



NDIS - Combined Professional Indemnity and General Liability Insurance Proposal Form

Please answer all questions in full to obtain an insurance quote. If you are unsure about any questions please give our insurance advisers a call on 1800 940 480 to assist. We recommend that the proposed Insured keep a record of all information supplied for the purpose of entering into an insurance contract.

Once you have completed the proposal form, please email a copy to admin@acinsure.com.au so that we can start the quoting process.

General Details

Proposed Insured Name (list all entities including subsidiaries to be covered by the policy):

Street Address: _____

State: _____ Postcode: _____

Phone: _____ Website: _____

ABN/ACN: _____ Date of Establishment: _____

Business Activity

Please provide a detailed description of the business conducted by the proposed Insured. Attach any brochures or promotional material that may provide greater clarity in respect of the business.

Activity	Gross Fees %
	%
	%
	%
	%
	100%

Please provide the gross fees (business revenue) for:

Last Year \$ _____

Expected Current Year \$ _____



Please provide a percentage split in gross fees by state:

Location	Percentage (%)
Australian Capital Territory	%
New South Wales *	%*
Northern Territory	%
Queensland	%
South Australia	%
Tasmania	%
Victoria	%
Western Australia	%
Overseas	%
	100%

*** If fees from NSW, please complete this question:**

Is the proposed Insured a Capital Gains Tax small business entity (within the meaning of section 152-10 (1AA) of the Income Tax Assessment Act 1997 of the Commonwealth) and a small business individual / partnership / company and/or trust, which is carrying on a business that has an **aggregated turnover of less than \$2 million.**

No Yes N/A

For explanatory details, refer to information at the end of this proposal form.

Number of full time equivalent employees: _____

Number of principals, partners or directors: _____

Please provide the following details for each principal, partner or director:

Name	Age	Qualifications	Date Qualified

If the proposed Insured is a sole proprietor, what arrangements are in place for the business in the event of temporary absentness (such as illness or leave)?

Does the proposed Insured currently have a valid professional indemnity policy? No Yes



Does the proposed Insured have any income or activities outside Australia?	No	Yes
Does the proposed Insured have any income from the United States of America?	No	Yes
Has there been any substantial change in the proposed Insured's business in the past twelve months?	No	Yes
Does the proposed Insured anticipate any substantial change in activities during the next twelve months?	No	Yes
Does the proposed Insured assume liability under contract, enter into hold harmless agreements or agree to waive rights of subrogation?	No	Yes
Has the proposed Insured had an insurance policy renewal declined or had any insurance policy cancelled for any reason within the last five years?	No	Yes
Has the proposed Insured or any principals of the proposed Insured ever been declared bankrupt?	No	Yes
Has the proposed Insured or any principals of the proposed Insured ever been convicted of a criminal offence?	No	Yes
Has the name of the business ever changed?	No	Yes
Has the proposed Insured ever carried on business under a different corporate entity?	No	Yes
Has the proposed Insured ever amalgamated or merged with another business?	No	Yes
Has the proposed Insured ever purchased any other business?	No	Yes

If **yes to any questions above, please provide full details in the space available on page 6 of this Proposal.**

If the proposed Insured engages sub-contractors does the proposed Insured ensure that the sub-contractors carry their own professional indemnity insurance policy?	No	Yes	N/A
If the proposed Insured engages sub-contractors does the proposed Insured ensure that the sub-contractors carry their own general liability insurance policy?	No	Yes	N/A
Is the proposed Insured licensed and registered in all states in which business is conducted?	No	Yes	N/A
Has the proposed Insured's license and/or registration been in force at all relevant times?	No	Yes	N/A
Are standard forms of contract or terms of engagement always used by the proposed Insured?	No	Yes	
Are verbal reports or advice always confirmed in writing?	No	Yes	



Are the scope of professional services to be performed always clearly set out in the contract or terms of engagement? **No** Yes

If no to any questions above, please provide full details in the space available on page 6 of this Proposal.

List the five largest contracts the proposed Insured has entered into over the past five years:

Client	Revenue	Services Provided

Claims Details

Has the proposed Insured or any principals of the proposed Insured had any claims against them which were or could have been covered by the proposed insurance within the last five years? **No** **Yes**

After enquiry, is the proposed Insured aware of any facts or circumstances which might result in a future claim under the proposed insurance? **No** **Yes**

Has the proposed Insured or any principals of the proposed Insured been the subject of any complaint, suit, inquiry or notice of a hearing from any State, Territory or Federal regulatory body, or any other party within the last five years? **No** **Yes**

Has the proposed Insured or any principals of the proposed Insured had any fine or penalty imposed by, or been served an infringement, improvement or prohibition notice or enforcement order by any Federal, State, Local Government or Regulatory Authority within the last five years? **No** **Yes**

Has the proposed Insured had a Workplace or Environmental incident (including a workplace fatality, serious injury or dangerous incident) that either required notification to or warranted investigation by a Regulatory Authority or a compulsory requirement to attend any hearing, inquiry, prosecution or other commission within the last five years? **No** **Yes**

If yes to any questions above, please provide full details in the space available on page 6 of this Proposal.



Insurance Needs

Professional Indemnity Optional Extensions Required:

Cover for Contractors, Consultants or Agents	No	Yes
Employment Practices Breach (please complete addendum)	No	Yes
Fidelity (please complete addendum)	No	Yes
Principal's Previous Business	No	Yes
United States of America Jurisdiction	No	Yes

General Liability Optional Extensions Required:

Cover for Contractors, Consultants or Agents	No	Yes
Statutory Liability	No	Yes
United States of America Jurisdiction	No	Yes

Professional Indemnity Limit Required:

\$1,000,000 \$2,000,000
\$5,000,000 \$10,000,000

Other: _____

General Liability (Public/Product Liability) Limit Required:

\$5,000,000 \$10,000,000
\$20,000,000

Declaration

After making appropriate enquiries, I declare that:

I am authorised on behalf of the proposed Insured(s) to complete this Proposal.

I have read and understood the Important Notices accompanying this Proposal.

Where I have provided information about another individual, I declare that the individual has been made aware of that fact and of the ACI Privacy Statement.

I authorise ACI to collect or disclose any personal information relating to this insurance to or from other insurers or insurance or credit reference services.

I confirm that the statements and information in this Proposal are true and complete.

I understand that, until a contract of insurance is entered into, I am under a continuing obligation to immediately inform ACI of any change to the information contained in this Proposal.

I acknowledge that, if a contract of insurance is entered into, this Proposal and any accompanying documents will form the basis of the contract.

Name: _____ Signature: _____

Position: _____ Date: ____/____/____



Additional Information



NSW Insurance Duty

Exemption Information

From 1 January 2018, small businesses will be exempt from paying NSW stamp duty on certain types of insurance.

What is small business?

Revenue NSW states that: “You are a small business if you are **an individual, partnership, company or trust** that is carrying on a business, and the business has an **aggregated turnover of less than \$2 million**. Aggregated turnover is your annual turnover plus the annual turnovers of any business entities that are your affiliates or are connected with you.

Please see section 259A of the Duties Act 1997 for full details and/or seek appropriate advice.

Which insurance types will the exemption apply to?

This exemption can be applied for small business with one of the following insurance types:

- Commercial vehicle insurance
- Commercial aviation insurance
- Occupational indemnity insurance
- Product and public liability insurance

How do I apply for the exemption?

To receive the exemption, please confirm that you are a small business where asked in this Proposal form.

What happens if I make a false Declaration?

We recommend you obtain appropriate professional advice and/or otherwise reasonably satisfy yourself that the Declaration is not false or misleading as:

- There is a maximum penalty of \$11,000 under the Act if the Declaration is provided knowing that it is false or misleading in a material particular; and
- If the Declaration is false (whether dishonest or not) and this causes the insurer to be liable to pay a duty the insurer may require you to pay an amount equal to the duty, together with any interest or penalty tax payable.

How do I get more information?

Go to NSW Revenue website <http://revenue.nsw.gov.au/taxes/insurance> and/or refer to the Duties Act 1997 (NSW).