



Rivers Insurance Brokers Pty Ltd
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Professional Indemnity Proposal Form Agricultural Consultants

This notice must be read before you complete the Application form

Your Duty of Disclosure

Under the Insurance Contracts Act 1984 (the Act), you have a Duty of Disclosure. You are required before you enter into, renew, vary, extend or reinstate your Policy, to tell us everything you know and that a reasonable person in the circumstances could be expected to know, is a matter that is relevant to our decision whether to insure you, and anyone else to be insured under the Policy, and if so on what terms.

Non- Disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce their liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from it beginning.

Claims Made Policy

This Policy operates on a 'claims made and notified' basis. This means that the Policy covers you for claims made against you and notified to us during the period of insurance.

The Policy does not provide cover in relation to:

- Acts, errors or omissions actually or allegedly committed prior to the retroactive date of the Policy (if such a date is specified)
- Claims made after the expiry of the period of insurance even though the event giving rise to the claim may have occurred during the period of insurance
- 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 insurance
- Facts or circumstances of which you first became aware prior to the period of insurance, 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 Application form for the current period of insurance or on any previous application form.

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.

1. a. Full name of all entities to be insured. (It is essential that you specify the names of all entities including service, administrative or nominee companies and subsidiaries that you wish to be covered by this Policy).					
			State:	Postcode:	
Phone:			Mob:		
b. Date the Firm/Company/Practice was established:					
c. Address(es) of the Firm, Company(ies) (specifying which Partner, Principal or Director is responsible at each location):					
d. Website:					
e. Email:					
f. Names of any previous Entities requiring cover, and relationship to current Entity(ies), and the dates on which they ceased business:					
2. a. Particulars of all Principals:					
Name of Principal	Age	Qualifications	Years practising as Principal/Partner/Director		Disciplines Undertaken
			Current Business Practice	Previous Business Practice(s)	
If less than 5 years experience in this occupation, give details of previous occupations:					
b. Please list those part Partners, Directors or Principals of the Firm or Company for whom cover is required and the date that they left the business:					
3. Please give total numbers of Principals, Partners, Directors and Staff:					
a. Partners/Principals/Directors					
b. Managers					
c. Typist, Administrative Staff					
d. Qualified Staff					
					Total:
4. Please give a clear description of your activities in full.					
a. Services provided for a fee or attracting a professional fee component:					
b. Any other activities					
c. Do any of your activities require you to be licensed under Chapter 7 of the Corporations Act 2001? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, please provide a copy of your current licence(s)					
5. Division of Work					
Please express as a percentage of your actual income for the last twelve (12) months the total fees derived from the following activities (if no actual fees, answer in relation to estimated fees)					

Activities		Percentage									
a. Business Management		%									
b. Chemical Consulting and Management		%									
c. Environmental Policy and Planning		%									
d. Farming Logistics and Management		%									
e. General Consulting		%									
f. Greenhouse Emissions and Carbon Trading		%									
g. Laboratory Testing		%									
h. Land Management		%									
i. Land Remediation and Analysis		%									
j. Plantation Operations and Management		%									
k. Soil Collection and Testing		%									
l. Surveying – Land		%									
m. Sustainability and Profitability Reporting/Modelling		%									
n. Tender Preparation and Management		%									
o. Training		%									
p. Valuations		%									
q. Vegetation Ecology and Management		%									
r. Water Resources Management		%									
s. Weather Climate and Fire Planning Control		%									
t. Other – Please specify		%									
Total:		100%									
If you have marked "other", please provide details:											
6. Please state the gross income received for each of the last two financial years in i and ii and estimate for the next financial year in iii											
Year	AUS \$	Overseas \$									
i.											
ii.											
iii.											
7. Please provide the approximate percentage of your activities (based on fee income) applicable to each State, Territory and Overseas.											
NSW	VIC	QLD	SA	WA	TAS	NT	ACT	O/S			
%	%	%	%	%	%	%	%	%			
8. a. Please list the three largest contracts in the last three years of the Firm, Company or Sole Practitioner:											
Type of Service & Country	Fee	Contract/Project Value	Commenced	Finished							
i.											
ii.											
iii.											
b. What is the largest annual income earned from a single client in the last 12 months?											
Name of client											
9. Does the Firm, Company or Sole Practitioner perform work outside Australia, or work for clients who are outside Australia? Yes <input type="checkbox"/> No <input type="checkbox"/>											
If yes, please give details (i.e. work performed, countries involved and fee income of each)											
10. Please give the percentage of your activities (based on fee income) applicable to Australia and Overseas:											
Australia			%			Overseas			%		

11. Is the Firm, Company or any Partner/Principal/Director a member of a Professional Body or Association? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please give details and membership status:
12. a. Has your name ever been changed? Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Has any other Practice or Business amalgamated or merged with your? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. Have you purchased any other Practice or Business? Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes in any case, please give details by way of an attachment.
13. Do you envisage any substantial changes in your activities or are there any major new operations contemplated during the next 12 months? Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please give details by way of an attachment.
14. Are you or any Partner/Director/Principal connected or associated (financially or otherwise) with any other Practice or Business? Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please give details by way of an attachment.
15. Contractors/Sub-contractors
a. Is any portion of your work sublet to others? Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please give details of the nature of work performed by each contractor/sub-contractor
b. Do you require contractors/sub-contractors as a condition of their appointment to maintain adequate insurance to indemnify you with respect to liabilities caused by their negligence? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. Please state the Gross Professional Fees paid to consultants, contractors, sub-contractors and agents during the past 12 months \$
16. Does any contract or client represent more than 25% of your annual work? Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please give details by way of an attachment.
17. a. Are written disclaimers included with advice being given? Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please give details by way of an attachment.
b. Do you give oral reports? Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, how do you record your spoken words?
18. Has any insurer ever:
a. Declined to offer Insurance of any type for this Firm, Company or Sole Practitioner or for any Partner, Director or Principal? Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Imposed any special terms on this Firm, Company or Sole Practitioner or any Partner, Director or Principal? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. Cancelled or voided any Insurance held by this Firm, Company or Sole Practitioner or any Partner, Director or Principal? Yes <input type="checkbox"/> No <input type="checkbox"/>
19. Have you or any Partner/Principal/Director/staff member ever been subject to disciplinary proceedings for professional misconduct? Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please give details by way of an attachment if necessary.

20. a. During the past ten years has any claim been made, or has liability for an error or breach of duty been alleged against the Firm, Company or Sole Practitioner or any of their predecessors in business or any prior Entity or any of their present or former Partners, Directors, Principals, Consultants, or Employees; or have any circumstances been notified to insurers which may result in a claim? Yes No

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

Year of Notification	Name of Insurer (if any)	Name of Claimant	Nature of Problem	Amount Paid or Estimated Potential Liability	Is Matter Finalised or Outstanding?

b. Are any of the Partners, Directors, Principals or Employees AFTER FULL INQUIRY, aware of any circumstances which may give rise to a claim against the Firm, Company or Sole Partitioner, its predecessors in business or any past or present Partner, Director, Principal, consultant, or Employee? Yes No

If Yes, please give details by way of an attachment if necessary.

21. a. Is the Firm/Company/Sole Practitioner currently insured against Professional Negligence? Yes No

b. If the answer to (a) is No has the Firm/Company/Sole Practitioner ever been insured?

c. If the answer to (a) or (b) is Yes please supply the following data:

Amount of Cover	\$	Amount of Excess	\$
Last Annual Premium	\$	When lapsed or expiry Date	
Name of Insurer and Broker			

22. a. What amount of indemnity is required? i. \$ ii. \$

b. What excess are you prepared to carry in respect of each and every claim.?

i. \$ ii. \$

23. Indicate the extensions required:

a. Outgoing Principals	Yes <input type="checkbox"/> No <input type="checkbox"/>	c. Retroactive Liability	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Previous Business	Yes <input type="checkbox"/> No <input type="checkbox"/>	d. Fidelity	Yes <input type="checkbox"/> No <input type="checkbox"/>
(if, yes complete supplementary questionnaire)		Limit desired	\$

24. Please give details of Partners, Directors or Principals:

a. Who have joined the Firm/Company and from what previous Firm/Company.

b. Who have retired and for whom the Q.23(a) extension is required including date of retirement from the Firm/Company.

25. The answers you have provided to the above questions will usually provide sufficient information for a proper consideration of the proposal. However, if there are any matters which are material to the risk to which this Proposal relates, you should disclose such matters to us in the space below, or on a separate sheet if necessary.

DECLARATION: I/We declare that we have read the important notices contained in this form and I/We understand those notices. I/We declare that the statements and particulars in this proposal are true and that I/We have not misrepresented or suppressed any material facts. I/We undertake to inform insurers of any material alteration to these facts whether occurring before or after completion of the Contract of Insurance.

I/We hereby acknowledge that the insurance cover will be provided in whole or in part by overseas insurers.

SIGNED:

(By a Principal on Behalf of the Company and all other Principals and all parties/entities requiring cover)

DATED:

(Signing of this Proposal Form does not bind the Company or Underwriters to complete the insurance)