

Professional Indemnity and Public & Products Liability Insurance for Interior Designers



Proposal Form

IMPORTANT INFORMATION

This insurance has been arranged by Praden Pty Ltd (ABN 77 621 725 326) ("Praden" or "We") as agent for you, the Insured. Praden is a Corporate Authorised Representative (No.1260182) of Cerberos Brokers Pty Ltd (Cerberos) who hold an Australian Financial Services Licence (AFSL No. 260668). We are an insurance broker and adviser.

The Praden Financial Services Guide (FSG) can be viewed <u>here</u>. The FSG provides important information about the services Praden provides, as well as information regarding some of your obligations as an Insured, including the general duty of disclosure.

This insurance is underwritten by (and provided by) Keystone Underwriting Australia Pty Ltd (ABN 59 634 715 674 / AFSL 518224) for and on behalf of certain underwriters at Lloyd's (hereinafter collectively referred to as "Keystone"). Keystone (the insurer) is the provider of this insurance, and in this capacity is responsible for the payment of claims (subject to policy terms and conditions).

General Advice Warning

In arranging this insurance for you, we are providing you with 'general advice'. This means that we have used our general understanding of your industry sector to arrange this insurance for you and have not taken into account your specific objectives, financial situation or needs. Before you make any decision about whether to purchase this insurance, you should read the relevant product disclosure statement (this will be attached to your quotation) to determine whether this insurance is suitable for you and your personal circumstances. If you have any queries you should contact us.

Your duty of disclosure

Before you enter into an insurance contract you have a duty of disclosure under the Insurance Contracts Act 1984. If we ask you questions that are relevant to an insurer's decision to insure you and on what terms, you must tell us everything that you know and that a reasonable person in the circumstances would include in answering the questions.

You have this duty at all times, including up until an insurer agrees to insure you, and if and when you need to vary or endorse the insurance contract.

When renewing your insurance contract we may give you a copy of information you previously provided to us and ask you to tell us if it has changed. If we do this, you must tell us about any change or if there has been no change, confirm to us that there has been no change.

If you do not tell us about a change to something you have previously told us, you will be taken to have told us that there is no change.

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce its liability under the policy in respect of a claim, refuse to pay the claim or may cancel the policy. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the policy from its beginning.

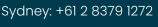
Notice regarding "Claims Made" Policies

Professional Indemnity insurance policies are issued on a "claims made" basis. This means that (subject to the other terms of the policy) the policy only covers claims first made against you and notified to the Insurer during the period of insurance.

Under section 40(3) of the Insurance Contracts Act, if your policy is a "claims made" policy, and if you give notice in writing to the Insurer of facts that might give rise to a claim against you as soon as is reasonably practicable after you become aware of those facts but before the period of insurance expires, the policy will cover (subject to the other terms of the policy) any subsequent claim against you that arises from those facts, even if that claim is not made until after the period of insurance has expired. In order to ensure that any entitlement to indemnity under the policy is protected, you must therefore report all incidents that may give rise to a claim against you to Insurers without delay after such incidents first come to your attention and prior to the expiration of the policy period.

If you have any queries regarding this insurance product please do not hesitate to contact us









PLEASE PROVIDE THE FOLLOWING INFORMATION

NSW

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VIC

QLD

SA

WA

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TAS

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ACT

NT

•	Please provide full name/s of individuals and entities to be insured (collectively 'the Insured')		
	Please note:		
	• Employees of insured entities do not need to be separately named – they are automatically covered		
	The policy cannot be in the name of a Trust		
•	Business Address		
•	When did the business commence operations?		
•	This policy covers you for claims arising out of the provision of interior design (including interior decoration)		
	services to third parties. It does not cover you for any other services. Additionally, the policy specifically excludes claims arising out of the provision of structural engineering services, including structural drawings or structural		
	plans, provided by you or on your behalf.		
	Do you provide or perform any activities or services outside of interior design or interior decoration, or that include		
	the provision of any structural engineering services, structural drawings or structural plans?		
	No Yes Yes		
	If YES, please provide details		
•	Please provide a summary of your qualifications (including courses completed) relevant to the performance of		
	the insured activities below.		
•	What was your gross income from insured activities and services for the last 12 months? Leave blank if this		
	insurance is being sought for a new business.		
•	What do you estimate your gross income from insured activities and services will be for the next 12 months?		
	Please provide a breakdown of gross income by state and territory below.		

0/s

9.	Do you currently have Professional Indemnity and / or Public & Products Liability insurance in place? No Yes				
	If YES, please advise the date of expiry				
		, produce duvide the dutie of expiry			
		S, please advise of your current professional indemnity retroactive date (this can be found on your current sy Schedule).			
10.	Has any claim been made against the Insured or any principal, partner, director or employee of the Insured (either as a principal, partner, director or employee of the Insured or of any previous business) in respect of the insured activities? Are you aware of any circumstances which might give rise to such a claim being made in the future? Has the Insured or any principal, partner, director or employee ever been declared bankrupt, convicted of a criminal offence, or been brought before a professional society, regulatory or registration board for professional misconduct? If yes to any of the above, please provide details below.				
DE	CLA	RATION			
I/we	the (undersigned duly authorised person(s) declare that:			
	(i)	I/we have never had an insurer decline to provide us with insurance of a similar basis to that which this proposal relates; nor have I/we ever had such a policy terminated by the insurer or renewal of such a policy refused; and			
	(ii)	I am/we are authorised by the Insured to sign this Proposal Form; and			
	(iii)	the information I/we have provided herein is correct, true and complete; and			
	(iv)	no information material to this Proposal Form has been withheld; and			
	(v)	I/we have read all of the information contained in this Proposal Form and the <u>Praden Financial Services</u> <u>Guide (FSG)</u> and I/we understand the advice given in relation to the duty of disclosure; and			
	(vi)	I/we have diligently made all necessary and detailed enquiries in order to comply with the duty of disclosure; and			
	(vii)	I/we understand that no insurance is in force until such time as the insurer has confirmed acceptance of the proposed insurance to me/us via Praden; and			
	(viii)	I/we undertake to inform the insurer of any material alteration to these facts occurring before completion of the contract of insurance; and			
	(ix)	I/we acknowledge that the insurer relies on the information and representations in this Proposal Form and otherwise made by me/us in relation to this insurance; and			
	(x)	except where indicated to the contrary, I/we understand that any statement made in this Proposal Form will be treated by the insurer as a statement made by all persons to be insured; and			
	(xi)	I/we have read <u>Praden's Privacy Policy Statement</u> and consent to the use, disclosure and obtaining of personal information about the Insured for the purposes shown in the Privacy Policy Statement.			
		Signed			
Aut	horis	Name of ed Signatory			
		ne of Insured			
(if d		ent to above)			
		Date			

Stamp Duty Declaration (to be completed by Insureds based in NSW only)

This declaration covers insurance policies effected or renewed during the current financial year.

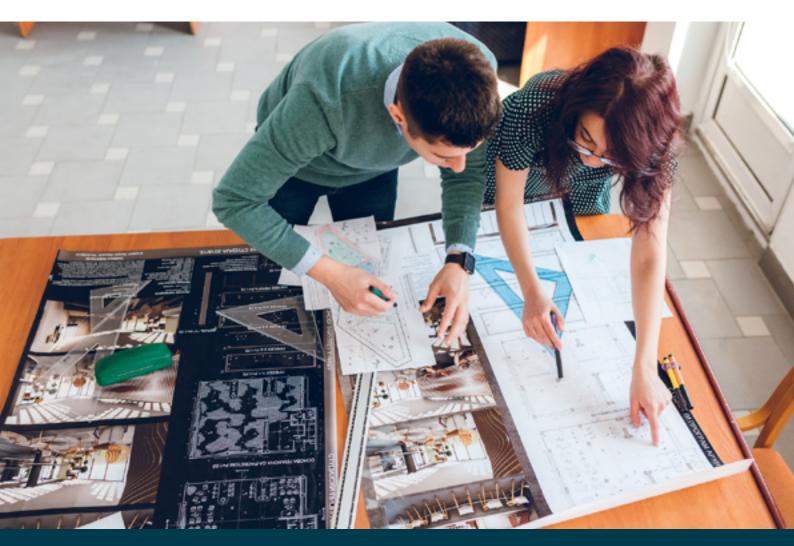
I/w hereby declare that I/we are a Capital Gains Tax small business entity (within the meaning of section 152-10 (1AA) of the Income Tax Assessment Act 1997 of the Commonwealth).

I am/we are a small business individual/partnership/company and/or trust, which is carrying on a business, and the business has an aggregated turnover of less than \$2 million*

Signed	
Name of Authorised Signatory	
Name of Insured (if different to above)	
Date	

- * Your 'aggregated turnover' is your Australia wide annual turnover plus the annual turnovers of any business entities that are your affiliates or are connected with you.
- * A fraudulent declaration may invalidate your insurance contract.
- * For further information please visit the Revenue NSW website:

 https://www.revenue.nsw.gov.au/taxes-duties-levies-royalties/insurance-duty/small-business-exemption



If you have any queries regarding this insurance product please do not hesitate to contact us



