

No Claims Declaration



Professional Indemnity Insurance



Bring on tomorrow



No Claims Declaration

ProfessionGuard - Professional Indemnity Insurance

Important Notice

Claims-Made & Notified Insurance

This policy is issued by AIG Australia Limited on a **claims-made and notified** basis. This means that the policy only covers Claims (as defined) first made against you during the Policy Period (as defined) and notified to the insurer in writing during the Policy Period. The policy does not provide cover for any Claims made against you during the Policy Period if at any time prior to the commencement of the Policy Period you became aware of facts which might give rise to those Claims being made against you.

Section 40(3) of the Insurance Contracts Act 1984 provides that where you give notice in writing to the insurer of facts that might give rise to a Claim against you as soon as is reasonably practicable after you become aware of those facts but during the Policy Period, the insurer cannot refuse to pay a Claim which arises out of those facts, when made, because it is made after the Policy Period has expired.

This policy contains a "Prior Claims/Circumstances" Exclusion for loss in connection with any claim:

- (i) made prior to or pending at the inception of this policy; or
- (ii) arising out of, based upon or attributable to any circumstance that, as of the inception of this policy, may reasonably have been expected by any Insured to give rise to a Claim.

This policy does not provide cover for Claims arising from any Wrongful Acts which take place before the Retroactive Date.

Your Duty of Disclosure

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If you do not tell us something

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.



Details of the Proposer

- 1. (a) Firm Name:
- (b) Street Address:
- Suburb:
- State:
- Postcode:

Claims Information

- 2. In the last 10 years has there been any professional indemnity claims made against you? Yes No
If "Yes", please provide full details using a separate attachment including dates, the nature of the allegations and any amounts paid out by the you or your Insurer including damages, settlements, claimant's costs and defence cost.
- 3. Have you ever been the subject of a disciplinary inquiry, proceeding or investigation alleging professional misconduct? Yes No
If "Yes", please provide full details using a separate attachment including dates, the nature of the allegations and any amounts paid for any compensation, defence costs, fines or penalties.
- 4. Are any of you aware of any facts which might give rise to a professional indemnity claim being made against you? Yes No
If "Yes", please provide full details using a separate attachment.

Proposal Form Declaration

I declare that I have made all necessary inquiries into the accuracy of the responses given in this proposal and confirm that the statements and particulars given in this proposal are true and complete and that no material facts have been omitted, misstated or suppressed. I agree that should any of the information given by me alter between the date of this proposal and the inception date of the insurance to which this proposal relates, I will give immediate notice thereof to the insurer.

I acknowledge that I have read and understood the **Important Notice** contained in this proposal.

I warrant that I am authorised by the proposing Insured to complete this proposal form and to accept the quotation terms for this insurance on behalf of the Insured.

Name:

Title:

Signature:

Date:

Head Office

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