



# **PROPOSAL FORM**

**FOR CONSTRUCTION LEGAL EXPENSES**



## IMPORTANT NOTICE TO THE PROPOSER ON COMPLETION OF THIS PROPOSAL FORM

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### 1. DISCLOSURE

Any 'material change' must be disclosed to Insurers.

A 'material change' is any information which may alter the judgement of an Insurer or their perception of risk and exposure that has not previously been disclosed as a material fact.

**Failure to provide all 'material facts' and/or notify all "material changes" may cause the contract of insurance to be void and may result in Insurers repudiating liability entirely.**

### 2. PRESENTATION

This Proposal Form must be completed and signed in ink by an authorised individual, a partner, principal or director of the Proposer.

All questions must be answered. If not applicable, state N/A.

If there is insufficient space to provide answers, additional information should be provided on the Proposer's letter headed paper.

Where available, brochures, standard contract conditions, conditions, agreements and letters of appointment should be provided.

Failure to present Insurers with information in an appropriate manner may adversely influence the ability or willingness of Insurers to offer terms.

### 3. GUIDANCE

If in doubt as to the meaning of any question contained within this proposal form or the issues raised in Disclosure and/or Presentation, advice should be sought from your contact at Lion Underwriting.

**Additional information should be provided on separate sheets clearly identifiable as forming part of the proposal form on company letterhead.**

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|----|--|-----|----|
| 1. | Has any insurer ever refused commercial legal expenses insurance, imposed special terms or declined to renew a commercial legal expenses insurance policy? | Yes | No |
| 2. | Has there been any dispute, legal proceedings or adjudication to which this insurance would apply during the last five years?                              | Yes | No |
| 3. | Are you aware of any cause, event or circumstance which may give rise to a claim being made under this insurance?  | Yes | No |
| 4. | Do you own or occupy more than 10 properties and/or leases to which this insurance would apply?  | Yes | No |
| 5. | Are there more than 5 statutory licences to which this insurance would apply?  | Yes | No |
| 6. | Is your business the main or primary contractor on any contract or project to which this insurance would apply?  | Yes | No |
| 7. | Is any contract or project currently or expected to account for in excess of 25% of your turnover?   | Yes | No |
| 8. | Is your business registered and domiciled outside of Australia?  | Yes | No |
| 9. | If you have answered <b>yes</b> to any of the above, please provide full details.<br>(please continue on a separate sheet if necessary):                   |     |    |

## PROPOSER INFORMATION

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10. Full name of Proposer:  
*(Please include all business names and subsidiaries to be covered – any business not included here will not be covered)*
11. Full address of Proposer:  
  
Postcode:
12. Telephone Number:
13. Email:
14. Business Description (please include all business activities):
15. Declared Turnover in last 12 months (in Australian Dollars for all businesses and subsidiaries named above):  
Residential Projects: AUD \$                      Commercial Projects: AUD \$

16. Declared Wages in last 12 months (in Australian Dollars for all businesses and subsidiaries named above):

\$

## COVER

Limit of Indemnity: (Any One Claim) AUD \$500,000

17. Cover required:

18. Inception Date: (cannot pre-date this declaration)

19. Renewal Date: (12 months from inception unless otherwise stated)

## STAMP DUTY

20. Please provide the approximate percentage of your activities (based on fee income) applicable to each State or Territory.

ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Overseas
%	%	%	%	%	%	%	%	%

## DECLARATION

By signing this proposal form you consent Lion Underwriting Pty Ltd using the information we may hold about you for the purpose of providing insurance advice and, where appropriate, assistance in relation to handling claims, if any, and to process sensitive personal data about you where this is necessary (for example criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These third parties may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and regulatory authorities. In the course of performing our obligation to you, this information may be disclosed to agents and service providers appointed by us, Insurers, (including their re-insurers, legal advisers, loss adjustors or agents). Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and, where relevant, in compliance with Privacy Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

I/We declare that the above statements and particulars are true, full enquiry having been made, and I/We have not omitted, suppressed or mis-stated any material facts which may be relevant to the Insurer's consideration of this proposal form and undertake to inform the Insurer of any change to any material fact that occurs prior to the point at which the insurance contract has been agreed. I/We understand that the information I/We provide will be used in deciding the price charged by the Insurer for the risk and whether the Insurer will accept the application and the terms of any policy provided.

I/We understand that if my/our business acquires, merges with or absorbs another business during the period of insurance, the insurer will require similar information in relation to that business and may charge an additional premium.

Signature:

Name:

Position:

Date:

Please note, if you wish to submit your form via email, an indication of terms and conditions may be provided on the basis of this proposal form. An original signature is required before a contract of insurance can be made. Encrypted signatures are not acceptable.

Signing this form does not bind the Proposer to complete the insurance. We recommend that you should keep a record of all information supplied to us, including copies of letters and this proposal form, for the purpose of entering into this contract.