

Pest Managers

Professional Pest Managers "Claims Made" Public Liability & Professional Indemnity Liability Insurance

Proposal Form

IMPORTANT NOTES

This insurance cover is based upon representations given to us by you. Should any particulars have changed or be incorrect you must notify us immediately. We reserve the right to revise or withdraw this quotation at any time subject to any changes in the underwriting or claims information provided. Some of the key factors that may influence your premium are nature of risk, limit of cover required, claims history and occupation.

ROLE OF WINSURE UNDERWRITING PTY LTD

In arranging this insurance, the Winsure Underwriting Pty Ltd A.B.N. 68 169 336 252 is acting under an authority given to it by the insurer, and is acting as the insurer's agent and not as your agent.

THE INSURER

Certain underwriters at Lloyd's

DUTY OF DISCLOSURE

Before you enter into a contract of general insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance. Your duty however does not require disclosure of any matter:

- ▼ that diminishes the risk to be undertaken by the insurer;
- ▼ that is of common knowledge;
- ▼ that your insurer knows or, in the ordinary course of its business, ought to know;
- ▼ as to which compliance with your duty is waived by the insurer.

It is important that all information contained in this proposal is understood by you and is correct, as you will be bound by your answers and by the information provided by you in this proposal. You should obtain advice before you sign this proposal if you do not properly understand any part of it.

Your duty of disclosure continues after the proposal has been completed up until the contract of insurance is entered into.

Non – Disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce its 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 its beginning.

CHANGE OF RISK OR CIRCUMSTANCES

You should advise Winsure as soon as practicable of any material change to your normal business as disclosed in the proposal, such as changes in location, acquisitions and new overseas activities.

CLAIMS MADE PROVISIONS

Your attention is drawn to the fact that this policy provides cover on a "claims made" basis which means that claims first advised to you (or made against you) and reported to your insurer during the period of insurance are recoverable irrespective of when the incident causing the claim occurred, subject to the provisions of any clauses relating to a "retroactive date". This policy does not cover claims made against you arising out of or in any way connected with any act, error, omission, circumstances or event occurring or committed or alleged to have been committed prior to the retroactive date stated in the policy.

You should also note that, in terms of the provisions of section 40(3) of the Insurance Contracts Act 1984, where you give notice in writing to the insurer of facts that might give rise to claim against you as soon as is reasonably practicable after you become aware of those facts (but before the insurance cover provided by the contract expires) then the insurer is not relieved of liability under the contract in respect of the claim, when made, by reason only that it was made after the expiration of the period of insurance cover provided by the contract.

In order to ensure that any entitlement under the policy is protected, you must therefore report all incidents that may give rise to a claim against you to the insurer without delay after such incidents come to your attention and prior to the expiration of the Period of Insurance.

SUBROGATION

Where you have agreed with another person or company, who would otherwise be liable to compensate you for any loss or damage which is covered by the policy, that you will not seek to recover such loss or damage from that person, Winsure will not cover you, to the extent permitted by law, for such loss or damage.

RETROACTIVE DATE

The proposed insurance may be limited by a retroactive date. If so, the Policy does not cover any claims or facts/circumstances arising from any act, error or omission or conduct prior to such retroactive date.

PRIVACY STATEMENT

Winsure is committed to protecting your privacy. Winsure only use the personal information you provide to Winsure to quote on and insure your risks. Winsure only provide personal information to their underwriters and reinsurers (and their representatives) and those we appoint to assist Winsure with claims under your policy. The Winsure will not trade, rent or sell your information.

If you don't provide Winsure with complete information, Winsure cannot properly quote for your insurance and Winsure cannot insure you. You can check the personal information Winsure hold about you at any time.

If you provide Winsure with personal information about anyone else, Winsure relies on you to have told them that you will provide their information to Winsure, to whom Winsure may provide it, the purposes for which Winsure will use it and that they can access it. If the information is sensitive, Winsure relies on you to have obtained their consent on these matters. For more information about our Privacy policy, ask us for a copy.

INSTRUCTIONS TO PROPOSER

This proposal is to be completed by a director, partner, principal or an authorized officer of the Insured, as the answers to the following questions will determine the acceptance or declination of coverage proposed. There is a duty on you as the proposing Insured to answer all questions accurately and fully as all statements shall form the basis of, and be incorporated into any contract of insurance which may be issued by Winsure.

Please answer all the questions fully. If there is insufficient spaces please provide further details on your letterhead. If a particular question is not applicable to you and/or your business please mark that question as not applicable "N/A". Please attach the following to assist your proposal for insurance: (1) brochures, pamphlets, advertisements or other descriptive literature of your operations and/or services; (2) financial statement and/or annual report; and (3) copies of standard contract(s) with clients, if applicable.

PROPOSERS DETAILS

Name of Insured

First Name

Last Name

Trading Name (e.g. Company Name Pty Ltd)

Subsidiaries

Please list all Subsidiaries

Address for notices

Number, Street Address

City / Suburb

State

Postcode

Contact Number

Business Phone

Mobile

Email

Email

Website

Website

ABN

Australian Business Number

Registered for GST?

Yes

No

GST % (If varied from 100%)

%

Interested Parties

Bank / Guarantor / Financier

COMPANY INFORMATION

Details of all Partners / Principals:

1.	<input type="text"/> Full Name	<input type="text"/> Age	<input type="text"/> Qualification / Association Membership	<input type="text"/> Date Qualified
2.	<input type="text"/> Full Name	<input type="text"/> Age	<input type="text"/> Qualification / Association Membership	<input type="text"/> Date Qualified

How long as a Principal and / or Partner?

1.	<input type="text"/> Full Name	<input type="text"/> Current Practice	<input type="text"/> Previous Practice
2.	<input type="text"/> Full Name	<input type="text"/> Current Practice	<input type="text"/> Previous Practice

Details of Staff numbers by order of Qualification and Experience:

1.	<input type="text"/> Staff – Qualified & Experienced Category	<input type="text"/> # of Staff	<input type="text"/> Nature of Work & Activity
2.	<input type="text"/> Staff – Qualified & Experienced Category	<input type="text"/> # of Staff	<input type="text"/> Nature of Work & Activity
3.	<input type="text"/> Staff – Qualified & Experienced Category	<input type="text"/> # of Staff	<input type="text"/> Nature of Work & Activity
4.	<input type="text"/> Staff – Qualified & Experienced Category	<input type="text"/> # of Staff	<input type="text"/> Nature of Work & Activity

Work Location

Is work undertaken outside of Australia or New Zealand? If "Yes", provide brief particulars.

Yes

No

COMPANY ACTIVITIES

Your Professional Activities

State fully the nature of your business including the number of years' experience in this business.

Urban Pest & Weed Control Work

As a percentage of your business %

If You carry out Urban Pest & Weed Control Work have You been assessed as competent in the National Pest Management Industry, Competency Standards and Units 5 & 6? Yes No

Qualifications Do you hold qualifications from a TAFE course or equivalent course in Urban Pest & Weed Control? Yes No

Licence Do You hold a State licence pertaining to Urban Pest & Weed Control Work? Yes No

Employees How many people in Your organisations carry out Urban Pest & Weed Control Work?
Number of Employees

Termite Work

As a percentage of your business %

If You carry out Termite Work have You been assessed as competent in the National Pest Management Industry, Competency Standards and Certificate II – Technical Plus Units 8 & 10? Yes No

Qualifications Do You hold qualifications from a TAFE or AEPMA timber pest inspection course? Yes No

Experience Do You meet the minimum recommended inspection experience standard set out in AS4349.3, i.e. 40 timber reports under the direct supervision of a timber pest inspector with two years practical experience in the area of timber pests? Yes No

Licence Do You hold a State licence pertaining to Termite Work? Yes No

Employees How many people in Your organisation carry out Termite Work?
Number of Employees

Timber Pest Work

As a percentage of your business %

If you carry out Timber Pest Work have you been assessed as competent in the National Pest Management Industry, Competency Standards, Unit 8? Yes No

Qualification Do you hold qualifications from a TAFE or AEPMA timber pest inspection course? Yes No

Experience Do you meet the minimum recommended inspection experience standard set out in AS4349.3, i.e. 40 timber pest reports under the direct supervision of a timber pest inspector with two years practical experience in the area of timber pests? Yes No

Licence Do you hold a State licence pertaining to Timber Pest work, where applicable? Yes No

Employees How many people in your organisation carry out Timber Pest Work?
Number of Employees

Other

Please Specify

ABOUT THE COMPANY

Are you currently using an Australian Standard AS4349 System pertaining to your work? Yes No

Insurance will not be offered if You are not using an Australian Standard AS4349 System.

Do You issue computer generated paperwork to consumers (i.e. inspection reports)? If yes, please attach a copy for our records. Yes No

During the past 6 years, did You operate under a different name, or has any other business been purchased or any merger or consolidation taken place? If "Yes", please supply details, including the names of the individuals or firms involved and the date the activity occurred and the date of variation. Yes No

ABOUT THE COMPANY (Continued)

Have you entered into any contract or agreement (including any in respect of the supply of raw materials, components or finished goods) under which you have assumed liability for which you would not otherwise be liable, or under which you have waived your legal rights of recovery (e.g. hold harmless agreements)? If "Yes", please provide details below. Yes No

Do you work with or make use of chemicals, gases, inflammables, explosives or other dangerous substances? If "Yes", please provide details below. Yes No

CONTRACTORS AND SUBCONTRACTORS

Contractors Do you engage contractors or subcontractors in any part of your business/activities? Yes No
 Do you check to ensure that all contractors or subcontractors have their own Public Liability Insurance with an adequate limit of liability and an indemnity to Principal clause? Yes No

Payments Estimated Annual payments
Total of all Payments

Activities Describe in full the nature of work carried out.

LABOUR HIRE

Do you use personnel supplied by labour hire companies to perform work in your business operations? Yes No

<input type="text"/>	<input type="text"/>	<input style="width: 90%;" type="text" value="\$"/>
<small>Company</small>	<small>Type of Work</small>	<small>Annual Payments</small>
<input type="text"/>	<input type="text"/>	<input style="width: 90%;" type="text" value="\$"/>
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<input type="text"/>	<input type="text"/>	<input style="width: 90%;" type="text" value="\$"/>
<small>Company</small>	<small>Type of Work</small>	<small>Annual Payments</small>

Insurance Are you required to insure these labour hire personnel for Workers Compensation? Yes No

Please provide copies of the indemnity clauses and insurance clauses of agreements entered into with the labour hire company

INSURANCE HISTORY

a. Does the company currently carry:
 a. Professional Indemnity insurance (PI)? Yes No
 b. Public Liability insurance (PL)? Yes No

b. If the answer to a. is "No", has the company ever been so insured?
 a. Professional Indemnity insurance (PI)? Yes No
 b. Public Liability insurance (PL)? Yes No

c. If the answer to a. or b. is "Yes", please complete the table below:

	Professional Indemnity	Public Liability
i. Amount of cover:	<input style="width: 80%;" type="text" value="\$"/>	<input style="width: 80%;" type="text" value="\$"/>
ii. Premium:	<input style="width: 80%;" type="text" value="\$"/>	<input style="width: 80%;" type="text" value="\$"/>

INSURANCE HISTORY (Continued)

	Professional Indemnity	Public Liability
iii. When lapsed or expiry date:	<input type="text"/>	<input type="text"/>
	<small>Professional Indemnity Expiry Date</small>	<small>Public Liability Expiry Date</small>
iv. Name of Insurer	<input type="text"/>	<input type="text"/>
	<small>Professional Indemnity Insurer Name</small>	<small>Public Liability Insurer Name</small>
v. Number of years insured:	<input type="text"/>	<input type="text"/>
	<small>Years</small>	<small>Years</small>
vi. Attach a copy of your most recent policy if possible.		

Policy Type	Is your previous Public Liability policy underwritten on a Claims Made or Occurrence wording?	Occurrence <input type="checkbox"/>
		Claims Made <input type="checkbox"/>

CLAIMS INFORMATION

History <small>Have you in the past either alone or in partnership or jointly with any party or if a corporation, any of its directors:</small>	Had any Insurer decline any claims submitted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Had any insurer decline any Proposals submitted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Have you ever been bankrupt?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Have you ever been convicted of or charged with any civil or criminal offence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Have you or any other parties noted as the Insured ever had insurance refused or cancelled or has any insurance company ever imposed special terms, conditions or restrictions on your policies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you answered "Yes" to any of the above, please provide full details.

Detail all insurance claims made in the last five years together with any uninsured losses. Please include dates and amounts. Please also include details of any known facts or circumstances which are reasonably likely to give rise to a claim in the future, even if no claim has yet been made.

Year Notified	Insured With	Claimant	Nature of Problem	Amount Paid / Outstanding
				\$
				\$
				\$
				\$
				\$

STAMP DUTY DECLARATION

Please provide numbers of employees by Location	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<small>NSW Employees</small>	<small>VIC Employees</small>	<small>QLD Employees</small>	<small>SA Employees</small>	<small>NT Employees</small>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<small>WA Employees</small>	<small>ACT Employees</small>	<small>TAS Employees</small>	<small>Overseas Employees</small>	<small>Total Of All</small>

COVER REQUIRED

Indemnity required <small>Please select the required limit for Professional Indemnity (PI) and / or Public Liability (PL) insurance.</small>	Professional Indemnity	Public Liability
	<input type="checkbox"/> Nil	<input type="checkbox"/> Nil
	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$5,000,000
	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$10,000,000
	<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> \$20,000,000
	<input type="checkbox"/> \$5,000,000	
	<input type="checkbox"/> \$10,000,000	

Fees	Gross fees last 12 months	\$ <input type="text"/>
	Estimated gross fees next 12 months	\$ <input type="text"/>

If one client or contract accounts for more than 20% of your gross fees, please advise percentage and explain nature of your relationship with that Client:

ADDITIONAL SPACE IF REQUIRED

DECLARATION AND SIGNATURE BY PROPOSER

On behalf of the proposed insured, I / we declare that the answers given herein are in every respect true and correct and that I / we have not withheld any information likely to affect the acceptance of this insurance and that I / we have read and understood the Policy document. I / we have sought clarification of any aspects of the proposal form or Policy document I / we did not understand.

I/we acknowledge that Winsure Underwriting Pty Ltd may give to, and obtain from, other insurers, personal information of mine / ours relating to this insurance as well as insurance claims information obtained during the course of any contract I / we have with Winsure Underwriting Pty Ltd.

I/we also acknowledge that Winsure Underwriting Pty Ltd are not obliged to automatically accept the insurance proposed above, however Winsure Underwriting Pty Ltd will formally advise me / us of the extent to which they are prepared to offer insurance by quotation, schedule or otherwise in writing.

Signed

Name

Title / Position

Signed

Dated