
- b. What activities are subcontracted?

- c. Do all subcontractors have Professional Indemnity insurance? Yes No
- d. Does the Insured engage any subcontractors who:
- i. Are natural persons not corporate entities? Yes No
- ii. Work under the Insured's direct control and supervision? Yes No

If **YES**, is cover required for such subcontractors under the policy? Yes No

If **YES**, do the gross fees/turnover declared include gross fees paid to such subcontractors? Yes No

Does the Insured undertake any manual work, construction or manufacturing? Yes No

Does the Insured supervise any manual labour/workers? Yes No

5. Please provide the details of the Insured's gross fees/income as detailed below:

	Financial period	Gross fees \$	Revenue (if different to fees) \$
Previous 12 months (actual)	20 / 20		
12 months prior to above (actual)	20 / 20		
Next 12 months (estimate)	20 / 20		

Please provide an approximate percentage breakdown of the Insured's turnover and fee income from design and other professional services in the following areas:

Please note: Total of percentages entered in a.-d. must add up to a total of 100% for all sections combined

a.

Engineering disciplines	Percentage breakdown %
Acoustic engineering	
Chemical engineering	
Civil engineering	
Drafting	
Electrical engineering	
- Process & control systems design	
Environmental engineering	
Geotechnical engineering	
Heating, ventilation, air conditioning engineering	
Hydraulic engineering	
Industrial engineering/design	

b.

Engineering disciplines	Percentage breakdown %
Marine engineering	
Material engineering	
Mechanical engineering	
Mining engineering	
Plumbing engineering	
Project & construction management	
- Construction supervision	
Refrigeration engineering	
Structural engineering	
Expert witness	
Other (please specify)	

c.

Surveying/inspections disciplines	Percentage breakdown %
Aerial, topographic, hydrographic	
Building surveying	
Geodynamic surveying	
Land surveying	
Quantity surveying	
Pre-purchase inspections	
Pest inspections	

Surveying/inspections disciplines	Percentage breakdown %
Environmental investigation and audit	
Management and business consulting	
Occupational health and safety consulting	
Quality assurance consulting	
Risk and hazard assessments	

d.

Architectural disciplines	Percentage breakdown %
Architecture	
Construction supervision	
Drafting	
Interior design	
Landscape architecture	
Project & construction management	
Town planning	

6. Please indicate the percentage of the Insured's fee income derived from the following:

Please note: Total of percentages must add up to a total of 100%

Fees earned from:	Percentage breakdown %
Boundary surveys	
Bridges	
Dams	
Domestic building (excluding flats/units/town houses)	
Fair/exhibition /show ground structure	
Feasibility studies (where not involved in design/construction)	
Foundations/underpinning	
Harbours/jetties	
Heat/ventilation/air-conditioning	
High rise buildings (exceeding 3 floors and not otherwise specified)	
Industrial & commercial (less than \$1m)	
Industrial & commercial (greater than \$1m)	
Institutional buildings (ecclesiastical/health/municipal/educational, etc)	
Land reclamation	
Lifting equipment	
Low rise buildings (3 floors or less)	
Marine surveys	
Mechanical plant/bulk handling equipment	
Mines	
Nathers energy rating	
Nuclear/atomic	
Others (please specify)	
Petro-chemical/refineries/fertilisers/ammonia plants	
Pipelines	

Fees earned from:	Percentage breakdown %
Roads	
Railway	
Sewerage systems	
Soil Testing/surveys of sub-surface condition	
Tunnels	
Water systems	
Total:	100%

7. Please provide details of the five largest contracts or projects undertaken by the Insured:

Project description/contract	Fees/income \$	Project value \$	Date completed (dd/mm/yy)
			/ /
			/ /
			/ /
			/ /
			/ /

Further declaration to the Proposal after inquiry

Signing this Addendum does not bind Solution or any insurer to enter into an insurance contract.

After making full and appropriate enquiries, I declare that:

- I am authorised on behalf of the prospective Insured(s) to complete this Addendum
- I have read and understood the Important Information section of the Proposal form
- Where I have provided information about another individual, I declare that the individual has been made aware of that fact and of the Solution Underwriting Agency Pty Ltd Privacy Statement
- I confirm that the statements and information in this Addendum are true and complete
- I understand all information requested in the Addendum is material
- I provide consent consistent with the Privacy Statement outlined in the Important Information section of the Proposal Form
- I understand that, until a contract of insurance is entered into, I am under a continuing obligation to immediately inform Solution Underwriting Agency Pty Ltd of any change to the information contained in this Addendum
- I acknowledge that, if a contract of insurance is entered into, the Proposal, this Addendum and any accompanying documents will form the basis of the contract

To be signed by the Insured for whom this insurance is intended for

Signature:

Name:

Position:

Date (DD/MM/YY):

solution.

Next Level
Underwriting™

Any queries, please contact us

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