



KNIGHTSBRIDGE

INSURANCE GROUP

PROFESSIONAL INDEMNITY INSURANCE

● Contact Details

First Name*

Phone*

Last Name*

Email*

● Applicant Details

Full legal name of each natural person and incorporated body to be insured

What is your website URL?

What is your ABN?

Are you registered for GST purposes?

☐ Yes ☐ No

If yes, What is your Input Tax Credit?

What year was your business established?

Are you registered for GST purposes?

☐ Yes ☐ No

What is your occupation?

What are your professional activities?

What is your main business address?

Please list any interested parties

● **Cover Details**

Period of insurance from:	Period of insurance to:
<div></div>	<div></div>
What is your Limit of Liability any one claim:	What is your Limit of Liability in the aggregate:
<div></div>	<div></div>
Preferred excess/deductible:	What is your required retroactive date:
<div></div>	<div></div>

● **Business Details**

Please enter details of staff numbers per category below

Principals/Partners/Directors	Other qualified staff
<div></div>	<div></div>
Part-time or temporary staff	Administrative and clerical staff
<div></div>	<div></div>
Other	Trainee Staff
<div></div>	<div></div>

Please provide the following details for each of the applicant's Directors, principals or partners

Principals, partners or Directors

Name	
<div></div>	<div></div>
Qualifications	Years qualified
<div></div>	<div></div>
Age	Years practicing (this business)
<div></div>	<div></div>
Years practicing (previous business)	
<div></div>	
Associated with any other business or practice (financially or otherwise)	
● Yes ● No (if yes, please provide details)	<div></div>

Please provide a detailed description of the Applicant's business and professional activities, including details of any advice given and services provided

Does the Applicant or any of its principals, partners or directors belong to any professional association?

☐ Yes ☐ No

Has the business ever been involved in any merger or acquisition?

☐ Yes ☐ No

Has the business ever traded under any other name?

☐ Yes ☐ No

Does the Applicant have any risk minimisation strategies such as written Disclaimers?

☐ Yes ☐ No

Does the business conduct work for or trade with any associated or related entities?

☐ Yes ☐ No

Are verbal reports or advice always confirmed in writing?

☐ Yes ☐ No

Are verbal reports or advice always confirmed in writing?

☐ Yes ☐ No

Please provide details

Does the Applicant engage consultants, sub-contractors or agents?

☐ Yes ☐ No

Does the Applicant envisage any substantial changes in its business activities, or are there any major new operations contemplated during the next 12 months?

☐ Yes ☐ No

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☐ Yes ☐ No

Previous Businesses

Is cover required for any of the Applicant's principals, partners or directors in respect of their previous businesses?

☐ Yes ☐ No

☐ Financial Details

Please categorise the business and professional activities described and set out the approximate percentage of the fee income derived from each

<input type="checkbox"/>	Type of work	Percentage of fee income
	<div></div>	<div></div>
<input type="checkbox"/>	Type of work	Percentage of fee income
	<div></div>	<div></div>

Please provide details of the 5 largest jobs or contracts undertaken by the Applicant during the last 5 years

<input type="checkbox"/>	Particular job or contract	Fees earned
<input type="checkbox"/>	Particular job or contract	Fees earned
<input type="checkbox"/>	Particular job or contract	Fees earned
<input type="checkbox"/>	Particular job or contract	Fees earned
<input type="checkbox"/>	Particular job or contract	Fees earned

What is the date of the applicant's last financial year end?

Indicate format of following information:

Please provide the amount of gross turnover/fees for the following:

	Australia	Overseas
Current financial year (estimate):		
	Australia	Overseas
Last financial year:		
	Australia	Overseas
Previous financial year:		
	Australia	Overseas
Please provide the amount of the largest annual fee for any one client:		

Please provide the approximate percentage of your activities (based on gross turnover/fee income) applicable to each State,Territory and Overseas:

NSW	VIC	QLD	SA	WA	NT	TAS	ACT
Overseas							

Are there any overseas domiciled subsidiaries?

☐ Yes ☐ No (if yes, please provide details)

Does any contract or client represent more than 40% of the Applicant's annual income?

☐ Yes ☐ No (if yes, please provide details)

Does any contract or client represent more than 40% of the Applicant's annual income?

☐ Yes ☐ No (if yes, please provide details)

☐ Insurance History

Has any Partner, Principal, Director or staff member ever been subject to disciplinary proceedings for professional misconduct?

☐ Yes ☐ No (if yes, please provide details)

Negligence Claims

Have any claims for negligence or breach of professional duty been made in the last ten 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

Please provide details:

Date matter notified

Name of insurer (if any)

Name of Claimant or Potential Claimant

Brief description of matter

Amount

Amount Type

Status

Are any of the Partners, Principals or Directors, AFTER INQUIRY, 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 the previous question?

☐ Yes ☐ No

Fee disputes - Are any of the principals, partners or directors aware, after enquiry of all staff, managers and contractors, of any accounts overdue for payment where there is reason to believe that the client is dissatisfied with the professional services rendered?

☐ Yes ☐ No

Details of Professional Indemnity policies held during the last three years

Previous Insurer(s)

Expiry date

Deductible

Limit of Liability any one claim

Limit of Liability in the aggregate

Has the Applicant or any proposed insured person ever had this type of insurance refused (including renewal), cancelled, avoided or an application or proposal declined, or had special terms imposed?

☐ Yes ☐ No

Has the Applicant or any proposed person ever had his/her entitlement to indemnity under an insurance policy denied or reduced by reason of non-disclosure, misrepresentation or breach of policy condition?

☐ Yes ☐ No

Please provide any other information relevant to this application for insurance

☐ Duty of Disclosure

Have you or any partner(s) shareholder(s) or director(s) of the business

Ever been declared bankrupt?

☐ Yes ☐ No

Been convicted of any criminal offence within the past 5 years (other than minor traffic convictions)?

☐ Yes ☐ No

Ever been involved in a company or business which became insolvent or subject to any form of insolvency administration (e.g. liquidation or receivership)?

☐ Yes ☐ No

Been liable for any civil offence or pecuniary penalty (exceeding \$5,000)?

☐ Yes ☐ No

Any other matters you should disclose

☐ No ☒ Yes

● Declaration

I/We hereby declare that:

My/Our attention has been drawn to the Important Notice accompanying this Application form and further I/we have read these notices carefully and acknowledge my/our understanding of their content by my/our signature/s below.

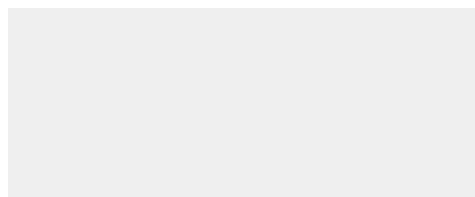
The above statements are true, and I/we have not suppressed or mis-stated any facts and should any information given by me/us alter between the date of this Application form and the inception date of the insurance to which this Application relates I/we shall give immediately notice thereof.

I/We authorize Ardent Insurance Solutions to collect or disclose any personal information relating to this insurance to/from any other insurers or insurance reference service. Where I/we have provided information about another individual (for example, an employee, or client), I/we declare that the individual has been or will be made aware of that fact and the section in the Policy on "The way we handle your personal information".

I/We also confirm that the undersigned is/are authorised to act for and on behalf of all persons who may be entitled to indemnity under any policy which may be issued pursuant to this Application form and I/we complete this Application form on their behalf.

To be signed by the Chairman/President/Managing Partner/Managing Director/Principal of the association/partnership/company/practice/business.

● Signature



Name

Position/Title

Date