

## PROFESSIONAL INDEMNITY / PUBLIC LIABILITY INSURANCE APPLICATION

### Applicant Details

Name		Are you Member of HFESA?      Yes / No	
Business/Company Name		ABN	
Mailing Address		Business Address	
Website Address		Email	
Telephone	Mobile	Fax	

### Business Operation

Human Factors and Ergonomics, Occupational Health and Safety Consulting – including research, design, advice, layout and associated consulting, training/teaching and lecturing/public speaking, mentoring, expert witness.

If more than 10% of your income is derived from activities other than the above, please provide details

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### Breakup of Activities:

Physical Ergonomics .....%      Cognitive Ergonomics .....%

Organisational Ergonomics .....%      Occupational Health and Safety Consulting .....%

Supply of Equipment or Furniture .....%

**NB: This policy will not provide any cover for claims relating to the importing or manufacturing of equipment or furniture.**

	<b>Yes</b>	<b>No</b>
Do you plan any material changes to the activities in the forthcoming 12 months? <i>If Yes, please provide full details on separate attachment.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Do you use independent sub-contractors? <i>If Yes, What approximate percentage of your turnover is paid to sub-contractors? .....</i>	<input type="checkbox"/>	<input type="checkbox"/>
Do you undertake any activities in the USA and/or Canada? <i>If Yes, please specify the nature of these activities and the proportion of your income derived from them.</i>	<input type="checkbox"/>	<input type="checkbox"/>

### Gross Turnover for the last 36 months

Current Year \$ ..... Previous Year 1 \$ ..... Previous Year 2 \$ .....

### Number of Staff

Principals/Partners/Directors	
Qualified Staff	
Other Staff	

### Principals Qualifications and Experience

Qualification/Accreditation	Issued by	Years Qualified

## History

Do you have any knowledge of any event, circumstance or occurrence (other than listed previously in this form), prior to the effective date of the proposed policy, which could result in a claim being brought against you?

Yes No

*If yes, please describe details of the event on a separate attachment.*

Has any proposal for similar insurance, every been declined, cancelled or voided, renewal refused or special terms imposed at any time? If yes, please provide full details on separate attachment.

Have any complaints or investigations ever been made or undertaken against you or against any director, partner, employee or students under supervision? *If so, please provide full details on a separate page*

Have you, any related company, director, proprietor or person in charge ever been declared bankrupt or entered into a scheme of arrangement with creditors or been a director of a company that has been placed under administration, entered into a scheme of arrangement with creditors, placed into receivership or liquidation? *If yes please provide details.*

## Limits of Liability:

Professional Indemnity: \$ 5,000,000 or \$10,000,000 any one claim

Public Liability: \$10,000,000 any one occurrence

Turnover	Total Insurance Cost	
	\$5,000,000 PI / \$10,000,000 PL	\$10,000,000 PI / \$10,000,000 PL
Under \$250,000	\$545.00	\$ 680.00
\$250,001 - \$500,000	\$720.00	\$ 900.00
\$500,000 - \$750,000	\$782.00	\$ 980.00
\$750,001 - \$1,000,000	\$965.00	\$1,210.00

### **IMPORTANT - THIS APPLICATION MUST BE SIGNED BY THE APPLICANT**

*We understand and agree this Application and any and all supplements attached hereto will be made part of any policy issued, and any such policy will be issued in reliance upon the representation made herein. I/We further understand and agree that failure to provide a true and accurate response to the foregoing questions may, at the option of the Company, result in a voiding of the insurance issued in reliance on this application and/or denial of claims under any policy issued.*

*I/We authorise and consent to investigations of information bearing upon moral character, professional reputation and fitness to engage in the activities of my business including authorization to every person or entity, public or private, to release the Company any documents, records, or other information bearing upon the foregoing. I/We understand and agree these investigations shall not be confined to information submitted in this application, but shall include any other sources of information deemed relevant by the Company as may be authorised by law.*

*Furthermore, We understand that the policy applied for will apply only to CLAIMS FIRST MADE AND REPORTED to the Company in writing within the period of coverage shown of the Certificate of Insurance issued with the Policy or Certificate on the date the Policy is cancelled or terminated, whichever comes first or as otherwise provided by the Policy.*

Signature of Applicant ..... Date / /

**SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE**

*This benefit is proudly offered in association with Arthur J. Gallagher & Co (AUS) Limited (AFSL 238312) ABN 34 005 543 920 t/as Arthur J. Gallagher*

*Please note that in effecting this insurance, Arthur J. Gallagher is acting under an authority given to us by the Underwriters to effect the insurance, and as such we will be acting as an agent of the Underwriter and not as your agent.*



**PLEASE RETURN THIS FORM DIRECT TO ARTHUR J. GALLAGHER**

*Reece House, Suite 7/94 George Street (PO Box 404), Beenleigh, Qld 4207  
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