



Public Relations / Marketing Consultants

Public Relations Consultants
Marketing Consultants
Market Research Consultants
Advertising Consultants
Graphic Designers

Professional Indemnity Insurance

Proposal form 2012/2013

Please return completed proposal form to your nearest Aon office (back page of proposal)

Aon Risk Services Australia Limited
ABN 17 000 434 720

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.

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);
- claims made after the expiry of the period of cover even though the event giving rise to the claim may have occurred during the period of cover;
- 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 cover;
- 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.

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.

CGU Insurance Limited's privacy statement

The Privacy Act 1988 (as amended) now applies and requires us to inform you that:

Purpose of collection CGU Insurance Limited ("your insurer") collects personal information (this is information or an opinion about an individual whose identity is apparent or can reasonably be ascertained and which relates to a natural living person) for the purposes of: providing insurance services to you, including to evaluate your application, to evaluate any request for a change to any insurance provided; to provide, administer and manage the insurance services following acceptance of an application; to investigate and, if covered, manage claims made in relation to any insurance you have with your insurer or other members of the CGU Insurance Limited Group.

The personal information collected can be used or disclosed by your Insurer for a secondary purpose related to those purposes listed above, but only if you would reasonably expect them to use or disclose the information for this secondary purpose. However for sensitive information, the secondary purpose must be directly related to the purposes listed above.

Disclosure Your Insurer may disclose your personal information, when necessary and in connection with the purposes listed above to: other members of the CGU Insurance Limited Group, Aon Risk Services Australia Limited, Government bodies, loss assessors, claim investigators, reinsurers, other insurance companies, mailing houses, claims reference providers, other service providers, hospitals, medical and health professionals, legal and other professional advisers.

Consequences if information is not provided If you do not provide your Insurer with the information they need they will be unable to consider your application for insurance cover and/or administer your policy and/or manage any claim under your policy.

Access You can request access to the personal information by contacting your insurer at the address shown.

CGU Insurance Limited ABN 27 004 478 371
181 William Street, Melbourne VIC 3000
Phone 03 9601 8222

Public Relations / Marketing Consultants. Proposal Form

2012/2013

Professional Indemnity Insurance (Optional Public Liability/Directors & Officers Liability/Employment Practices Liability Insurance and/or Fidelity)

Please complete and return this proposal form to the Aon office in your state. (Refer to the back sheet.)

If you are faxing your proposal form, please do not send the original.

1. Details of insured (referred to in the proposal as 'you' and 'your')

Names of Practice / Company to be covered by this policy (including any Service, Administration or Trustee Company or Trust, if applicable). (If space is insufficient, please attach a separate sheet.)

ABN

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Contact Person

Mr Mrs Ms Miss

First name

--

 Family name

--

Postal Address

Suburb

--

 State

--

 Postcode

--

Phone

--

--

 Fax

--

--

Email

--

2. Date practice commenced

--

3. Staff Numbers

Principals / Directors / Partners

--

All other staff

--

Other consultants

--

Total number of staff

--

4. Please supply details of your total gross income for the following

(a) Total gross income for the last 12 months

--

(b) Estimate for the next 12 months

--

5. Association membership

Are you a current member of any professional association?

Yes No

If Yes, please indicate which association/s.

6. Overseas Activities

(a) Do your activities extend outside the Commonwealth of Australia and New Zealand?

Yes No

(b) Do you require cover for the country/ies?

Yes No

If Yes, please indicate which country/ies cover is required for.

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

ACT	NSW	NT	QLD	SA	TAS	VIC	WA	O/S	TOTAL
%	%	%	%	%	%	%	%	%	100%

8. (a) Does your firm act as a consultant or advisor for clients in the entertainment industry?

Yes No

(b) Does your firm act as an advertising agency organising competitions, events, games, gambling or special offers?

Yes No

If you have answered Yes to questions 8. (a) and/ or (b), please complete the attached addendum.

9. Activity Breakdown

Public Relations Consulting	<input type="text"/> %
Marketing Consulting	<input type="text"/> %
Market Research Consulting	<input type="text"/> %
Advertising Consulting	<input type="text"/> %
Graphic Designing	<input type="text"/> %
Total	100 %

10. Limits of Indemnity (Please tick the relevant box indicating the limit of cover required.)

\$1,000,000
 \$2,000,000
 \$5,000,000
 \$10,000,000
 Higher Limit

Please indicate limit required

11. Past Activities

(a) Have you undertaken in the past any activities other than those deemed to be activities of a Public Relations / Marketing Consultant?

Yes No

If Yes, please describe those activities.

(b) Some of these activities may not be covered automatically.

Do you wish for us to investigate availability of cover for these past activities?

Yes No

12. Directors & Officers Liability Insurance - Optional Extension

Do you require a quotation for Directors & Officers Liability insurance?
If Yes, please state:

Yes No

(a) Current assets

\$

(b) Current liabilities

\$

(c) Total assets (excluding intangibles, i.e. goodwill)

\$

(d) Total liabilities

\$

(e) Net assets

\$

13. Do you or any of your subsidiaries act as a manager of any fund or property for, or on behalf of, any third party?

Yes No

If Yes, please describe.

14. Employment Practices Liability - Optional Extension

Do you require a quotation for Employment Practices Liability insurance?
If Yes:

Yes No

(a) Please state the annual percentage of staff turnover for the last three years

%

(b) Did you initiate any termination(s) within the last two years?

Yes No

If Yes, please provide full details including the reason for the termination(s) and the number of full-time and part-time employees terminated.

15. Public/Products Liability - Optional Extension

(a) Do you currently have public liability/products cover with Aon?

Yes No

(b) If No, do you require a quote for public liability/products insurance?

Yes No

(c) If Yes, do you manufacture goods?

Yes No

If Yes, please describe.

(d) Limits of indemnity required (Please tick the relevant box indicating the limit of cover required.)

\$5,000,000 \$10,000,000 \$20,000,000

16. Fidelity Cover - Optional Extension

Do you require a quotation for Fidelity cover?

Yes No

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

Yes No

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

18. 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 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 ever been subject to disciplinary proceedings for professional misconduct by a professional society or any statutory registration board or been called upon to respond to a complaint? Yes No

(If you have answered Yes to any of questions 18. (a), (b), (c) and/or (d) please provide details on the attached Claims Addendum.

DECLARATION AND AGREEMENT

- 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 form is accepted, the insurance cover will be subject to the terms and conditions as set out in the policy wording.
- 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 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.

Please return completed proposal form to your nearest Aon office:

<p>Victoria</p> <p>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</p>	<p>New South Wales</p> <p>130 George Street, Parramatta NSW 2150 PO Box 1331, Parramatta NSW 2124 phone 02 8623 4000 tollfree 1800 251 774 fax 02 9633 5257</p>
<p>Queensland</p> <p>Level 6, 175 Eagle Street, Brisbane QLD 4000 GPO Box 65, Brisbane QLD 4001 phone 07 3223 7400 fax 07 3223 7542</p>	<p>South Australia</p> <p>Level 10, 63 Pirie Street, Adelaide SA 5000 GPO Box 514, Adelaide SA 5001 phone 08 8301 1111 tollfree 1800 806 493 fax 08 8301 1100</p>
<p>Tasmania</p> <p>Level 2, 100 Melville Street, Hobart TAS 7000 GPO Box 182, Hobart TAS 7001 phone 03 6270 0400 fax 03 6234 9735</p>	<p>Western Australia</p> <p>Level 7, 28 The Esplanade, Perth WA 6000 PO Box 7026, Cloister Square, Perth WA 6850 phone 08 6317 4000 fax 08 9322 6890</p>

Public Relations / Marketing Consultants Addendum

Question 8. (a)

Please provide full details if your firm acts as a consultant or adviser for clients in the entertainment industry.

Question 8. (b)

Please provide full details if your firm acts as an advertising agency organising competitions, events, games, gambling or special offers.

Signature of Principal/Director

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Date signed

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Claims Addendum

If you have answered Yes to any of questions 18. (a), (b), (c) and/or (d) of this proposal form, 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