

About Brooklyn

Catlin Australia Pty Ltd, trading as Brooklyn, an XL Group Platform, ABN 64 108 319 786 (Brooklyn) is a leading Lloyd's syndicate service company. Brooklyn arranges this insurance for and on behalf of Certain Underwriters at Lloyd's under a Binding Authority Agreement which permits Brooklyn to administer and issue policies, alterations and renewals on their behalf. In all respects, Brooklyn acts as an agent of the Insurer and not for You.

Contact details for Brooklyn are:-

Angel Place, Level 28,

123 Pitt Street, Sydney NSW 2000

t: (02) 8270 1790

w: www.brooklynunderwriting.com.au

About the Insurer

This insurance is underwritten by Brooklyn for and on behalf of Certain Underwriters at Lloyd's (the Insurer) in accordance with the Binding Authority Agreement between the two parties.

Special provisions in the Insurance Act 1973 allow Lloyd's Underwriters to underwrite insurance business in Australia as an authorised Australian insurer, regulated by the Australia Prudential Regulation Authority (APRA). Lloyd's is the world's leading insurance market providing specialist insurance services to businesses in over 200 countries and territories. Lloyd's holds a financial strength rating of A+ (Standard and Poor's).

Your Duty of Disclosure

Before You enter into a contract of insurance with Us, You have a duty under the Insurance Contracts Act 1984 (Cth) to disclose to Us anything that You could reasonably be expected to know is relevant to Our decision whether to accept the risk of insurance and if so, on what terms.

You have the same duty to disclose those matters to Us before You renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of a matter:

- that diminishes the risk to be undertaken by Us;
- that is of common knowledge;
- that We know or, in the ordinary course of business, ought to know; or
- as to which compliance with Your duty is waived by Us.

The duty of disclosure applies to You and everyone insured under the contract of insurance. If You, or they, fail to comply with the duty of disclosure, We may reduce Our liability under the contract in respect of a claim.

If the non-disclosure is fraudulent, We may treat the Policy as if it never existed and pay nothing.

It is important that all information provided in support of Your application for insurance is understood by You and is correct, as You will be bound by Your answers and by the information provided by You. If You do not understand any part of this notice, You should obtain independent advice.

Your duty of disclosure continues after Your application for insurance has been completed up until the contract of insurance is entered into.

Non-Disclosure

If You:

- (i) failed to disclose any matter which You were under a duty to disclose to the Us, or
- (ii) made a misrepresentation to the Us before this Policy was entered into and if We would not have entered into this Policy

for the same premium and on the same terms and Conditions expressed in this Policy but for the failure to disclose or the misrepresentation then -

- (a) Our liability in respect of any claim will be reduced to an amount to place Us in the same position in which We would have been placed if such non-disclosure had not occurred or such misrepresentation had not been made; or
- (b) if the non-disclosure or misrepresentation was fraudulent, We may avoid this Policy.

Privacy Statement

Brooklyn collects personal information in order to provide its various services which include insurance broking, claims management, risk management consultancy, underwriting management, and reinsurance.

If the personal information Brooklyn requests from You is not provided, Brooklyn or any involved third party may not be able to provide the appropriate services.

Brooklyn discloses personal information to third parties who are involved in the provision of Our services. For example, in arranging and managing Your insurance needs Brooklyn may provide information (including sensitive information such as health information) to insurers, reinsurers, other insurance intermediaries, it's advisors such as loss adjustors, lawyers and accountants, and other parties involved in the claims handling process.

By submitting Your Proposal and continuing to deal with Us, You confirm on Your behalf and/or on behalf of those You represent consent to Brooklyn and these parties collecting, using and disclosing personal and sensitive information about You.

Brooklyn has a duty to maintain the confidentiality of its client's affairs which includes their personal information. Our duty of confidentiality applies except where disclosure of Your personal information is with Your consent or required by law.

Brooklyn may make use of Your personal information to provide You with information about its products and services. Simply contact the Brooklyn Privacy Officer on the details below if You would like to:

- Access the personal information Brooklyn holds about You
- Update or correct the information Brooklyn holds about You
- Discuss Your privacy concerns
- Be removed from the mailing list to receive information about Brooklyn products and services

Please answer questions fully, use block letters and tick appropriate boxes

1. Name of Proposer and ABN: _____
 (include all subsidiary companies, trading names & trustees for whom cover is required)

2. Telephone Number: _____ Fax Number: _____
 Email Address: _____
 Website Address: _____

3. Address of Principal Office: _____
 Suburb: _____ State: _____ Postcode: _____

4. Total Number of Principals and Staff:

Position	Total
Partners/ Principals/Directors	
Professionally qualified staff	
Other technical staff (i.e CFO, COO)	
Sub – Contractors engaged (in a professional capacity)	
Trainee staff	
Clerical staff – typists, receptionists etc	
TOTAL STAFF	

Qualifications of Partners / Principals / Directors:

Name	Age	Qualifications	Years Practising		Name of Previous Entity
			Current	Previous	

5. Date Proposer commenced business operations: _____

6. Please state the fee income derived from your Professional Services within Australia:

Professional Services	Past 12 months	Next 12 months
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
Total	\$	\$

IF YOU ARE INVOLVED IN ANY 'CONSTRUCTION' OR 'REAL ESTATE' PROFESSIONAL ACTIVITIES
PLEASE FILL OUT THE RELEVANT ADDENDUM ATTACHED

7. Stamp Duty Declaration – Please provide a breakdown of percentages in fee income by location as follows.

NSW	VIC	QLD	SA	WA	TAS	ACT	NT	O/S
%	%	%	%	%	%	%	%	%

8. Is the Proposer (incl Partners, Principals, Directors) a member of a professional association?
If "Yes," please provide details Yes No

9. Has the Proposer (incl Partners, Principals, Directors) engaged any Sub-Contractors to provide the services listed in Question 6 above?
If "Yes," please provide details Yes No

Types	Activities	Estimated Annuals Payments
Sub-Contractor		
Contractor		
Labour Hire		

10. Does the Proposer (incl Partners, Principals, Directors) have formal procedures and/or guidelines in place regarding the engagement of any Sub-Contractors to provide the services listed in Question 6 above?
If "Yes," please provide details Yes No

11. Does the Proposer (incl Partners, Principals, Directors) require all sub-contractors to carry their own Professional Indemnity and/or Public Liability and/or Workers Compensations Insurances? Yes No

If "Yes," please provide details

12. Please provide a description of the 5 largest typical assignments, projects, contracts completed over the last 3 years per the details required in the table below:

Project / Client Name	Purpose	Services or Product Supplied	Revenue / Fees Generated

PROFESSIONAL INDEMNITY

13. Does the Proposer have other Professional Indemnity Policy in force? Yes No

If "Yes," please provide details

14. Please state Limit of Indemnity required under this insurance:

\$1,000,000 \$2,000,000 \$5,000,000 Other \$ _____

GENERAL LIABILITY (PUBLIC, PRODUCTS AND POLLUTION LIABILITY)

If yes, Please answer the following:

(i) Indicate the limit of indemnity required.

\$10,000,000 \$20,000,000

15. Please state the approximate percentage of work conducted in the following categories:

	Actual Past 12 Months	Estimated Next 12 Months
Office Based		
Work at own premises		
Work away from own premises		

16. Does the Proposer and/or contract personnel perform any work of a manual nature? Yes No
 If yes, please provide details including approximate percentages

17. If the Proposer utilises Contractors, Subcontractors or Labour Hire, please provide a description of the activities they typically perform.

18. Does the Proposer, its staff and/or contract personnel have property in their care, custody or control? Yes No
 If yes, please provide details

CLAIMS & CIRCUMSTANCE DETAILS

19. a) Has any claim been made against the Proposer or any principal, partner, director, consultant or employee in respect of the risks to which this proposal relates? Yes No
 b) Has the Proposer or any principal/partner/director/ consultant or employee incurred any other loss or expense which might be within the terms of cover? Yes No

If yes in either case, please attach separate sheet providing full details including what action has been taken to prevent a recurrence of the situation which gave rise to each claim or loss.

20. Is any principal, director, partner, consultant, or employee, after enquiry, aware of any circumstances which might:
 a) Give rise to a claim against the Proposer or his/her predecessors in business or any of the present or former partners, principals, directors, consultants or employees? Yes No
 b) Result in Proposer or his/her predecessors in business or any of the present or former partners, directors, consultants employees, or principals incurring any losses or expenses which might be within the terms of this cover? Yes No
 c) Otherwise affect the Company's consideration of this insurance? Yes No

If 'yes' in any case, please attach separate sheet providing full details.

IT IS AGREED THAT IF SUCH FACTS, CIRCUMSTANCES OR SITUATIONS EXIST, WHETHER OR NOT DISCLOSED, ANY CLAIM ARISING FROM THEM IS EXCLUDED FROM THIS PROPOSED COVERAGE

GENERAL INSURANCE INFORMATION

21. Has any insurer, in respect of the risks to which this proposal relates, ever:
- a) declined a proposal, refused renewal or terminated any insurance? Yes No
 - b) declined an insurance claim by the Proposer or reduced its liability to pay an insurance claim in full (other than by application of an excess)? Yes No

If Yes in either case, please provide details:

DECLARATION

- I / We the undersigned duly authorised person(s) declare that:
- i. I am / we are authorised by each of the Proposers to sign this Proposal Form; and
 - ii. The above statement are correct, true and complete; and
 - iii. No information material to this Proposal Form has been withheld; and
 - iv. I/we have read the important facts which you have put before me / us and I / we understand the advice given in relation to necessary and detailed enquiries in order to comply with the duty of disclosure; and
 - v. I / we undertake to inform the insurer of any material alteration to these facts occurring before completion of the contract of insurance; and
 - vi. I / we undertake to inform the insurer of any material alteration to these facts occurring before completion of the contract of insurance; and
 - vii. 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.

Signature: _____	Date: ____/____/____
Name of Partner(s) or Director(s): _____	
On Behalf of: _____	* Insert Name of Firm