



# DENNIS FOSTER Insurance Brokers

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## Professional Indemnity Information Sheet

Date \_\_\_\_\_ Referred By \_\_\_\_\_

**Insured Name** (Please list all entities to be insured under this policy including current subsidiary/incorporated joint venture companies):

\_\_\_\_\_

Contact Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Postcode \_\_\_\_\_

Phone No's: \_\_\_\_\_ Fax \_\_\_\_\_

Principal Address: \_\_\_\_\_ Postcode \_\_\_\_\_

Website: \_\_\_\_\_ Date of Commencement: \_\_\_\_\_

ABN/ACN: \_\_\_\_\_ Country/State of Registration: \_\_\_\_\_

Please describe the full description of your business and attach any relevant brochures or other documentation (Please note depending on your occupation you may need to complete additional addendum form): \_\_\_\_\_

\_\_\_\_\_

Please state each activity undertaken by your business and the percentage of gross fee income which each activity Represents:

Business Activity	% Gross Fee Income

Has there been any substantial change in your activities in the past twelve months? **No** **Yes**

Do you anticipate any substantial change in your activities during the next twelve months? **No** **Yes**

If Yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

Names and qualifications of principals;

Name	Age	Qualifications	Date Qualified

Staff Numbers;

<b>Staff</b>	<b>Numbers</b>
Principals	
Professional Qualified	
Other Technical	
Non-Technical and Administrative	
<b>Total</b>	

Please list your memberships of professional associations: \_\_\_\_\_

\_\_\_\_\_

Are you required to be licensed or accredited in order to carry on your business? **No** **Yes**

If Yes, has your license or accreditation been in force at all relevant times? **No** **Yes**

If No, to the above please provide details: \_\_\_\_\_

\_\_\_\_\_

Has the name of your business ever changed? **No** **Yes**

Have you ever carried on your business under a different corporate entity? **No** **Yes**

Has any other business or practice amalgamated or merged with your business? **No** **Yes**

Have you purchased any other business or practice? **No** **Yes**

If Yes, to any of the above, please provide details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does any one contract or client represent more than 30% of your annual work or fee income? **No** **Yes**

If Yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you are a sole proprietor, what arrangements do you have in place for the business when you are temporarily absent e.g. illness or on leave? \_\_\_\_\_

\_\_\_\_\_

Do you engage sub-contractors to carry out any of your activities? **No** **Yes**

If Yes, do you always insist and confirm that sub-contractors carry their own Professional Indemnity Insurance? **No** **Yes**

If No, please advise the circumstances under which you would insist and confirm that sub-contractors carried Professional Indemnity Insurance: \_\_\_\_\_

\_\_\_\_\_

Do you ever enter into hold harmless agreements or otherwise waive any legal right or entitlement that you may have against a sub-contractor? **No** **Yes**

If Yes, please provide full details and attach copies of any such agreements: \_\_\_\_\_

\_\_\_\_\_

Do you perform work outside of Australia, or work for clients located overseas? **No** **Yes**

If Yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

Please state the date of your financial year end: \_\_\_\_\_

Gross Fee Income:

	Australia	Overseas
Last Financial Year	\$	\$
This Financial Year (estimate)	\$	\$
Gross Company Assets	\$	\$

For the last financial year, please provide a breakdown of gross fee income by State:

NSW \_\_\_\_\_%    ACT \_\_\_\_\_%    QLD \_\_\_\_\_%    VIC \_\_\_\_\_%    TAS \_\_\_\_\_%  
 SA \_\_\_\_\_%    WA \_\_\_\_\_%    NT \_\_\_\_\_%    Overseas \_\_\_\_\_%    Total \_\_\_\_\_%

Please provide details of all professional indemnity claims against you, your principals, employees or consultants in the last five years (Date, Insurer, Amount, Description): \_\_\_\_\_

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Please state what action was taken to prevent a recurrence of the situation which gave rise to each claim listed above:

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After making appropriate enquiries, are there any facts or circumstances of which you, or any other principal, employee or consultant are aware that may give risk to a claim against you, or any of you, including your predecessors in business? **No    Yes**

If Yes, please provide details: \_\_\_\_\_

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After making appropriate enquiries, has any principal, employee or consultant ever been subject to external disciplinary proceedings? **No    Yes**

If Yes, please provide full details: \_\_\_\_\_

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Are you currently insured for Professional Indemnity? **No    Yes**

If Yes, please provide details;

Expiry Date	Insurer	Limit	Excess	Premium

For what period have you been continuously insured in respect to Professional Indemnity? \_\_\_\_\_ Years

Have you ever had a Professional Indemnity insurer;

- Decline a proposal? **No    Yes**
- Impose special terms? **No    Yes**
- Decline to renew your insurance? **No    Yes**
- Cancel your insurance? **No    Yes**

If Yes, please provide details: \_\_\_\_\_

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Are you applying for cover for a prior corporate entity through which you previously carried on your business? **No** **Yes**  
 If Yes, please state the full name and ABN of the entity: \_\_\_\_\_  
 \_\_\_\_\_

Do you wish to apply for fidelity cover? **No** **Yes**  
 If Yes, an additional form for fidelity will need to be completed.

Are you applying for cover for a principal's prior business? **No** **Yes**  
 If Yes, please advise;

- Please state the name of the principal seeking: \_\_\_\_\_
- Please state the full name and ABN of the principal's prior business: \_\_\_\_\_
- Is the principal's prior business in the same professional discipline as the business? **No** **Yes**
- Please state the activities of the principal's prior business: \_\_\_\_\_  
 \_\_\_\_\_

- Please state the estimated gross fee income for the two financial years ended immediately prior to the principal leaving the prior business:

Year: \_\_\_\_\_ Gross Fee Income: \$ \_\_\_\_\_  
 Year: \_\_\_\_\_ Gross Fee Income: \$ \_\_\_\_\_

- To the best of your knowledge, does the principal's prior business have its own Professional Indemnity Insurance cover in place? **No** **Yes**

- After making appropriate enquiries, are there any facts or circumstances of which you, or any other principal, employee or consultant if the principal's prior business are aware that may give rise to a claim against you, or any of you, in respect to the principal's prior business? **No** **Yes**

If Yes, please provide details: \_\_\_\_\_  
 \_\_\_\_\_

Are you applying for cover for your liability in a joint venture? **No** **Yes**  
 If Yes, please provide details: \_\_\_\_\_  
 \_\_\_\_\_

Please advise the limit of indemnity and excess required:

<b>Limit of Indemnity</b>					
\$1,000,000	\$2,000,000	\$5,000,000	\$10,000,000	Other:	_____
<b>Excess</b>					
\$5,000	\$7,500	\$10,000	\$20,000	Other:	_____

**Any Additional Information/Requirements:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_