

SWISS RE INTERNATIONAL SE, AUSTRALIA BRANCH

SINGLE PROJECT CONSTRUCTION LIABILITY PROPOSAL FORM

Important Notices

Understanding the Policy

You should read the entire Policy carefully; including the definitions and the exclusions to ensure that it meets your requirements. We recommend that you consult an insurance adviser to ensure a clear understanding of your rights and obligations under this insurance contract.

Your duty of disclosure

When you are completing the Proposal it is important that you understand you are answering questions for yourself and anyone else that you want to be covered by the Policy.

Before you enter into the Policy, you have a duty to tell us anything that you know, or could reasonably be expected to know, which may affect our decision to insure you and on what terms. You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate the Policy.

You do not need to tell us anything that:

- reduces the risk we insure you for;
- is common knowledge;
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If you do not tell us something

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we shall pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Notification of Facts that might give rise to a claim

Section 40(3) of the *Insurance Contracts Act 1984 (Cth)* provides that if you give notice in writing to us of facts that might give rise to a claim against you as soon as reasonably practicable after you become aware of such facts but before the insurance cover provided by the Policy expires, then we are not relieved of liability under the Policy in respect of the claim, when made, by reason only that it was made after the expiration of the period of the insurance cover provided by the Policy

Privacy Statement – Privacy Information

We are bound by the Australian Privacy Principles set out under the *Privacy Act 1988 (Cth)* when we collect and handle your personal and or sensitive information. We shall only collect personal and or sensitive information that is necessary in order for us to process and administer the Policy and any claims made under the Policy. Where possible, we shall collect personal information directly from you or, where that is not reasonably practical, from other sources. We may also use your personal and or sensitive information for the purpose of designing or underwriting new insurance products, for research and analytical purposes, to perform administrative functions, and to comply with our legal obligations.

We may disclose your personal and or sensitive information to third parties for the purposes described above, including insurers, reinsurers, reinsurance brokers, loss adjusters, external claims data collectors, investigators and others involved in the claims handling process, agents and service providers and related entities some of whom may be located in overseas countries, including Hong Kong, India, Singapore, Switzerland, the United States of America and the Slovak Republic.

In providing personal and or sensitive information, you consent to the collection, use and disclosure, including overseas disclosure of your personal and or sensitive information for the purposes described above. Where you provide us with personal and or sensitive information about others, you represent to us that you have made them aware of that disclosure and of our privacy policy and that you have obtained their consent.

If you do not consent to provide us with the personal and or sensitive information that we request, or withdraw your consent to the use and disclosure of your personal and or sensitive information at any stage, we may not be able to offer or continue to offer you the products or provide the services that you seek including claims assessment and handling.

We realise that this information is often very sensitive in nature and shall treat it with the utmost care and security. Information on how we handle your personal and or sensitive information is explained in our privacy policy, including:

- What information we collect and how we use it;
- When do we disclose your information overseas;
- How do we hold and protect your information;
- How we disclose the information;
- How you can check, update or change the information we are holding;
- What happens if you wish to complain.

A copy of our privacy policy is available by contacting your broker or available on our website:

corporatesolutions.swissre.com/australia-newzealand

Contact Details

You may seek access to, and correction of, your personal information we hold about you by contacting our Privacy Compliance Officer on (02) 8295 9500 or by writing to:

Privacy Compliance Officer
Swiss Re International SE Australia Branch
Level 36, Tower Two, International Towers Sydney
200 Barangaroo Avenue, Sydney NSW 2000
Email: complaints_anz@swissre.com

We shall respond to your request within a reasonable time after we receive it.

SECTION 1: PROJECT DETAILS

1.1 **Project Name:**

1.2 **Project Location:**

1.3 **Total contract value of the Project
in Australian dollars:** _____

1.4 **Has the proposed Policyholder been awarded the contract for the Project?** Yes / No

(If no, please advise when the contract is expected to be awarded)

1.5 **Total gross amount earned for the
Project by for proposed
Policyholder (and any additional
entities) in the provision of
business activities:** _____

1.6 **Please advise the expected timeframe for the Project:**

Start Date:

Completion Date:

SECTION 2: PROPOSED POLICYHOLDER DETAILS

2.1. **Name of proposed Policyholder:**

(Full legal entity name required)

2.2. **Company Registration Number:**

(ABN/ACN)

2.3. **Address of Head Office:**

2.4. **Website URL:**

2.5. **Is the proposed Policyholder registered for GST:**

Yes / No

(If yes, please advise registration number)

2.6. **Please advise if there are any additional entities, including contractors and sub-contractors seeking coverage under the Policy other than the above-mentioned proposed Policyholder?**

Yes / No

(If yes, please complete Annexure A – Additional Entities)

SECTION 3: DETAILS OF BUSINESS OF PROPOSED POLICYHOLDER

3.1. **Establishment date of business:**

3.2. **Has the proposed Policyholder (including Subsidiaries and any additional entities thereof) ever conducted business under any other name(s):**

Yes / No

(If yes, please advise (name(s)))

3.3. Proposed Policyholder (including Subsidiaries and any additional entities thereof) staff numbers on the Project (Employees and/or others)

(Please complete the below table)

| NSW | VIC | QLD | WA | SA | TAS | ACT | NT | O/S |
|-----|-----|-----|----|----|-----|-----|----|-----|
| | | | | | | | | |

SECTION 4: BUSINESS ACTIVITIES AND OPERATIONS

4.1. **Has the proposed Policyholder (including Subsidiaries and any additional entities thereof) undertaken design and construction services in the same geographical location as the Project in the past?** Yes / No

4.2. **What Project design standards are being adhered to for the Project?**

4.3. **What quality assurance standards are in place for the Project?**

4.4. **Are any innovative designs/materials being implemented or used?** Yes / No
(If yes, please advise below or attached detailed addendum)

4.5. **Are any techniques or activities new to the proposed Policyholder (including Subsidiaries thereof) or new to the industry?** Yes / No

(If yes, please advise details below or attach detailed addendum)

4.6. What type of contracts with respect to the professional indemnity services are being performed?

(Consultancy only, Alliance Contract, PPP, Design & Construction e.g.)

4.7. Is there a requirement for the Policy to extend beyond the construction and maintenance period?

Yes / No

(If yes, please confirm for how long)

4.8. Does the proposed Policyholder ensure that all materials conform to all national and state building codes and legislation in Australasia?

Yes / No

4.9. Does the proposed Policyholder (or any subsidiary thereof) engage in the use of sub-contractors?

Yes / No

(If yes, please answer below following question(s))

(i) Does the proposed Policyholder intend to cover sub-contractors under the Policy for the provision of professional Services? Yes / No

(ii) Does the proposed Policyholder agree to any hold-harmless agreements or otherwise waive all legal rights and entitlements of the proposed Policyholder against such sub-contractors? Yes / No

(iii) Does the proposed Policyholder confirm prior to commencement of business activities by the sub-contractors that they carry their own professional indemnity insurance? Yes / No

(iv) Please provide details of the nature of work performed by sub-contractors and if they have adequate general liability insurance in the below table.

| Nature of Work | Payment Amount | Location of work | Current insurance in place: (Yes/No) |
|----------------|----------------|------------------|---|
|----------------|----------------|------------------|---|

| | | | |
|--|--|--|--|
| | | | |
| | | | |

4.10. Does the proposed Policyholder (including any Subsidiaries thereof) execute individual contracts and/or agreements for services provided? Yes / No

(If no, please advise how contracts and/or agreements are executed)

4.11. Does the proposed Policyholder (including any Subsidiaries thereof) use their own standard contracts and/or agreements? If not, do they utilise contracts provided by clients? Yes / No

4.12. Are the proposed Policyholder (or any Subsidiary thereof) contracts and/or agreements reviewed by external legal counsel? Yes / No

(If no, please advise how client contracts are reviewed and approved)

4.13. Does the proposed Policyholder (or any Subsidiary thereof) have the appropriate requirements in place to classify all documents (physical and electronic)? Yes / No

(If yes, please advise details below or attach detailed addendum)

4.14. Does the proposed Policyholder (or any Subsidiary thereof) have the requirements on how to handle classified data and patient records? Yes / No

(If yes, please answer below question(s))

(i) distribution of documents? Yes / No

(ii) Destruction of physical documents and secure deletion of electronic documents? Yes / No

(iii) Requirements for shipping and transportation of documents? Yes / No

(iv) Encryption requirements for electronic data in-transit and at rest? Yes / No

4.15. Does the proposed Policyholder (or any Subsidiary thereof) regularly back-up classified data? Yes / No

4.16. Does the proposed Policyholder (or any Subsidiary thereof) have a financial interest in the Project itself and/or the named Principal/Developer? Yes / No

(If yes, please advise details below or attach detailed addendum)

SECTION 5: INSURANCE HISTORY

5.1. Has the proposed Policyholder (including Subsidiaries thereof) had a policy of insurance refused or cancelled in the last 10 years? Yes / No

(If yes, please attach detailed addendum)

5.2. Has the proposed Policyholder (including Subsidiaries thereof) had a policy of insurance voided or rescinded in the last 10 years? Yes / No

(If yes, please attach detailed addendum)

SECTION 6: PRIOR KNOWLEDGE AND CLAIMS EXPERIENCE

6.1. Has there or is there now an open claim (and or notification of a circumstance which may lead to a claim) against the proposed Policyholder (or any Subsidiary thereof) alleging breach of Professional Duty? Yes / No

(If yes, please attach detailed addendum)

6.2. Has the proposed Policyholder (including Subsidiaries thereof) or any past, present principal, partner or directors of the proposed Policyholder ever been subject to any disciplinary action or investigation by an Official Body into their professional activities? Yes / No

(If yes, please attach detailed addendum)



6.3. Is the proposed Policyholder (or any Subsidiary thereof) aware of any prior or known facts or circumstances which a reasonable person might think would give rise to a claim being made against the proposed Policyholder? Yes / No

(If yes, please attach detailed addendum)

6.4. Is the proposed Policyholder (or any Subsidiary thereof) aware of any claim made or threatened against the proposed Policyholder? Yes / No

(If yes, please attach detailed addendum)

6.5. Is the proposed Policyholder (or any Subsidiary thereof) aware of any facts or circumstances which it, he or she has reason to believe might give rise to any future claim(s) that would fall within the scope of the proposed insurance coverage? Yes / No

(If yes, please attach detailed addendum)

6.6. Has the proposed Policyholder ever been insolvent or suffered financial difficulty and/or distress? Yes / No

(If yes, please attach detailed addendum)

6.7. Has the proposed Policyholder limited its liability under contract? Yes / No

(If yes, please advise details below)

6.8. Has the proposed Policyholder accepted liability for consequential losses? Yes / No

(If yes, please advise details below)

6.9. Has the proposed Policyholder agreed to contract out of any proportionate liability legislation? Yes / No

(If yes, please advise details below)



6.10. Are any contracts for the provision of professional services being novated to the proposed Policyholder?

Yes / No

(If yes, please advise details below)

SECTION 7: DOCUMENTATION

7.1. Upon returning the signed copy of the Proposal form, please enclose accompanying copies of;

(Please place a tick in the boxes below to confirm documents have been attached)

the proposed Policyholder's most recent annual report;

the proposed Policyholder's full claims history;

the signed Project contract between Principal and proposed Policyholder;

any of the proposed Policyholder's standard contracts or service agreements with clients, sub-contractors, agents and consultants;

the all principals, partners and directors resumes/CV's; and

the proposed Policyholder's expiring policy wording

SECTION 8: DECLARATION

We, the proposed Policyholder(s) declare and affirm that the information and particulars contained in the Proposal Form and in any addendums attaching is/are complete, correct and true and that no material facts have been misstated, suppressed or withheld.

We undertake to inform the Insurer (Swiss Re International SE, Australia Branch) of any changes to any information or particulars provided by or on behalf of the proposed Policyholder before the relevant contract of insurance is entered into.

We acknowledge;

1. Our Duty of Disclosure to the Insurer;
2. Receipt of and understanding of the **Important Notices** enclosed in the Proposal Form;
3. The Insurer has relied on all information and particulars provided in support of the Proposal Form in forming its decision to offer any contract of insurance including the terms; and
4. The insurance applied for shall only take effect once an offer of insurance has been provided by the Insurer.

By signing the Proposal Form, we consent to the Insurer collecting, using, storing and disclosing personal information in accordance with the **Privacy Statement - Privacy Information** notice enclosed in the Proposal Form.

I/We hereby confirm that I/we _____ (print name) and _____ (print name) are authorised by the proposed Policyholder to complete, sign and submit this proposal on behalf of the proposed Policyholder.

Signed: _____
Job Title:

Date:

Signed: _____
Job Title:

Date:

ANNEXURE A: ADDITIONAL ENTITIES

1. Please advise all additional entities that require coverage under the proposed Policyholder's Policy of insurance:

(Please complete the below table)

| Additional Entity: (Full legal entity name) | Nature of Business: (Industry) | Total Turnover amount: (current financial year) | Number of Employees on the Project: | Business activities performed on the Project: | Do you currently have similar insurance in place? (if yes, please provide claims history) |
|--|-----------------------------------|--|-------------------------------------|---|--|
| | | \$ | | | |
| | | \$ | | | |
| | | \$ | | | |
| | | \$ | | | |
| | | \$ | | | |
| | | \$ | | | |
| | | \$ | | | |