



Agricultural Consultants

Professional indemnity insurance
and optional public liability insurance

Proposal form 2009

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, and 5 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 a 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. 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.

4. 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.

5. 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.

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.

Agricultural Consultants. Proposal form

2009

Professional indemnity insurance and optional public liability 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. Insured Name

Mr Mrs Miss Ms

First name Family name

Company name *(includes Pty Ltd companies, partnerships and trading names)*

2. ABN

| | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

3. Postal address

Suburb State Postcode

Phone Fax

Email

Website www.

4. Date business established

5. Please provide below a breakdown of your primary areas of practice and also provide a written description of your activities on a separate sheet:

| | | | | | |
|--|----------------------|---|--|----------------------|------|
| Agronomy, cropping systems | <input type="text"/> | % | Irrigation, water and effluent management | <input type="text"/> | % |
| Animal Production and nutrition | <input type="text"/> | % | Local authority, government planning approvals | <input type="text"/> | % |
| Aquaculture | <input type="text"/> | % | Management Consulting | <input type="text"/> | % |
| Business planning, economics and farm management | <input type="text"/> | % | Marketing | <input type="text"/> | % |
| Communication, extension, education, training | <input type="text"/> | % | Mediation, expert witness | <input type="text"/> | % |
| Crop protection, pest and disease management | <input type="text"/> | % | Project, R&D, planning and management | <input type="text"/> | % |
| Environment, natural resource management | <input type="text"/> | % | Rural and Regional Development | <input type="text"/> | % |
| Food Science and quality assurance | <input type="text"/> | % | Soils management and nutrition | <input type="text"/> | % |
| Forestry | <input type="text"/> | % | Other * <input type="text"/> | <input type="text"/> | % |
| Horticulture, viticulture | <input type="text"/> | % | | | 100% |

* Please specify each category and provide full details of activities undertaken (use a separate sheet if space insufficient).

6. Past Activities

- (a) Have you undertaken in the past any activities not described in question 5? Yes No
 (b) If Yes, please describe those activities

| |
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| |
| |
| |

- (c) Do you wish this insurance to provide cover for claims arising from those activities? Yes No

Please note, if you do not take out cover for activities specified in 6.(b), there is no coverage under the policy for claims arising from the past in respect to those activities.

7. Details of Principals / Directors / Partners (include self) (If space below is insufficient please provide details on a separate sheet.)

| Name of all Principals/ Partners/Directors | Association Membership (if applicable) | Qualifications | How long a Principal/Partner/Director | |
|---|---|----------------|---------------------------------------|----------------------|
| | | | This business | Previous business/es |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

8. Partners Previous Business

- Do you require this insurance to indemnify you for any professional indemnity claims which may arise from any previous business entities? Yes No
 (If Yes, please provide details of any previous business on a separate sheet.)

9. Please advise total numbers of:

- | | |
|--------------------------------------|---|
| (a) Partners/Principals/Directors | <input style="width: 100%;" type="text"/> |
| (b) Technical Staff | <input style="width: 100%;" type="text"/> |
| (c) Administrative/Secretarial Staff | <input style="width: 100%;" type="text"/> |
| (d) Contractors | <input style="width: 100%;" type="text"/> |
| TOTAL STAFF | <input style="width: 100%;" type="text"/> |

10. Please supply details of your gross professional fees for:

- | | |
|--------------------------------------|--|
| (a) current financial year | <input style="width: 100%;" type="text" value="\$"/> |
| (b) previous financial year | <input style="width: 100%;" type="text" value="\$"/> |
| (b) estimate for next financial year | <input style="width: 100%;" type="text" value="\$"/> |

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

- \$1,000,000
 \$2,000,000
 \$5,000,000
 Other Limit
- Please indicate limit required*

12. Public Liability (Optional Policy)

- (a) Do you require Public Liability insurance in addition to Professional Indemnity Insurance? Yes No
 (b) If Yes, please indicate the limit of indemnity required
- \$5,000,000
 \$10,000,000
 \$20,000,000

13. Please state the approximate percentage of your activities (based on gross professional fees) applicable to each state, territory and overseas.

| ACT | NSW | NT | QLD | SA | TAS | VIC | WA | O/seas |
|-----|-----|----|-----|----|-----|-----|----|--------|
| % | % | % | % | % | % | % | % | % |

14. Details of Specific High-Risk Activities

- (a) Do you provide investment advice to clients? *(If Yes, please choose between (i) and (ii).)* Yes No
 (i) is the investment advice a result of general agricultural advice? Yes No
 or
 (ii) is the advice specific to investment performance, relating to returns on income? Yes No
 (b) Do you provide prospectus and/or public offering advice to clients? Yes No
(If Yes, please attach details of such services provided.)
 (c) Do you provide advice on contaminated sites or offer specific environmental consultancy services? *(If Yes, please attach details of such services)* Yes No

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

Yes No

| | | | |
|-------------|----------------------|--------------------|-------------------------|
| Insurer | <input type="text"/> | Limit of Indemnity | \$ <input type="text"/> |
| Expiry Date | <input type="text"/> | Expiring Premium | \$ <input type="text"/> |

16. 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 16. (a), (b), (c) and/or (d) please provide full 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 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/Owner

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. If the proposal form is incomplete it will be returned to you. Acceptance is also subject to underwriting guidelines.

| OFFICE USE ONLY | | Date stamp |
|-----------------|----------------------|------------|
| Inception Date | <input type="text"/> | |
| Total | <input type="text"/> | |

Claims addendum

If you have answered Yes to any of questions 16. (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