

IMPORTANT NOTICE TO THE PROPOSER ON COMPLETION OF THIS PROPOSAL FORM

1. DUTY OF DISCLOSURE

You have a duty to disclose relevant information to the insurer, when completing this proposal form and at other times during the policy period (for example when you renew the insurance or request a change to the policy terms). Your duty is described below:

Your duty of disclosure

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- · reduces the risk we insure you for; or
- · is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If you do not tell us something

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

2. PRIVACY

At Lion Underwriting Pty Ltd (Lion Underwriting) we are committed to protecting your privacy. The information provided will be treated in confidence and, where relevant, in compliance with the Privacy Act 1988. We collect, use and disclose your personal information, and in some cases personal or sensitive information about you, to assess your application and provide a quote for the insurance cover (including obtaining risk carrier confirmation where necessary), on behalf of the insurer. This information is used to issue and administer your policy, to provide insurance services, and, where appropriate, to assist in the assessment of a claim. For some classes of insurance, the underwriter may use sensitive personal data about you where this is necessary to decide whether it is willing to insure you and on what terms (for example criminal convictions). We also may use it to:

- · Contact you to provide information about your insurance policy;
- Deal with brokers, risk carriers and reinsurers; and
- · Operate our business including offering information and to market and promote our services to you.

If you don't provide us with full information, we may not be able to provide you with any, some, or all of the features of our products or services.

This may include information collected from third parties such as your insurance broker.

We provide information such as your personal details and business circumstances to relevant third parties including your insurance carriers, brokers, 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.

We do not trade, rent, or sell your information. We may disclose your information to recipients in Australia, UK, Singapore, Japan, USA, People's Republic of China and Switzerland for the purpose of providing our services to you. If a recipient is not regulated by laws which protect your information in a way that is similar to the Privacy Act, we will take reasonable steps to ensure that they protect your information in the same way we do or seek your consent before disclosing your information to them.

You have the right to request for a copy of your information and to request to have any inaccuracies corrected.

Our Privacy Policy contains more information about how to access and correct the information we hold about you and how to make a privacy related complaint, including how we will deal with it. Ask us for a copy by contacting us on (07) 3445 6300 or visiting our website (www.lionunderwriting.com.au).

3. PRESENTATION

This proposal form must be completed and signed 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 applicable to the Proposer's business, product/services brochures, standard contract conditions, terms and conditions, waivers and disclaimers, commercial 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.

4. GUIDANCE

The contract of insurance will be arranged by Lion Underwriting Pty Ltd (ABN 33 604 592 467, AFSL 491793) acting as agent for the relevant insurer (Insurer). We do not act as your agent. When acting as agent of the insurer, we may place the policy with an APRA-regulated insurance company, certain underwriters at Lloyd's of London or a direct offshore foreign insurer or unauthorised foreign insurer (subject to law). When we act under a binder, we will notify your broker of this arrangement. A binder agreement allows us to issue the policy and handle claims as if we are the insurer. In other cases, we may place your policy on an 'open market' basis.

The precise scope and breadth of policy coverage is subject to the specific terms and conditions of the policy wording. You should refer to the policy wording for full information, including in relation to:

- the basis on which claims can be made;
- · your cancellation rights; and
- the identity of the parties covered under this insurance.

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 Lion Underwriting via your insurance broker.

5. CONTACT

If you would like to discuss this further, we can be contacted at;

Tel.: (07) 3445 6300

Email: admin@lionunderwriting.com.au **Website:** www.lionunderwriting.com.au

ADDITIONAL INFORMATION SHOULD BE PROVIDED ON SEPARATE SHEETS CLEARLY IDENTIFIABLE AS FORMING PART OF THE PROPOSAL FORM ON THE PROPOSER'S LETTERHEAD.

INSURED DETAILS

1.	Full name of the Ins	ured:					
2.	Trading name:						
3.	ABN:						
4.	GST registered:					Yes	No
5.	Trading Address:						
6.	Postal Address:						
7.	Policy period:	Inception Date: /	/	Expiry Date:	/ /		
8.	Contact number:						
9.	Website address:						
10.	Email address:						
11.	Date business estab	olished: /	(month/yea	ar)			
12.	Please provide full o	Hetails of all Principals/P	Partners/Dire	ctors.			
	•	actails of all trincipals, t	artificis/Direc	ctor3.			
	Name	Qualification		Date Obtained	Years a s This Practice	s a Principal Previous Pra	actice
	·	•				-	actice
	·	•				-	actice
	·	•				-	actice
	Name	Qualification	1			-	actice
	Name Staff Numbers:	Qualification	1	Date Obtained		-	actice
	Name Staff Numbers: Principals/Partners/ Trainee Staff:	Qualification		Date Obtained Non-Technical Staff: Other Technical Staff:		-	actice
	Name Staff Numbers: Principals/Partners/ Trainee Staff:	Qualification /Directors:	l n Partners/Pr	Date Obtained Non-Technical Staff: Other Technical Staff:		-	actice
	Name Staff Numbers: Principals/Partners/ Trainee Staff: Professional Qualific	Qualification /Directors:	l n Partners/Pr	Non-Technical Staff: Other Technical Staff: incipals):		-	actice
13.	Name Staff Numbers: Principals/Partners/ Trainee Staff: Professional Qualific Admin Staff:	Qualification 'Directors: ed Staff (Not included in	l n Partners/Pr	Non-Technical Staff: Other Technical Staff: incipals): Other:	This Practice	-	No

YOUR BUSINESS

15.	Has the name of you	r business eve	r changed?			Yes	No
16.	Have you ever amalg	amated or me	rged with anothe	er business?		Yes	No
17.	Have you ever purch	ased any othe	business or pra	ctice?		Yes	No
	If you have answ	ered Yes to an	y of these questi	ons, please provide detai	ls:		
18.		-		ed detailed above in this p with any other business o	•	Yes	No
	If Yes , please pro	ovide full detail	S:				
19.	Please provide a pred	cise description	n of your busines	ss activities:			
20.	Please categorize the approximate percent			o your description of busi d from same:	ness activities, and ac	lvise the	
	Activity					% of fee inc	ome
21.	Please provide detail			Dataila af wayle	Duanaan	Tatal assists	
	Client Name	Start date	End date	Details of work undertaken	Proposer income earned	Total contra value	3Ct
22.	Does any single clien	t represent mo	ore than 35% of y	your total activities?		Yes	No
23.	Have there been any	substantial ch	anges in your bu	ısiness activities in the pa	st 12 months?	Yes	No

24.	Do you anticipate any substantial changes in your business activities in the next 12 months?	Yes	No
	If you have answered Yes to any of the above Questions, please provide full details:		
25.	Do you engage sub-contractors?	Yes	No
	If Yes , do you insist they carry their own Professional Indemnity Insurance?	Yes	No
26.	Are verbal reports always confirmed in writing?	Yes	No
	If No , please advise details of how these reports are substantiated:		
27.	Do you perform work outside Australia, or perform work for clients located overseas?	Yes	No
	If Yes , please provide details:		

FOR SOLE PROPRIETORS ONLY (OTHERWISE PLEASE PROCEED TO THE NEXT SECTION)

- **28.** Please provide details of the length of service and experience of your assistants:
- 29. Please provide details of the arrangements you have in place to assist you during temporary absences:

YOUR RISK MANAGEMENT PROGRAM

3	30. Do you have a documented Risk Management program?	Yes	No
	If Yes , when was the program implemented?		
3	31. Is one Director / Partner / Principal responsible for the implementation and communication of the program?	Yes	No
3	32. Does your Risk Management Program include regular internal / external audits or reviews?	Yes	No
3	33. Is the program communicated to and available to all staff?	Yes	No

YOUR FINANCIAL DETAILS

34.	Please advise the total ann	ual gross profession	ial fees for:					
			AUSTRALIA			OVE	RSEAS	
	Previous 12 Months:							
	Current 12 Months:							
	Estimate for next 12 Month	ıs:						
35.	Stamp Duty Split: Please preach State or Territory.	ovide the approxim	ate percentage o	f your activitie	s (based or	n fee inco	me) applicable	e to
	ACT NSW N	NT QLD	SA % %	TAS %	VIC	WA %	Overs %	seas %
36.	Are the total assets of your	· company greater th	nan \$5 000 000?				Yes	No
YC	OUR CLAIMS HIS	STORY						
37.	After enquiry, have any claimagainst your business or proor practice or any of its precircumstance been notified. If Yes , please provide for	ractice or any of its pesent or former Parti I to the insurers that	oredecessors in b ners, Principals o	usiness or any r Directors or l	prior busi nas any fac	t or	Yes	No
			Priof Doccrintic	n of Matter		Ouanti	ım Stat	
	Date Notified Name	s of Claimant	Brief Description	ii oi matter		Quantu includii	ng Legal	us
						Fees Pa	id	
38.	After enquiry, are any of the which has the potential to practice of any of their present the Question above.	give rise to a claim a	gainst your busir	ness or practice	e or any bu	ısiness or	Yes	No
	If Yes , please provide f	ull details including:						
	Date First became aware of matter	Name of Potent	ial Claimant	Brief Descrip	tion of ma	atter	Quantum including Le Fees Paid	gal

	proceedings for professional m	isconduct?				Yes	No
	If Yes , please provide detai	ls:					
40.	After enquiry, are any Partners professional disciplinary proce they, or any other member ma	edings or similar y be required to a	process connecte	-		Yes	No
Y(OUR INSURANCE I	HISTORY					
41.	Is this a renewal of Lion Under	writing?				Yes	No
	If the answer is NO and you cu	rrently hold Profe	essional Indemnity	y Insurance pleas	e complete the fo	llowing:	
	Name of Insurer :						
	Expiry Date:						
	Limit of Indemnity :						
	Premium:						
42.	Has the firm, any partner, princ special terms imposed, had a p	•				Yes	No
	If Yes , please provide detai	ls:					
Υ(OUR COVER APPL	CATION					
43.	Limit of Indemnity Options:	\$1,000,000 Other:	\$2,000,000	\$3,000,000	\$4,000,000	\$5,000,	,000
44.	Preferred Deductible:						
45.	Do you require?						
	(a) A Reinstatement of Aggreg	ate Limit of Inden	nnity?			Yes	No
	(b) Partners Previous Business	?				Yes	No
	If Yes , please com	plete question 46					
	(c) Quotation for Commercial	Legal Expenses C	over?			Yes	No
	If Yes , please com	olete question 47					

39. Has any Partner, Principal, Director or staff member ever been subject to disciplinary

46. If you require Partners Previous Business cover please advise:

Names	of	Par	tner	s/
Directo	r			

Name of Previous Practice

Period Practicing as a Partner / Principal / Principals / Directors

47.	If you would like a quotation for	Commercial Legal Expenses	cover please provide the	following information:
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(a) Has any insurer ever refused commercial legal expenses insurance, imposed special terms or declined to renew a commercial legal expenses insurance policy?

Yes No

(b) Has there been any dispute or legal proceedings to which this insurance would apply during the last five years?

Yes No

(c) Are you aware of any cause, event or circumstance which may give rise to a claim being made under this insurance?

Yes No

(d) Do you own or occupy more than 10 properties and/or leases to which this insurance would apply?

Yes No

(e) Are there more than 5 statutory licenses to which this insurance would apply?

No

No

(f) Is your business registered and domiciled outside of Australia?

Yes

Yes

If you have answered **yes** to any of the above, please provide full details.

(please continue on a separate sheet if necessary)

(g) Declared Turnover in last 12 months:

(in Australian Dollars for all businesses and subsidiaries named above):

(h) Declared Wages in last 12 months:

(in Australian Dollars for all businesses and subsidiaries named above):

(i) Cover required:

Sections A to H - Cover including Contract Disputes

Sections B to H - Cover excluding Contract Disputes

(j) Limit of Indemnity (Any One Claim):

AUD \$100,000

AUD \$250,000

DECLARATION

By signing this proposal form you consent to Lion Underwriting using and disclosing the information we may hold about you in accordance with the Privacy section of this proposal form and our Privacy Policy, which can be found on our website - www.lionunderwriting.com.au.

[In this section 'you' refers to the Proposer]

By signing this Declaration, you declare that

- you have read and understood the Important Notice information in this proposal form;
- to the best of your knowledge and belief, the statements, representations and particulars contained in this proposal form are true and complete;
- after full enquiry having been made, you have not omitted, suppressed or mis-stated any material facts which may be relevant to the Insurer's consideration of this proposal form;
- you 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; and
- you have the authority to complete and sign the proposal form on behalf of the entity who will be insured under this policy.

By signing this Declaration, you confirm you understand that

- the information you provide in this proposal form 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;
- the application for insurance may not be accepted for coverage and that, if your application is accepted, you have
 no coverage unless and until we have received payment of the premium and a policy schedule has been issued
 to you;
- signing this form does not bind you or the Insurer to complete the insurance; and
- if your 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.

Insured's Name:	Date:
Position:	
Insured's Signature:	
Diagon rate if you wish to submit your form via amail and	indication of terms and conditions may be provided on the basis

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. A signature is required before a contract of insurance can be made.

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.