



PROFESSIONAL PEST MANAGERS "CLAIMS MADE" PUBLIC LIABILITY (PL) & PROFESSIONAL INDEMNITY (PI) LIABILITY INSURANCE PROPOSAL

Instructions to the 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 declinature 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 the Company.

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: brochures, pamphlets, advertisements or other descriptive literature of your operations and/or services; copies of standard contract(s) with clients, if applicable.

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.

Period of Insurance

TO at 4.00pm
 Day Month Year Day Month Year

The Applicant(s)					
Name of Insured (inc. all subsidiary companies)					
Postal Address	Registered Office				
			State	Postcode	
Location of Premises	Situation 1				
			State	Postcode	
Contact Number(s)	Private Phone no:	()	Business Phone No.	()	
	Email:		Website		
Other Parties to be noted on Schedule					

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61 Lavender Street,
Milsons Point NSW
Australia 2061

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ABN 29 059 310 904
AFS Lic. No 253106
ACN 059 310 904

A. Your Professional Activities	
A1.	State fully the nature of your business including the number of years experience in this business (See Definitions): <i>(Please provide copies of any brochures or other documentation which may assist WIN in gaining a better appreciation of the risk being proposed)</i>
<input checked="" type="checkbox"/>	Please
<input type="checkbox"/>	Urban Pest & Weed Control Work (include as a % of Business) %
	If You carry out Urban Pest & Weed Control Work have You been assessed as competent in the National Pest Management Industry, Competency Standards, Units 5 & 6? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Do you hold qualifications from a TAFE course or equivalent course in Urban Pest & Weed Control? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Do You hold a State licence pertaining to Urban Pest & Weed Control Work? Yes <input type="checkbox"/> No <input type="checkbox"/>
	How many people in Your organisations carry out Urban Pest & Weed Control Work?
<input type="checkbox"/>	Termite Work (include as a % of Business) %
	If You carry out Termite Work have You been assessed as competent in the National Pest Management Industry, Competency Standards, Certificate II – Technical Plus Units 8 & 10? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Do You hold qualifications from a TAFE or AEPMA timber pest inspection course? Yes <input type="checkbox"/> No <input type="checkbox"/>
	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 <input type="checkbox"/> No <input type="checkbox"/>
	Do You hold a State licence pertaining to Termite Work? Yes <input type="checkbox"/> No <input type="checkbox"/>
	How many people in Your organisation carry out Termite Work?
<input type="checkbox"/>	Timber Pest Work (include as a % of 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 <input type="checkbox"/> No <input type="checkbox"/>
	Do You hold qualifications from a TAPE or AEPMA timber pest inspection course? Yes <input type="checkbox"/> No <input type="checkbox"/>
	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 <input type="checkbox"/> No <input type="checkbox"/>
	Do You hold a State licence pertaining to Timber Pest work, where applicable? Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/>
	How many people in Your organisation carry out Timber Pest Work?
<input type="checkbox"/>	Other (please specify)
A2.	Are You currently accredited to use the RSA Handbook System pertaining to Your work? <i>If "NO", refer to the RSA 'Professional Pest Managers Overview' for accreditation details. Importantly, insurance will not be offered if You are not accredited to use the RSA Handbook System.</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
A3.	Do You issue computer generated paperwork to consumers (i.e. inspection reports)? Yes <input type="checkbox"/> No <input type="checkbox"/>
A4.	Do You use sub-contractors? <i>As the policy does not cover sub-contractors, if "YES", what steps do You take to check that sub-contractors employed by You hold adequate PI & PL insurance? Please provide details of their insurance, limit of liability and insurer details:</i>
A5.	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? <i>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:</i> Yes <input type="checkbox"/> No <input type="checkbox"/>

A6. a) Details of all Partners/Principals:			
Full Name	Age	Qualification/Association Membership	Date Qualified
b) How long as a Principal and/or Partner?			
Full Name	Current Practice	Previous Practice	
A7. Details of Staff numbers by order of Qualification and Experience:			
Staff – Qualified & Experienced Category	Number of Staff	Nature of Work & Activity	
A8. Is work undertaken outside of Australia or New Zealand?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If "YES", provide brief particulars:			

B. Cover / Scope			
B1. Amount of indemnity required: Please select the required limit for Professional Indemnity (PI) and/or Public Liability (PL) insurance.			
PI		PL	
<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		
B2. Gross fees last 12 months			\$
Estimated gross fees next 12 months			\$
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:			

B3.	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)? <i>If "YES" please provide details</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
B4.	Do you work with or make use of chemicals, gases, inflammables, explosives or other dangerous substances? <i>If "YES" please provide details</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>

C. Insurance History		Please <input checked="" type="checkbox"/>	
C1.	a) Does the company currently carry		
	i) professional indemnity insurance (PI)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	ii) public liability insurance (PL)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	b) If the answer to (a) is "NO", has the company ever been so insured?		
	i) professional indemnity insurance (PI)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	ii) public liability insurance (PL)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	c) If the answer to (a) or (b) is "YES", please complete the table below:		
		PI	PL
	i) Amount of cover:	\$	\$
	ii) Premium:	\$	\$
iii) When lapsed or expiry date:	\$	\$	
iv) Name of Insurer	\$	\$	
v) Number of years insured:	\$	\$	
vi) Attach a copy of your most recent policy if possible			
C2.	Is your previous Public Liability policy underwritten on a Claims Made or Occurrence wording?	Claims Made <input type="checkbox"/>	Occurrence <input type="checkbox"/>
C3.	Have you in the past, either alone or in partnership or jointly with any party, or if a corporation, any of its directors:	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"/>
		Ever been bankrupt?	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Been convicted of or charged with any civil or criminal offence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you answered "YES" to any of the above, please provide full details (<i>if insufficient room continue on a separate sheet</i>)			

D. Claims and Circumstances				Please <input checked="" type="checkbox"/>		
D1.	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"/>
	<i>If yes, please provide full details: (if insufficient room continue on a separate sheet)</i>					
D2.	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.				Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<i>If insufficient room, continue on a separate sheet)</i>					
Year Notified	Insured With	Claimant	Nature of Problem	Amount Paid and/or Outstanding		

E. Stamp Duty Declaration									
Please provide a breakdown in the number of employees by location, as follows:									
NSW		VIC		QLD		SA		NT	
WA		ACT		TAS		Overseas		Total	

Important Notices

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 the Company 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.

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, the Company will not cover you, to the extent permitted by law, for such loss or damage.

Privacy Statement

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

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

If you provide the Company with personal information about anyone else, the Company relies on you to have told them that you will provide their information to the Company, to whom the Company may provide it, the purposes for which the Company will use it and that they can access it. If the information is sensitive, the Company relies on you to have obtained their consent on these matters.

For more information about our Privacy policy, ask us for a copy.

Role of Winsure Insurance Group

In arranging this insurance, Winsure Insurance Group is acting under an authority given to it by the Company, and is acting as the Companies agent and not as your agent.

Your Insurer: Certain underwriters at Lloyd's

Acknowledgement

We acknowledge that we have read and understand the **Important Notices** contained in this application.

We agree that this proposal, together with any other information or documents supplied, shall form the basis of any contract of insurance.

We acknowledge that if this application is accepted, the contract of insurance will be subject to the terms and conditions as set out in the policy wording as issued or as otherwise specifically varied in writing by the Company.

We declare after enquiry that the statements, particulars and information contained in this application and in any documents accompanying this application are true and correct in every detail and that no other material facts have been misstated, suppressed or omitted.

We undertake to inform the Company of any material alteration to those facts before completion of the contract of insurance.

Dated.....

Signature.....