



# Insurance Brokers Professional Indemnity **Proposal Form**

**Solution Underwriting Agency Pty Ltd**

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**Additional information should be provided on separate sheets clearly identifiable as forming part of the proposal form on company letterhead.**

## 1. General details

Insured/proposer name:

Address of head office:

Telephone no.:

Email address:

Website address:

Date established:

Please list all additional business entities (whether or not currently trading):

Insured name	Year established	Year of cessation

Do you require cover in respect of all past activities of the business included above?

Yes  No

Please list addresses of all other offices currently trading:

Address	Postcode

Is/are the firm(s) or any principal partner or director a member of a consortium, joint venture, single project partnership or group practice? If YES, please supply details:

Yes  No

Does the firm(s) or any principal partner or director, carry out any work on behalf of any business in which they have a controlling or financial interest (other than as a shareholder in a public quoted company)? Yes  No

If YES, please supply details:

Has the firm previously been insured for professional indemnity? Yes  No

If YES, please supply details:

Renewal date	Limit of indemnity	Premium	Excess	Insurer name

In respect of professional indemnity insurance, has any insurer ever declined a proposal, declined to pay a claim, refused renewal, cancelled such insurance or imposed special conditions? Yes  No

If YES, please supply details:

## 2. Staff and partners

Please give details of the staff:

Principal/partners/directors

Name	Age	Qualifications	Number of years experience

Other senior staff

Name	Age	Qualifications	Number of years experience

Total number of staff:

Principal/partners/directors		Other technical staff	
Qualified staff		All other staff	

### 3. Activities

Your AFS licence no:

Please detail the approximate percentage of your commission/brokerage, insurance or other consulting fees derived from the following fields of work.

General insurance broking		General insurance agency	
Authorised representative of general and/or life insurance broker		Authorised representative of general and/or life insurer	
Life insurance agency		Underwriting agency	
Life insurance broking reinsurance broking			
Risk management		TOTAL	100%

Please detail the approximate percentage of the total premium income placed with insurers for the following classes of business;

Property (including business packages)		General accident	
Workers compensation		Motor (carrying capacity under 10 tonnes)	
Compulsory third party		Marine	
Professional indemnity/directors & offices etc		Heavy motor (carrying capacity over 10 tonnes)	
Aviation		Credit insurance	
Livestock/bloodstock		Construction	
Other		TOTAL	100%

Do you anticipate any major changes in the forthcoming 12 months?

If YES, please give full details:

Please provide the proposer's fees/income in each of the following financial periods:

	Previous financial year ended: / /		Last financial year ended: / /		Current financial year ended: / /	
	Premium income	Gross commission	Premium income	Gross commission	Premium income	Gross commission
Home						
Overseas						
TOTAL						

Please provide a percentage breakdown of the fee income disclosed in question above by State, Territory or Overseas.

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

**New South Wales Stamp Duty Exemption:**

(tick box if applicable)

The insured is a CGT small business as defined within the meaning of the *Income Tax Assessment Act 1997* (of the Commonwealth) at the time that the contract of insurance is renewed.

**Important - only applies to:**

- Insureds with turnover in NSW and who meet definition of a CGT small business
- Professional Indemnity and Public and Product Liability Insurance

Do you hold a binding authority with any insurer (including cover note books or “immediate issue” policy pads)? If YES, please provide details as follows:

Yes  No

Class of business	Name of insurer	Maximum limits

State approximate percentage of commission/brokerage derived from binders

%

Are you authorised to settle claims?

Yes  No

If YES, please supply details including details as follows:

Do you ever (or is it your practice to) sign proposal forms on behalf of clients?

Yes  No

If YES, please supply details:

Is it your practice to provide clients with a copy of the policy wording and schedule?

Yes  No

If NO, how do you ensure that your client is informed of policy terms and conditions, etc?

Do you have any on-line facilities provided access to insurer’s computer systems for the purpose of arranging insurance contracts or for issuing policy documents or schedules?

Yes  No

If YES, please supply details including the percentage of total premium written through such facilities.

Do you place business with insurers (directly, via underwriting agencies or other intermediaries) who are not licensed to operate Australia (i.e. an unauthorised foreign insurer)?

Yes  No

If YES, please provide full details of these insurers and the classes of insurance placed.

Do you always fully comply with the provisions of Section 34 of the Insurance (Agent & Brokers) Act 1984?

Yes  No

If YES, please attach a sample copy of the acknowledge from used. If NO, please explain.

Do you engage any Authorised Representative(s)?

Yes  No

Name of Authorised Representatives	Age	Qualifications	Insurance experience

Do you require Authorised Representative(s) to maintain their own Professional Indemnity Insurance?

Yes  No

Please outline how you select and control/supervise your Authorised Representative(s):

## 4. Claims information

After full enquiry has the proposer sustained any loss through the fraud or dishonesty of any person?

Yes  No

If YES, please provide details:

After full enquiry is the proposer aware of any fraud, dishonesty, bankruptcy or administration order applicable to any past or present principal, partner, director or employee?

Yes  No

If YES, please provide details:

After full enquiry has any claim been made against the proposer's business or any principal, partner, director or employee whilst in this or any other business?

Yes  No

If YES, please provide details:

After full enquiry is the proposer aware of any circumstance or incident which has or could result in any claim being made against the Proposer's business, or any principal, partner, director or employee of this or any other business?

Yes  No

If YES, please provide details:

Have present or previous Insurers been notified of and accepted all claims, notifications and circumstances?

Yes  No

If NO, please provide details:

What remedial action has taken place to ensure notified matters (whether settled or not) do not occur again (or that the likelihood of reoccurrence reduced)?

#### 4. Limit of Indemnity

a. What limit of indemnity is required?

\$

b. What excess is required?

\$



## Declaration

By signing this proposal form you consent to Solution Underwriting Agency Pty Ltd using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. In the course of performing our obligation to you, this information may be disclosed to agents and service providers appointed by us, insurers, (which includes their re-insurers, legal advisers, loss adjustors or agents). Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and, where relevant, in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

I/We declare that the above statements and particulars are true, full enquiry having been made, and I/We have not omitted, suppressed or mis-stated any material facts which may be relevant to Insurers' consideration of this proposal form and undertake to inform the Insurer of any change to any material fact that occurs prior to the point at which the insurance contract has been agreed. I/We understand that the information I/We provide will be used in deciding the price charged by the Insurer for the risk and whether the Insurer will accept the application and the terms of any policy provided.

I understand that if my Practice acquires, merges with or absorbs another Practice during the period of insurance, insurers will require similar information in relation to that Practice and may charge an additional premium.

Print name:

Signature:

On behalf of:

Date:

Please note, if you wish to submit your form via email, an indication of terms and conditions may be provided on the basis of this proposal form. An original signature is required before a contract of insurance can be made. Encrypted signatures are not acceptable.

Signing this form does not bind the Proposer to complete the insurance. We recommend that you should keep a record of all information supplied to us, including copies of letters and this proposal form, for the purpose of entering into this contract.

## Any queries, please contact us

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