

Professional Indemnity Supplementary proposal for architects



Instructions for completing this supplementary proposal form

- Failure to disclose all material information that is likely to influence the acceptance of the risk or the terms applied could invalidate the insurance. If you are in any doubt as to whether any information is material, it should be disclosed.
- Where the space provided is insufficient for your replies, please provide these separately and attach to this Supplementary Proposal Form.
- Reference to Insured in this Supplementary Proposal Form means:
 - ▼ the entity or entities named in question 1;
 - ▼ the past and/or present employees or principals of the entity or entities; and
 - ▼ the directors of the entity or entities and all subsidiary entities for whom cover is required.

1. Name of all entities to be insured

2. Date that the Proposal Form to which is this is a Supplementary Proposal Form was signed and dated

3. Please state the approximate percentage of the Insured's fee income for the last financial year derived from the following types of consulting work:

	A. Professional services provided by the Insured	The percentage of A. that relates to services provided by consultants or sub-contractors
(a) Architecture	%	%
(b) Interior design	%	%
(c) Drafting	%	%
(d) Landscape architecture	%	%
(e) Soil testing/Site investigations	%	%
(f) Town planning	%	%
(g) Work in respect of piling, underpinning or dewatering.	%	%
(h) Work in respect of dams, bridges, mines, tunnels or offshore projects, harbours, jetties	%	%
(i) Heritage consulting or work in relation to buildings subject to a preservation order	%	%
(j) Modular designs (where design is used more than 5 times)	%	%
(k) Pre-purchase inspection reports	%	%
(l) Construction management	%	%
(m) Project management	%	%

(n) Other activities (please specify)

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TOTAL	100%	100%
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4. Please state the approximate percentage of the Insured's fee income derived from contracts involving the following:

(a) Domestic premises – (not being flats or townhouses)	%
(b) Commercial premises – (including retail shops, flats and townhouses, but excluding work defined in (d) and (e))	%
(c) Institutional premises – (such as ecclesiastical, hospitals, municipal, educational and sports and leisure complexes, swimming pools, but excluding high rise – see (e) below)	%
(d) Industrial premises – (excluding high rise – see (e) below)	%
(e) High rise premises of all classes, (a) to (d) inclusive, exceeding three floors	%
TOTAL	100%

5. Please provide details of registration or membership, as below:

(a) Are all architects employed or contracted by the Insured registered with the registration board in the State or Territory in which they practise?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
(b) Are all landscape architects employed or contracted by the Insured members of the Australian Institute of Landscape Architects?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
(c) Are all town planners employed or contracted by the Insured professionally recognised by the Planning Institute of Australia?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
(d) Are all draftspersons/designers employed or contracted by the Insured members of the Building Designers Association?	No <input type="checkbox"/>	Yes <input type="checkbox"/>

6. Does the Insured engage in manufacture, construction, erection or installation, or act as principal in connection with any contract involving manufacture, construction, erection or installation?

No Yes If Yes, what percentage of the Insured's fees relates to such contracts? %

7. Has the Insured undertaken contracts in relation to which a Specific Project Professional Indemnity Insurance Policy has been arranged?

No Yes If Yes, please provide details

Name of project	Date of practical or expected completion	Sum insured provided under that policy	Approximate contract value of the project works

8. Does the Insured engage consultants, sub-contractors or agents?

No Yes If Yes:

(a) Does the Insured enter into any hold-harmless agreements or otherwise waive any legal rights or entitlements, which it may have against such consultants, sub-contractors or agents?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
(b) Does the Insured insist that such consultants, sub-contractors or agents carry their own Professional Indemnity?	No <input type="checkbox"/>	Yes <input type="checkbox"/>

9. Please give the following details for the four largest contracts undertaken during the last five years.

Brief description	Location	Professional role	Contract value	Fees

Declaration

I/We the undersigned duly authorised person(s) declare that:

- (i) I am/we are authorised by each of the Insured to sign this Supplementary Proposal Form; and
- (ii) the above statements are correct, true and complete; and
- (iii) no information material to this Supplementary Proposal Form has been withheld; and
- (iv) I/we have read the **important facts** which you have put before me/us in the Professional Indemnity Proposal Form and I/we understand the advice given in relation to the **duty of disclosure**; and
- (v) I/we have diligently made all necessary and detailed enquiries in order to comply with the duty of disclosure; and
- (vi) I/we understand that no insurance is in force until such time as the insurer has confirmed acceptance of the proposed insurance; and
- (vii) I/we undertake to inform the insurer of any material alteration to these facts occurring before completion of the contract of insurance; and
- (viii) I/we acknowledge that the Insurer relies on the information and representations in this Supplementary Proposal Form and otherwise made by me/us in relation to this insurance; and
- (ix) except where indicated to the contrary, I/we understand that any statement made in this Supplementary Proposal Form will be treated by the insurer as a statement made by all persons to be insured; and
- (x) I/we have read Vero Insurance's Privacy Statement which you have put before me/us in the Professional Indemnity Proposal Form, and consent to the use, disclosure and obtaining of personal information about the Insured for the purposes shown in the Privacy Statement; and
- (xi) I/we acknowledge that this Supplementary Proposal forms part of the Professional Indemnity Proposal Form signed and dated on the date disclosed in question 2.

Signed	<input type="text"/>
Name of Partner(s) or Director(s)	<input type="text"/>
On behalf of*	<input type="text" value="* Insert name of firm"/>
Date	<input type="text" value="/ /"/>