

Notice to the Proposed Insured

This notice must be read before you complete the proposal form.

1. Disclosure of Relevant Facts

Duty of Disclosure

Under the Insurance Contracts Act 1984 (the Act), you have a Duty of Disclosure. You are required before you enter into, renew, vary, extend or reinstate your Policy, to tell us everything you know and that a reasonable person in the circumstances could be expected to know, is a matter that is relevant to our decision whether to insure you, and anyone else to be insured under the Policy, and if so, on what terms.

- **You do not have to tell us about any matter**

- that diminishes the risk
- that is of common knowledge
- that we know or should know in the ordinary course of our business as an insurer, or
- which we indicate we do not want to know.

- **If you do not tell us**

If you do not comply with your Duty of Disclosure we may reduce or refuse to pay a claim or cancel your Policy. If your non-disclosure is fraudulent we may treat this Policy as never having worked.

2. Claims Made

The Civil Liability Policy operates on a 'claims made and notified' basis. This means that the Policy covers you for claims made against you and notified to us during the period of insurance.

The Policy does not provide cover in relation to:

- acts, errors or omissions actually or allegedly committed prior to the retroactive date of the Policy (if such a date is specified)
- claims made after the expiry of the period of insurance even though the event giving rise to the claim may have occurred during the period of insurance
- claims notified or arising out of facts or circumstances notified (or which ought reasonably to have been notified) under any previous policy
- claims made, threatened or intimated against you prior to the commencement of the period of insurance
- facts or circumstances of which you first became aware prior to the period of insurance, and which you knew or ought reasonably to have known had the potential to give rise to a claim under this Policy
- claims arising out of circumstances noted on the Proposal form for the current period of insurance or on any previous proposal form.

Where you give notice in writing to us of any facts that might give rise to a claim against you as soon as reasonably practicable after you become aware of those facts but before the expiry of the period of insurance, you may have rights under Section 40(3) of the Insurance Contracts Act 1984 to be indemnified in respect of any claim subsequently made against you arising from those facts notwithstanding that the claim is made after the expiry of the period of insurance. Any such rights arise under the legislation only. The terms of the policy and the effect of the policy is that you are not covered for claims made against you after the expiry of the period of insurance.

3. Average Provision

The policy may provide that if a payment in excess of the limit of indemnity available under the policy has to be made to dispose of a claim, the insurer's liability for costs and expenses incurred with its consent shall be such proportion thereof as the amount of indemnity available under this policy bears to the amount paid to dispose of the claim.

You should familiarise yourself with our standard form of policy for this type of cover before submitting this declaration.

4. Privacy

QBE includes information about how we manage your personal information in our formal quotation terms, when issued. You can obtain a copy of the **QBE Privacy Policy Statement** from our website www.qbe.com.au or contact the Compliance Manager on 02 9375 4656 or email compliance.manager@qbe.com for further information.



Cover Request For Arborists / Treefelling Contractors Facility

IMPORTANT: Please answer ALL questions fully. If there is insufficient space please provide details on your letterhead. Where provided tick (✓) appropriate box to indicate answer. The Applicant will be referred to in this Proposal as “You” or “Your”.

A. Details of Applicant					
1. Insured name					
Address					
		State		Postcode	
Contact name					
Phone					
Email		Web			
Number of Principals					
2. Date on which the Practice was established		/	/		
3. Please supply the following details.				Period Practicing as Partner / Principal / Director	
Names of all Partners/Principals/Directors	Age	Qualifications	Date Qualified	This Practice	Previous Practices
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			/ /		
4. Please supply total numbers of:					
(i) Partners/Principals/Directors		(ii) Professional qualified staff			
Please enclose curriculum vitae or resumes for all Partners/Principals/Directors detailing qualifications and a summary of career experience.					
5. Please supply total numbers of:					
Employess		Employess wages			
Annual turnover	\$				
Qualifications/Accreditation/Tickets etc.					
Associate number					
Is all tree work carried out to Australian standard AS 4373 – 2007					

A. Details of Applicant (continued)

Do you perform any of the following:

If "Yes", please supply details.

Powerline clearing

Yes No

High transmission tower clearing

Yes No

Work in rail environment

Yes No

Any other infrastructure work

Yes No

Logging

Yes No

Forestry

Yes No

Private plantations

Yes No

Fire trail blazing

Yes No

Burning off

Yes No

Traffic management

Yes No

Crane or elevated work platform work

Yes No

Any other activities performed apart from treelopping and those mentioned above

Yes No

A. Details of Applicant (continued)

Do you hire in equipment If Yes,	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Total Value of equipment hired in	\$	Maximum value of any one item	\$
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Do you hold others harmless or have you signed indemnities in their favour	Yes <input type="checkbox"/> No <input type="checkbox"/>
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6. Payments to contractors , sub-contractors &/or hired labour	\$	
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7. Details of work carried out by contractors, sub contractors &/or hired labour

Professional Liability Cover

8. Limit of indemnity Required	\$	
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9. Previous underwriter		Due date	/ /	
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10. Previous deductible	
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11. No. of years insured		Retro date of existing Policy	/ /	
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Public/Products Liability Cover

12. Limit of indemnity Required	\$	
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13. Previous underwriter	
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14. Previous deductible	
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B. Details of Practice

15. (a) Please provide details of the precise nature of activities or business.

B. Details of Practice (continued)

(b) Please categorise the activities or business outlined in Question 10(a) above and indicate the approximate percentage of your fee income derived from same.

Type of Work	%

(c) (i) Please provide details of advice given in relation to the activities or business outlined in Question 13(a) above.

(ii) Are verbal reports always confirmed in writing? Yes No
If "No", how do you substantiate such verbal reports?

16. Do you provide written reports to clients? Yes No
Provide sample copies of typical reports together with details of any disclaimers and/or warranties used in connection with such reports.

17. Do you perform work outside of Australia, or work for clients located overseas? Yes No
If "Yes", please supply details.

C. Financial Details

18. (a) Please advise the date of your financial year end	/ /	
(b) Please provide the amount of gross income/fees in relation to reports and advice given for the following:	Australia	
(i) current financial year (estimate)	\$A	
(ii) last financial year	\$A	
(iii) previous financial year	\$A	
(c) Please provide the amount of the largest annual fee for any one client:	\$A	

19. Please provide the approximate percentage of your activities (based on fee income) applicable to each State, Territory and Overseas.

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

D. Claims Details

20. Has any Partner, Principal, Director, or staff member ever been subject to disciplinary proceedings for professional misconduct? Yes No
 If "Yes", please supply details.

21. Have any claims for public or products liability, negligence or breach of professional duty been made in the last ten (10) years against the Practice or any of their predecessors in business or any prior practice of any of their present or former Partners, Principals or Directors, or have circumstances been notified to insurers that might give rise to a claim? Yes No
 If "Yes", please supply the following details in respect to each matter.

Date Matter Notified	Name of Insurer (if any)	Name of Claimant or Potential Claimant	Brief Description of Matter	Amount Paid or Estimate of Potential Liability	Is Matter Finalised or Outstanding?

D. Claims Details (continued)

22. Are any of the Partners, Principals or Directors, AFTER ENQUIRY, aware of any claim or circumstance that might give rise to a claim against the Practice or any prior practice of any of their present or former Partners, Principals or Directors which matter is not referred to in Question 21 above?

Yes No

If “Yes”, please provide the following details in respect to each matter.

Name of Claimant or Potential Claimant	Brief Description of Matter	Estimate of Potential Liability

G. Declaration and Authorisation

- 1. I have received a copy of the Policy Terms and Conditions.
- 2. I am authorised to complete and sign this insurance proposal on behalf of the Practice.
- 3. The responses provided are made based on information provided to me by the Principals, Partners and Officers of the Practice.
- 4. I authorise QBE Insurance (Australia) Limited ABN 78 003 191 035 to give or obtain from other insurers or insurance reference bureaus or credit reporting agencies, any information about this insurance or any other insurance held by the Practice including this completed proposal and the Practice’s claims history and credit history.

Signed,
Partner, Principal
or Director

X

Date

/ /