



## 2011 INSURANCE DECLARATION & PROPOSAL FORM

### INSTRUCTIONS:

1. Read the *Important Notice* below.
2. Complete **ALL** sections of the form.
3. Read and sign the Applicant Declaration.

NAME OF APPLICANT: \_\_\_\_\_

\_\_\_\_\_

### Important Notice:

#### DISCLOSURE OF RELEVANT FACTS

##### (a) Your duty of disclosure

Before you enter into a contract of 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, is relevant to the insurers 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 any matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your Insurer knows, or in the ordinary course of business, ought to know;
- as to which compliance with your duty is waived by the Insurer.

##### (b) Non Disclosure

If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce their 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.

#### CLAIMS MADE POLICY

This is a "claims made" policy. This means that the policy covers you for any claims made against you and notified to the Insurer during the period of cover. This policy does not provide cover in relation to:

- i. events that occurred prior to the retroactive date
- ii. 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
- iii. claims notified or in any way relating to facts, occurrences, or circumstances notified under any previous policy, irrespective of how that notification was expressed
- iv. claims made against you prior to the commencement of this proposed policy
- v. claims arising out of claims, facts, occurrences or circumstances disclosed in this or any previous proposal form, irrespective of how that disclosure is expressed
- vi. claims arising out of facts, occurrences or circumstances existing or happening prior to the inception of this policy and which you know or ought reasonably to know may give rise to a claim under this proposed policy.

#### Definition of Claim and circumstances known at inception

"claim" shall mean:

- i. any writ, summons, or other form of legal or arbitral process served on the insured; or
- ii. any writ or oral demand for compensation received by the insured which might result in a loss

"circumstances known at inception" shall relate to:

- i. occurrences, facts or circumstances happening or existing prior to the inception of this proposed policy and which the insured, its servants or agents, new or ought reasonably to have known might give rise to a claim
- ii. any matter the subject of any claim, occurrence, fact or circumstance referred to in this proposal, irrespective of how that reference is expressed
- iii. any claim, fact(s), occurrences(s) or circumstance(s) notified under any other contract of insurance prior to this proposed policy, irrespective of how that notification was expressed.



Name of Applicant : \_\_\_\_\_

**SECTION 1 – Details of Practice**

Retired (Sections 2 & 3 not required)

What is the trading status of your practice?  Sole Trader  Partnership  Company

All Partners / Directors must be paid up members of ArchiTeam Co-operative Ltd. ArchiTeam Co-operative Ltd only recognises companies and legally constituted partnerships as legitimate forms of joint venture arrangements, unless written approval has been received from our Insurer.

Name of primary applicant (Architect / Graduate) \_\_\_\_\_

Company / Trading name of practice \_\_\_\_\_

ArchiTeam Member No: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

When was practice established? \_\_\_\_\_

Is your private practice your full-time employment?  Yes  No

If no, provide the following information on other part time/full time employment:

Name of other Employer (if applicable) \_\_\_\_\_

Describe the nature of your position there \_\_\_\_\_

Provide details of your employees and their occupation in your practice for whom coverage is to apply.

Please note that the policy does not provide cover for contractors and/or subcontractors.

Type of position:	No. Full time:	No. Part time/Casual:
Registered Architect		
Graduate Architect		
Architecture Student		
Administrative Staff		
Other – Describe:		

Provide details of any principals, directors or partners of your practice, including yourself and non architect directors.

ALL directors and partners must be financial members of ArchiTeam Co-operative Ltd.

Name	Date of Birth	RAIA member (yes / no)	Architect Reg. No.	Building Practitioner No.	Date first registered	Years as principal, director or partner	
						this practice	previous practice



Name of Applicant : \_\_\_\_\_

## SECTION 2 – Details of Work Undertaken

Provide an estimate of the range of professional activities undertaken by your practice and the nature of the services you provide. Include any voluntary work for which you might be liable, but not salaried employment.

Type of service as % of category	Average Project Size (\$) for each type	No. of commissions in past year	Design only (%)	Design & Docum't (%)	Docum't only (%)	Full Service (%)	Total of type as % of all work	
Residential Alt & Adds								
Residential New								
Institutional Alts & Adds								
Institutional New								
Commercial Alts & Adds								
Commercial New								
Landscape Design								
Heritage or Conservation Consulting								
Energy Rating								
Building Condition and Compliance Audits								
<b>Pre Purchase Inspections (not included in current PI Policy)</b>								
Describe any other fee earning activities not mentioned above for which you require cover. Include (%) of fee income derived from this.								
<b>Grand Total</b>							<b>100%</b>	
<b>Provide the approximate details of the percentage of your income/fees derived from each state/territory and overseas below.</b>								
NSW	VIC	QLD	SA	WA	TAS	NT	ACT	O'seas
%	%	%	%	%	%	%	%	%

Note that any form of Construction or Construction Management work is not covered by the policy.

- Design includes client briefings, feasibility studies, consultant co-ordination, design drawings, planning submissions, model making, interior design, opinions of cost, etc.
- Documentation includes working drawings, specification writing, tender negotiations, consultant co-ordination, contract preparation, etc.
- Full Service includes administration of the building contract in addition to design and documentation.
- Residential means houses, apartments, dual occupancies, etc.
- Institutional means kindergartens, day care centres, community centres, schools, hospitals, churches, etc.
- Commercial means offices, retail outlets, professional suites, warehouses, factories, hotels, boarding houses, etc.

## SECTION 3 – Details of Gross Fee Income

Provide details of your income from private practice. You do not need to provide details of income you receive from an employer if you are salaried and your employer provides PI cover for the work you do for them.

Practice for the purposes of this section includes sole practitioners, companies and partnerships.

Do you receive any income as a contractor for architectural services from contract employers?  Yes  No

eg. ABC Architect has a private practice as well as receiving income from XYZ Building Advisory Service and part time contract with larger architectural practice.

If 'yes', provide the following details relating to insurance arrangements with those contract employers:

I have written confirmation from my employer(s) that I am covered by their PII policy for work I carry out for them.  Yes, copy attached

If your employer does not provide PII cover for you then income as a contractor from this source must be included in the table below.  No, income included in table below

Provide details of income for architectural work for which you require cover under this policy, irrespective of the source of work. The insurance will cover your private practice only where income is nominated below. This practice may be full or part time.

	Actual Income 31 <sup>st</sup> May 2010 - 31 <sup>st</sup> May 2011	Estimated Income – policy period 31 <sup>st</sup> May 2011 - 31 <sup>st</sup> May 2012
Gross fee income excluding: <ul style="list-style-type: none"> <li>GST</li> <li>Fees for other work as a salaried employee or contractor where PII is provided by employer/principal.</li> <li>Consultant fees paid directly or reimbursed by client.</li> </ul>		



Name of Applicant : \_\_\_\_\_

## SECTION 4 – Duty of Disclosure – Underwriting Information

Circle 'yes' or 'no' to answer the following questions. If the answer to any question is 'Yes' complete the General Disclosure Details below.

Any question below addressed to "you" also refers to your firm, your partners or their predecessors in business, individually or otherwise.

1. Has any insurer for you or your practice ever declined a proposal for professional indemnity insurance? Yes No
2. Has any insurer for you or your practice ever required an increased premium or imposed special terms? Yes No
3. Has any insurer for you or your practice ever cancelled or declined to renew the insurance? Yes No
4. Have any claims, or circumstances which may lead to a claim as defined on page 1, ever been made against you, which have been notified to a previous insurer (including ArchiTeam in previous years)? Yes No
5. Has any claim resulted in an award / settlement against you, involving your insurer? Yes No
6. Is any director, principal, partner or employee of the firm, after inquiry, aware of (i) any facts, occurrences, or circumstances which may give rise to a claim against the firm, its predecessors in business, or any of the present or former partners; or (ii) a potential claim under the proposed policy? Yes No
7. Are you aware of any dispute between any third party and any other party, such as a sub-consultant, where your practice may become involved in a claim? Yes No
8. Are you aware of any third party intimation that you might be held liable in part or in whole for any loss? Yes No
9. Has any current or former partner, director or staff member ever been subject to disciplinary proceedings for professional misconduct, or are any such proceedings pending? Yes No
10. Is your practice or any director or partner a member of a joint venture, consortium or similar enterprise?  
Note: Cover excludes work undertaken in any affiliation other than with a co-director or partner, unless written approval has been received from insurer. If yes, provide a copy of your joint venture agreement including details of division of Professional Indemnity and Public Liability responsibilities. Yes No
11. Have you changed your business operations as a director / partner or change of entity since your registration as an architect / building practitioner (excluding change of trading name)? For example, have you been a director of another architectural practice which is still in existence? Yes No
12. Are you, or any other director or partner of your practice, a director or partner in any other company? Yes No
13. Do you agree to use the Architeam Client Architect Agreement, or a similar approved signed fee and service agreement or letter of confirmation of fee and service for each and every project that your practice undertakes? *(Please attach copy for review)* Yes No

GENERAL DISCLOSURE DETAILS as per above questions: (Detail on your letterhead if necessary)



Name of Applicant : \_\_\_\_\_

## SECTION 5 – Application Declaration

I declare that:

- i. I am authorised by each of the other principals / directors to make this declaration.
- ii. I understand that once I am accepted as a member of the Co-operative this form will be sent to the Insurers for their assessment and acceptance under the ArchiTeam policy. The date of inception of insurance will be the date that my proposal is accepted by the insurer. I further understand that a history of prior claims may result in a higher than normal premium being offered.
- iii. If my application is accepted by the insurers, I agree to attend compulsory risk management workshops during the policy period. (It will not be recognised that you have attended if you send a partner, other director or employee on your behalf.) I understand that failing to do so may result in non-renewal of my insurance.
- iv. I understand and acknowledge that ArchiTeam Co-operative Ltd's policy is a single group policy of which I am purchasing a subscription. I accept that I cannot receive a refund on my subscription to the policy should I wish to cancel or cease practicing during the policy period.
- v. In the event of an incident report or claim, I accept that general information only related to the circumstances of the report or claim may be used by the Co-operative directors for risk management and professional development amongst the membership of the Co-operative. I acknowledge that this may include publication of the general circumstances and associated advice to members in the Co-operative bulletin. In return the Co-operative agrees to keep all names, dates and the location of the project concerned strictly confidential.
- vi. I understand that building inspections are not part of this policy. I agree to consult with the directors and the claims manager prior to undertaking any such inspections.
- vii. I understand the insured turnover declared by ArchiTeam is estimated income made up of all income disclosed by members. The Co-operative reserves the right to require financial statements confirming the amount declared. In the event of this occurring, I agree to provide copies of my, or my practice's, tax return or other acceptable documentation to ArchiTeam Co-operative. If there is a discrepancy in the amount declared in this proposal, I understand that additional premium payments will be required.
- viii. I agree to forward written confirmation to the Co-operative regarding any change in income, trading status or business activities from the information provided in this proposal. I understand that any such change in circumstance may result in an additional premium during the policy period and that failure to disclose such changes could result in a claim being rejected by the insurer.
- ix. I understand that the insurance policy proposed is issued on a "claims made" basis. I understand that this requires me to continually maintain insurance coverage whilst I retain liabilities arising out of my work, including upon retirement.
- x. I have read the important notice on page one of this proposal and I understand the content of the notice.
- xi. The statements on this proposal are true and complete and that I have not suppressed or misrepresented any material facts. I undertake to inform the Underwriter of any material alteration to these facts whether occurring before or after the completion of the contract of insurance.

Dated this                      day of    (month)    (year)

For and On Behalf of:

Name of Practice:

Name of Principal / Applicant:

Signature of Principal / Applicant:



Name of Applicant : \_\_\_\_\_

## CO-OPERATIVE PARTICIPATION & DIRECTORY/REFERRALS FORM

*This page is not part of the Insurance Declaration but assists the Co-operative in planning services.*

### CO-OPERATIVE PARTICIPATION

I would be willing to participate in the running of the Co-op in the following ways:

- Datum Editorial Panel     Marketing Exercises / Membership Drives     Organising / Speaking at PD Sessions

### CO-OPERATIVE SKILLS AND RESOURCES SHARING

I am willing to share the following skills and resources in joint ventures with other ArchiTeam members:

- |   |   |
|---|---|
| <input type="checkbox"/> Briefing & Design Work       | <input type="checkbox"/> Educational work / Tutoring / Lecturing                |
| <input type="checkbox"/> Presentations                | <input type="checkbox"/> Legal / Mediation / Arbitration                        |
| <input type="checkbox"/> Planning appeals             | <input type="checkbox"/> Computer skills / Desktop Publishing / Spreadsheet etc |
| <input type="checkbox"/> Documentation                | <input type="checkbox"/> CAD documentation                                      |
| <input type="checkbox"/> Specification writing        | <input type="checkbox"/> Environmental consulting / energy rating               |
| <input type="checkbox"/> Contract Administration      | <input type="checkbox"/> Landscape Design                                       |
| <input type="checkbox"/> Office Administration Advice | <input type="checkbox"/> Heritage / Conservation Advisor                        |
| <input type="checkbox"/> Access consultant            |   |

### SPECIAL INTERESTS

- |  |  |
|--|--|
| <input type="checkbox"/> Heritage & Conservation | <input type="checkbox"/> Computer Graphics         |
| <input type="checkbox"/> Energy Efficient Design | <input type="checkbox"/> Ecological Sustainability |
| <input type="checkbox"/> Landscape Design        | <input type="checkbox"/> Other                     |

### Member Online Directory

I wish to be included in the Architects Directory page of the ArchiTeam website at [www.architeam.net.au](http://www.architeam.net.au) and understand that this page is available for access by the public which may result in me being contacted directly by members of the public.

- Yes, include me     No, I wish to remain anonymous

### Member Referrals

In addition to or instead of Member Online Directory inclusion, I would like to have potential client work referred to me via the ArchiTeam office and provide the following details for distribution:

Name \_\_\_\_\_ Suburb \_\_\_\_\_ Contact No. \_\_\_\_\_

### Preferred Geographic Area for Work

- Inner Metro     Northern Metro     Southern Metro     Eastern Metro     Western Metro  
 Mornington Peninsula     South Coast     Gippsland     Northern Vic     Western Vic  
 All of the Above

### Type of Work Undertaken:

- Residential     Commercial     Institutional

ArchiTeam members should amend their personal Practice Profile details any time in the Member Centre of the ArchiTeam website following approval of online access.

*The Co-operative will not provide to other sources for marketing purposes.*