



## **Mortgage Brokers**

### Professional indemnity insurance

Proposal form 2009-2010

Please return completed proposal form to:

**Aon Risk Services Australia Limited**

ABN 17 000 434 720

Level 51, 80 Collins Street, Melbourne VIC 3000

GPO Box 1230, Melbourne VIC 3001

phone 03 9211 3000 tollfree 1800 805 191

fax 03 9211 3510

# Notice to the proposed insured

It is a requirement of the Insurance Contracts Act 1984 and the Corporations Act 2001 that the following notices 1, 2, 3, 4, 5, and 6 be brought to your attention before you complete this proposal form.

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## 1. Disclosure of relevant facts

### Your duty of disclosure

Before you enter into a contract of general insurance with an Insurer, you have a duty, under the Insurance Contracts Act, 1984 to disclose to the Insurer every matter that you know, or could reasonably be expected to know, that is relevant to the Insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the Insurer 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 the Insurer
- that is common knowledge
- that your Insurer knows or, in the ordinary course of its business, ought to know
- as to which compliance with your duty is waived by the Insurer.

### Non-disclosure

If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce its liability under the contract in respect of a Claim or may cancel the contract.

If your non-disclosure is fraudulent, the Insurer may also have the option of avoiding the contract from its beginning.

*The requirement of full and frank disclosure of anything which may be material to the risk for which you seek cover (e.g. claims, whether founded or unfounded), or to the magnitude of the risk, is of the utmost importance with this type of insurance. It is better to err on the side of caution by disclosing anything which might conceivably influence the Insurer's consideration of your proposal.*

## 2. Claims made and notified policy

This proposal is for a "claims made and notified" policy of insurance. This means that the policy covers you for claims made against you and notified to the Insurer during the period of cover. This policy does not provide cover in relation to:

- events that occurred prior to the retroactive date of the policy (if such a date is specified);
- facts or circumstances which you first became aware of prior to the period of cover, 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 cover or on any previous proposal form.

However, where you give notice in writing to the Insurer 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 cover, the policy will, subject to the terms and conditions, cover you notwithstanding that a claim is only made after the expiry of the period of cover.

*Upon expiry of the policy no further claims can be made thereunder and the need to maintain insurance or arrangement of Run-Off cover is essential.*

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

## 3. Broker acting as agent of insurer

In effecting this contract of insurance the broker will be acting under an authority given to it by the Insurer and the broker will be effecting the contract as agent of the Insurer and not the Insured.

## 4. Claims notification

If you become aware of a claim or of circumstances that could give rise to a claim in the future, you should notify us in writing immediately, so that we can notify your Insurer on your behalf. If you become aware of a claim or of circumstances and you do not notify them during the policy period, you could be left uninsured or facing a reduced payout from your Insurer in respect of that claim or any future related claim.

## 5. Average provision

This policy provides that if a payment in excess of the limit of indemnity available under this 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. Any surplus will be deducted from claim payments.

## 6. Subrogation agreements

Where another person would be liable to compensate you for any loss or damage otherwise covered by the policy, but you have agreed with that person either before or after the loss or damage occurred that you would not seek to recover any monies from that person, the Insurer will not cover you under the policy for any such loss or damage.

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## Aon's privacy statement

Aon has always valued the privacy of personal information. When we collect, use, disclose or handle personal information, we will be bound by the Privacy Act 1988.

If you would like a copy of our Privacy policy, or wish to seek access to or correct the personal information we collected or disclosed about you, please telephone or email your Aon contact or access our website  
– [www.aon.com.au](http://www.aon.com.au).

# Mortgage Brokers. Proposal form

2009/2010

## Professional indemnity insurance

Please complete and return this proposal form to Aon Risk Services Australia Ltd,  
GPO Box 1230 Melbourne VIC 3001.

If you are faxing your proposal form, please do not send the original. Fax 03 9211 3510 Phone 1800 805 191

### 1. Details of insured

Your name

Mr  Mrs  Miss  Ms

First name  Family name

Company name (includes *pty ltd companies, partnerships and trading names*)

  

### 2. ABN

### Postal address

  

Suburb  State  Postcode

Phone   Fax

Email

Website  www.

### 3. Date business established

### 4. (a) Please indicate if You are a member of any Associations or Aggregators

MFAA  FBAA  PLAN  Wizard  Fast  Choice  Other \_\_\_\_\_

### (b) Are you an Aggregator?

Yes  No

*If Yes please do not proceed with this form. Contact Aon for an alternate quote.*

### 5. Please supply details of total gross income (include trail commissions and income generated from contractors) for:

(a) Previous 12 months  \$

(b) Estimate for the next 12 months  \$

6. Please state the amount of the largest loan arranged for a client

\$

Please note loans over \$10 million are not automatically covered. Please contact Aon.

7. How many financial institutions/credit providers do you hold direct accreditation with?

8. Do you have authority to approve a loan on behalf of any financial institution?

Yes  No

9. What percentage of funds are sourced through Solicitor Funds / Pooled Mortgage Investment/Private Funds?

%

10. (a) Please provide a breakdown of your activities between:

Purpose of Loan

Proportion of  
Total Income

(i) Residential / Investment Property Loans

%

(ii) Commercial Property Loans

%

(iii) Chattel Finance / Plant and Equipment Loans

%

(iv) Business Loans

%

(v) Low Doc Loans / Margin Lending / Non-Conforming Loans

%

(vi) Vehicle Financing / Personal Loans

%

(vii) Reverse Mortgages

%

**TOTAL**

**100 %**

(b) Please indicate all professional services provided and allocate an approximate percentage of your fee income for each:

(i) Mortgage / finance broking

%

(ii) Mortgage origination

%

(iii) Mortgage aggregations / sub-aggregation

%

(iv) Mortgage management

%

(v) Mortgage introduction / referral

%

(vi) Debt reduction services

%

(vii) Arranging deposit bonds

%

(viii) Other (please specify)

%

**TOTAL**

**100 %**

11. What percentage of mortgage broking relates to loans with a loan value ratio (LVR) greater than 85%?

%

12. Do you arrange loans for property in suburbs in South Western Sydney (suburbs in the New South Wales local government areas of City of Canterbury, City of Bankstown, City of Liverpool, City of Campbelltown and Camden Council)?

Yes  No

If Yes, please advise the percentage of total loans arranged in respect of these suburbs

%

**13. Please advise as a percentage of your outstanding loan portfolio:**

- (a) the number of loans more than 90 days in arrears %
- (b) where trail commissions have been suspended %

**14. Please state the approximate percentage of your activities (based on total gross income) applicable to each state, territory and overseas.**

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

**15. If you perform work overseas are Australian Financial Institutions always used ?**  Yes  No

**16. Please advise total numbers of:**

- |   |  |
|---|--|
| <p>(a) Partners / Principals / Directors <span style="float: right; border: 1px solid black; padding: 2px 10px;"></span></p> <p>(b) Brokers / Managers <span style="float: right; border: 1px solid black; padding: 2px 10px;"></span></p> <p>(c) Trainee Staff <span style="float: right; border: 1px solid black; padding: 2px 10px;"></span></p> | <p>(d) Administrative and Clerical Staff <span style="float: right; border: 1px solid black; padding: 2px 10px;"></span></p> <p>(e) Contractors * (refer below) <span style="float: right; border: 1px solid black; padding: 2px 10px;"></span></p> <p>(f) Other (please give details) <span style="float: right; border: 1px solid black; padding: 2px 10px;"></span></p> <p style="text-align: center;"><b>TOTAL STAFF</b> <span style="float: right; border: 1px solid black; padding: 2px 10px;"></span></p> |
|---|--|

\* If the **Contractors** perform 100% of their activities for the Insured stated in question 1, the attached Contractors Addendum must be completed. If not, contractors will need to take out separate policies.

**17. Please provide qualifications of all qualified Principals/Sole Practitioners/Broking/Origination/ Management Staff**

Name	Professional Qualification	Years of Experience	State Brief details of experience in the Mortgage Origination, Mortgage Management, Mortgage Banking and Mortgage Broking Industry.

**18. Limit of Indemnity** (please tick the relevant box indicating limit of cover required)

- \$1,000,000     \$2,000,000     \$5,000,000     \$10,000,000

**19. Do you perform activities in Western Australia?**  Yes  No

If so, which class of license do you hold or are you applying for through the Commission of Consumer Protection ?

- A     B     C     D

**20. Is cover required for the previous business of any Principal, Director or Partner?**

- Yes  No

Name of Principal, Director or Partner	Name of Previous Business	Professional Services

**Note: Previous Business cover is not automatically included.**

**21. Risk Management**

- (a) Do you or a duly authorised person witness clients' signatures on documents when required?  Yes  No
- (b) Do you always ask the client to review and sign off the loan application before it is submitted to the lender?  Yes  No
- (c) Do you always obtain verification of income from all loan applicants?  Yes  No
- (d) Are the implications of rate increases always discussed with the client?  Yes  No
- (e) When recommending the refinancing of an existing loan, do you always analyse the costs as well as the advantages and disadvantages of proceeding with the refinance?  Yes  No
- (f) Do you always sight the original documentation and undertake the 100 point ID check for all applicants named on the loan including any guarantor?  Yes  No
- (g) Do you always disclose commissions as required by legislation?  Yes  No
- (h) Do you always undertake a comprehensive screening process for all staff and contractors (this should include at a minimum a police check and reference check)?  Yes  No
- (i) Are all brokers with less than 12 months experience working under supervision?  Yes  No
- (j) Do you have any signature rights to any banking accounts which your clients' payments are deposited?  Yes  No
- (k) Has any partner, principal or employee ever been declared bankrupt or had a criminal conviction?  Yes  No

*(If you have answered No to any of questions 21. (a), (b), (c), (d), (e), (f), (g), (h) and/or (i) or Yes to questions 21. (j) and/or (k) please provide details on a separate sheet explaining your answer.)*

**22. Claims/circumstances**

- (a) Have any claims ever been made against you, your predecessors in business or any of the present or past Partners or Directors?  Yes  No
- (b) Are you aware, after enquiry, of any circumstances which may result in any claims against you, your predecessors in business or any of the present or past Partners or Directors?  Yes  No
- (c) Has any insurer ever declined, cancelled or imposed special conditions in relation to liability insurance?  Yes  No
- (d) Have you or any Partner/Director or staff member ever been subject to disciplinary proceedings for misconduct in a professional respect?  Yes  No
- (e) Have you or any Partner/Director or staff member ever had accreditation with any lender, financial institution, aggregator, professional association or body withdrawn, cancelled or revoked?  Yes  No

*(If you have answered Yes to any of questions 22. (a), (b), (c), (d), please provide details on the attached Claims Addendum).*

**23. Are you currently insured?** *If Yes, please supply details below:*

Yes  No

Broker:	<input type="text"/>	Limit of Indemnity:	<input type="text" value="\$"/>
Insurer:	<input type="text"/>	Expiry Date:	<input type="text"/>

**24. Would you like a quotation for the contents of your Business?**

Yes  No

*If Yes, we will contact you.*

**DECLARATION AND AGREEMENT**

- 1. I/We acknowledge that I/We have read the Notice to the proposed insured included with this form, and I/We understand those notices. I/We acknowledge that if the proposal is accepted, the insurance cover will be subject to the terms and conditions as set out in the policy wording.
- 2. I/We declare that the information contained in this proposal form is true and correct and that I/We have not suppressed nor mis-stated any facts.

Signature of Partner/Principal/Director

Date signed

**Note:** This proposal form can only be actioned once ALL questions have been answered and the above declaration has been signed and dated. Acceptance is also subject to underwriting guidelines.

**OFFICE USE ONLY**

Inception date

Excess

Date Stamp

# Contractors Addendum

(to be completed by the individual Contractor)

2009/2010

## Professional indemnity insurance

### 1. Name of Contractor


### Trading Name


### 2. Do you have any employees?

Yes  No

*If Yes please note that this policy provides protection for Contractors who perform 100% of their activities for the Insured stated in question 1. of the Insured's proposal form and we therefore recommend you effect a separate policy for Your company.*

### 3. What is the name of the company that you are contracting your services to?

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### 4. Are 100% of your activities contracted to the entity stated in question 3. above?

Yes  No

*If No, we will forward a separate proposal form for your completion.*

### 5. Please state total gross income for the previous 12 months

\$

*Note: If you are a new contractor, please estimate your income for the next 12 months*

### 6. Has your gross income been included in the Policy Holder/Insured's application?

Yes  No

### 7. Please provide details of your qualifications/experience within the Industry.

Professional Qualification	Years of Experience	State Brief details of experience.

### 8. Claims/circumstances

- (a) Have any claims ever been made against you, your predecessors in business or any of the present or past Partners or Directors?  Yes  No
- (b) Are you aware, after enquiry, of any circumstances which may result in any claims against you, your predecessors in business or any of the present or past Partners or Directors?  Yes  No
- (c) Has any insurer ever declined, cancelled or imposed special conditions in relation to liability insurance?  Yes  No
- (d) Have you or any Partner/Director or staff member ever been subject to disciplinary proceedings for misconduct in a professional respect?  Yes  No

*(If you have answered Yes to any of questions 8. (a), (b), (c), and/or (d), please provide full details on the attached Claims Addendum).*

### DECLARATION AND AGREEMENT

1. I am authorised by each of the persons or entities in the definition of 'You; in question 1. of the Insured's proposal form.
2. I acknowledge that I have read the Notice to the proposed insured included with this form, and I understand those notices. I acknowledge that if the proposal is accepted, the insurance cover will be subject to the terms and conditions as set out in the policy wording.
3. I declare that the information contained in this proposal form is true and correct and that I have not suppressed nor mis-stated any facts.

Although the signing of this proposal does not bind the applicant to effect insurance, I acknowledge that the particulars and statements contained in this proposal and in the accompanying documents shall be the basis of the contract if a policy is issued. I also acknowledge that the proposal and the accompanying documents will be incorporated in the contract of insurance.

Name of Contractor

Signature of contractor

Date Signed

Signature of principal policyholder

*Note: This proposal form can only be actioned once all questions have been answered and the above declaration and agreement has been signed and dated.*

# Claims addendum

If you have answered Yes to any of questions 22. (a), (b), (c) (d) and/or (e) of this proposal form, or questions 8. (a), (b), (c) and/or (d) of the Contractors Addendum please provide the following details in respect of each matter.

If more than one matter, copy this form as required before proceeding further.

If there is insufficient space to answer questions, please continue on your headed notepaper and attach it to this addendum.

Year of notification:

Name of insurer (if any):

Name of claimant:

Nature of problem:

Amount paid or estimated \$

Potential total liability \$

Is matter finalised or outstanding?

**If possible, please provide a claims report from the insurer that is handling this claim.**

## Declaration

I/We confirm that the information provided above is true and correct.

Name of Practice

Signature of Principal/Director/Proprietor

Date signed