

DUTY OF DISCLOSURE

This proposal form is to be completed by the Applicant or an Authorised Officer of the Applicant. The information provided to Vero Liability Insurance Limited in this proposal form will be the basis of any contract of insurance entered into.

You must disclose to Vero Liability Insurance Limited all information which is material to it in deciding whether to issue insurance cover to you, and if so on what terms and/or premium. This includes but is not limited to any circumstances or conduct which might lead to a claim being made against you. This may also include information which is additional to the questions that we have asked. The duty to disclose material information occurs prior to the commencement of cover, prior to each renewal or whenever the policy is varied. This means that prior to renewal or any policy variations, as well as advising of new information you also need to advise us of any alterations to the facts previously notified. Failing to disclose material information may result in your policy being avoided. This means that your policy would be deemed to have never existed and no claims would be payable.

If there is insufficient space to provide full information in this proposal, please attach additional sheets. **WHEN IN DOUBT DISCLOSE.**

IMPORTANT NOTICE

This is a proposal form for a Claims Made policy. The policy will only respond to claims and/or circumstances which are first made known to the Insured and notified to Vero Liability Insurance Limited during the policy period. The policy will not provide cover for:

- Events that occurred prior to the retroactive date of the policy (if specified).
- Claims made after the expiry of the policy period (or extended reporting period if available) even though the act giving rise to the claim may have occurred during the policy period.
- Claims notified or arising out of facts or circumstances notified under any previous policy or noted on the current proposal form or any previous proposal form.
- Claims made, threatened or intimated prior to the commencement of the policy period.
- Claims arising from circumstances known to the Insured at the commencement of the policy period as having the potential to give rise to a claim.

Applicant Details

Name of organisation, including trading names and names of subsidiaries _____

Address _____

Website Address _____

Email Address _____ Contact Person _____

Phone Number _____ Broker / Agent _____

Has the contract(s) been awarded? Yes No

▶ If Yes, when was it awarded? _____

Please complete **Schedule A - Contractors & Consultants**. Hereafter in this proposal the word "Contractor" is used to collectively mean all contractors and consultants engaged on the project.

Is the Applicant providing any professional services to the project, including but not limited to, conceptual or preliminary designs, geotechnical advice or project management? Yes No

▶ If Yes, please provide details by attachment _____

Please provide details by **attachment** of the process the Applicant has undertaken to select the Contractors. Please include details of the key prerequisite criteria Contractors were required to meet in order to be invited to tender.

Do you contractually require all Contractors to have and maintain professional indemnity insurance? Yes No

▶ If Yes, please describe how you enforce this requirement and provide details of the limit, excess, policy period and any other relevant terms and conditions you require. _____

Project Details

Please state the name and location of the project

Please provide a detailed description of the project and **attach** a Scope of Works which details the responsibilities of all the Contractors.

Please state the project design standards to be utilised for the project (e.g. 3190:2013).

Will there be any modifications to the standards? Yes No

What quality assurance programs are in place for the project?

Is the Head Contractor accredited to a recognised quality assurance standard such as ISO to ensure they have operating practices which strive for minimum / zero failure? Yes No

Is BIM (Building Information Management) or similar digital platform used to provide overall control of design process? Yes No

Please indicate the type of contract the Applicant and Head Contractor have entered into

Lump Sum Design & Construction

Costs Plus Design & Construction

Pure Alliance

Hybrid Alliance

Public Private Partnership

Early Contractor Involvement

Consultancy Only

Other (please specify)

Please advise if the sub-contracts for professional services will contain the same terms and conditions as the head contract (i.e. back-to-back) Yes No ▶

▶ If No, please provide details

What is the estimated total contract value for the project?

Please provide by **attachment** a detailed breakdown of the costs contained in the proposal of the Head Contractor, and in the proposal of any other Contractor engaged directly by the Applicant, for the project.

What is the anticipated start and end date for: **Start Date** **End Date**

the design / feasibility phase

the construction phase

the estimated completion date

the maintenance or defects liability period

Please **attach** a time-line for each aspect of the project such as a Gantt chart, project bar chart or timeline schedule.

Proposal Form Single Project Professional Indemnity

Please **attach** a copy of the contract between the Applicant and the Head Contractor, and any other Contractor engaged directly by the Applicant, for the project.

Please provide by **attachment** any further information which will assist Vero Liability Insurance Limited in understanding the project, the contractual liabilities of the parties and any of the professional services being performed.

Please complete **Schedule B – Other Insurance**

Has the Applicant required the Head Contractor, or any other Contractor it has engaged directly, to secure a performance bond? Yes No

▶ If Yes, please provide details including the amount of the bonds and the name of the bond issuers.

Have any of the Contractors accepted liability for consequential losses? Yes No

▶ If Yes, in what circumstances?

Has the Applicant agreed to limit the liability of any third party including any of the Contractors? Yes No

▶ If Yes, in what circumstances and what are the limitation amounts?

Has the Applicant entered into any forward sale contracts, or any other contracts, which depend on the successful completion of the project? Yes No

▶ If Yes, please provide details

Please provide details of any rights of recourse the Applicant has against any of the Contractors.

Are any contracts for professional services being novated from one party to another? Yes No

▶ If Yes, please provide details

Are there any aspects of the project which:

(a) involve untried or untested construction techniques, technology, designs or materials including those recently commercialised? Yes No

▶ If Yes, please provide details

(b) are unusual with regard to the performance, quality, durability or tolerance required? Yes No

▶ If Yes, please provide details

Is the Applicant aware of any cash flow difficulties, potential insolvency or administration concerns, or is there any reason to believe that any Contractor involved in the project may experience financial distress during the policy period? Yes No

▶ If Yes, please provide details

Is the project a variation to the original design? Yes No

▶ If Yes, please provide details of what processes are followed and how this is agreed between the parties

Prior Insurance

Has any insurer in respect of the risks to which this proposal relates ever:

1. declined a proposal, refused renewal or terminated any insurance?	Yes <input type="checkbox"/> ▶	No <input type="checkbox"/>
2. required an increased premium or imposed special conditions?	Yes <input type="checkbox"/> ▶	No <input type="checkbox"/>
3. declined an insurance claim by the Applicant or reduced its liability to pay an insurance claim in full (other than by application of an Excess)?	Yes <input type="checkbox"/> ▶	No <input type="checkbox"/>

▶ If Yes to any of the above please give details

Past Claims

Has any claim been made against the Applicant or any principal or director (including principal or director of any previous business) consultant or employee in respect of the risks to which this proposal relates? Yes ▶ No

Has the Applicant or any principal, partner, director, consultant or employee incurred any other loss or expense which might be within the terms of this insurance Yes ▶ No

▶ If Yes in either case please give details

Date of Claim or Loss	Brief details of claim or loss	Cost (if any of claim paid or loss insured)	Estimated outstanding loss
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

What action has been taken to prevent a recurrence of the situation which gave rise to each claim or loss?

Potential Claims

Is any principal, director, partner, consultant or employee, after enquiry, aware of any circumstances which might:

1. give rise to a claim against the Applicant or his/her predecessors in business or any present or former principals, partners, directors, consultants or employees?	Yes <input type="checkbox"/> ▶	No <input type="checkbox"/>
2. result in the Applicant or his/her predecessors in business or any present or former principals, partners, directors, consultants or employees incurring any losses or expenses which might be within the terms of this insurance cover (this includes but not limited to disciplinary hearings)	Yes <input type="checkbox"/> ▶	No <input type="checkbox"/>

▶ If Yes, please give details including maximum potential cost

Policy Requirements

Please state the policy period required

Please state the limit of indemnity required

- (a) \$
- (b) \$
- (c) \$

Please Note: This limit will be in the aggregate for all claims during the policy period. The limit of indemnity will include costs and expenses incurred in the defence and settlement of any claim.

Please state the excess that the Applicant is willing to self-insure in respect of each and every claim made under the policy.

- (a) \$
- (b) \$
- (c) \$

Please Note: Vero Liability Insurance Limited may require an excess higher than the one requested. This excess will apply to the costs and expenses incurred in the defence and settlement of any claim.

Required Documents

Please enclose the following documents: (tick to indicate enclosures)

- Schedule A to this proposal
- Professional services provided by the Applicant
- Contractor selection process
- Project description and Scope of Works
- Cost breakdown of the proposals of all Contractors engaged by the Principal
- Time-line for each aspect of the project
- Copies of the contracts between the Applicant and all the Contractors they engage
- Additional information about the project
- Schedule B to this proposal

Declaration

On behalf of all proposed Insureds, I/We declare and agree that:

1. the information and answers given in this proposal are in every respect true and correct and that Vero Liability has been made aware of all information that may be material in considering this proposal.
2. this proposal and declaration shall be the basis of and incorporated in the insurance contract.
3. I/We warrant that we will notify Vero Liability of any material alteration to these facts whether occurring before or after the completion of this insurance contract.
4. Vero Liability is authorised to give to or obtain from any other insurers or any insurance broker or other party any information relating to this insurance or any other insurance held by me/us or any claim made by me/us.

I/We understand that:

- Vero Liability is collecting the information on this proposal for the purpose of conducting its business, evaluating our insurance requirements and deciding whether to issue insurance cover and if so on what terms.
- failure to provide any of this information may result in Vero Liability refusing to provide the insurance.
- this information will be held by Vero Liability at 23-29 Albert Street, Auckland.
- I/We have certain rights of access to and correction of this information.

Signed:

Title:

Date:

If this proposal form is being completed electronically, please print the completed form to sign.

Note: Completion of this proposal does not bind the Applicant or Vero Liability to enter into a contract of insurance.

Vero Liability Insurance Limited

Level 32 ANZ Centre, 23-29 Albert Street
Private Bag 92055, Auckland 1142, New Zealand
Telephone 09 306 0350

Schedule A - Contractors & Consultants

Please state the name of the contractors and consultants being engaged on the project and the professional services they will perform.

Name	Professional Services	Contract Value	Engaged Directly by Applicant	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>

Schedule B – Other Insurances

Please provide details of other insurance policies which will be in force in respect of the project.

Insurance	Policy Number	Insurer	Limit of Liability	Excess
Contractors All Risks (e.g. damage as a result of faulty design)				
Public & Products Liability				
Other Professional Indemnity (e.g. annual policies of consultants)				
Any other Policies				