

Professional Indemnity Claim Form

PROCOVER
UNDERWRITING AGENCY

Procover Underwriting Agency Pty Ltd

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NOTIFICATION OF CIRCUMSTANCES OUT OF WHICH A CLAIM MIGHT ARISE

Please do not include any statement or comment on this form which may be construed as an admission of fault.

PRIVACY STATEMENT

In this Privacy Statement the use of 'we', 'us' and 'our' means the Insurer and Procover unless specified otherwise.

We are committed to protecting your privacy. We are bound by the obligations of the *Privacy Act 1988* (Cth). This sets out basic standards relating to the collection, use, storage and disclosure of personal information.

We need to collect, use and disclose your personal information (which may include sensitive information) in order to consider your application for insurance and to provide the cover you have chosen, administer the insurance and assess any claim. You can choose not to provide us with some of the details or all of your personal information, but this may affect our ability to provide the cover, administer the insurance or assess a claim.

The primary purpose for our collection and use of your personal information is to enable us to provide insurance services to you.

Personal Information will be obtained from individuals directly where possible and practicable to do so. Sometimes it may be collected indirectly (e.g. from your insurance intermediary or co-insureds). If you provide personal information for another person you represent to us that:

- you have the authority from them to do so and it is as if they provided it to us;
- you have made them aware that you will or may provide their personal information to us, the types of third parties we may provide it to, the relevant purposes we and the third parties we disclose it to will use it for, and how they can access it. If it is sensitive information we rely on you to have obtained their consent on these matters. If you have not done or will not do either of these things, you must tell us before you provide the relevant information.

We may disclose the personal information we collect to third parties who assist us in providing the above services, such as related entities, distributors, agents, insurers, reinsurers and service providers. Some of these third parties may be located outside of Australia. In all instances where personal information may be disclosed to third parties who may be located overseas, we will take reasonable measures to ensure that the overseas recipient holds and uses your personal information in accordance with the consent provided by you and in accordance with our obligations under the *Privacy Act 1988* (Cth).

In dealing with us, you consent to us using and disclosing your personal information as set out in this statement. This consent remains valid unless you alter or revoke it by giving written notice to Procover's Privacy Officer. However, should you choose to withdraw your consent, we may not be able to provide insurance services to you.

Procover's Privacy Policy which is available at www.procover.com.au or by calling Procover, sets out how:

- Procover protects your personal information;
- you may access your personal information;
- you may correct your personal information held by us;
- you may complain about a breach of the *Privacy Act 1988* (Cth) or Australian Privacy Principles and how Procover will deal with such a complaint.

If you would like additional information about privacy or would like to obtain a copy of the Privacy Policy, please contact Procover's Privacy Officer by:

Postal Address: PO Box A2016, Sydney South, NSW 1235

Phone: +61 2 9307 6656

Fax: +61 2 9307 6699

Email: privacyofficer@steadfastagencies.com.au

You can download a copy of Procover's Privacy Policy by visiting www.procover.com.au

Name of the Insured

policy number

THE INSURED'S DETAILS

NAME

Full legal name of each incorporated body or natural persons including any Business or trading names

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

legal name / body / persons / trading name abn

GST

Is the Insured registered for GST?

Yes

No

Input tax credits claimed:

 %

ADDRESS

Insured's Address

<input type="text"/>	<input type="text"/>
number, street address	city / suburb
<input type="text"/>	<input type="text"/>
state	postcode

CONTACT DETAILS

<input type="text"/>	<input type="text"/>
contact name 1	contact name 2
<input type="text"/>	<input type="text"/>
telephone number	mobile number
<input type="text"/>	<input type="text"/>
email	fax

INSURANCE PERIOD

<input type="text"/>	<input type="text"/>
date from (dd/mm/yy)	date to (dd/mm/yy)

CLAIM DETAILS

Date when services rendered, out of which a Claim has been/ might be made against the Insured

date (dd/mm/yy)

Name of client the Insured was retained by/contracted to and the specific nature of the Insured's duties under the retainer/contract

DATE WHEN THE INSURED:

(a.i) first became aware that there existed a set of circumstances which may result in a claim being made

date (dd/mm/yy)

(a.ii) Please advise how this was originally communicated

(b.i) first received a notice of intention of any party to make a Claim

date (dd/mm/yy)

(b.ii) Please advise how this was originally communicated

COSTS

Your opinion of the possible rectification costs OR the potential amount of possible Claim

\$ approx (\$) value

CLAIM DETAILS (CONT')

CLAIMANT

Name and details of claimant/
potential claimant. If the
claimant/potential claimant has
legal representation, please
provide details.

<input type="text"/>	<input type="text"/>
first name	last name
<input type="text"/>	<input type="text"/>
number, street address	city / suburb
<input type="text"/>	<input type="text"/>
state	postcode
<input type="text"/>	<input type="text"/>
telephone number	mobile number

legal representation details

Is the claimant a current client?

Yes No

Have your fees been fully reimbursed?
If not, have you instigated recovery?

Yes No

Yes No

Do you have a good
relationship with the claimant?

Yes No

Please disclose any further
information about the above
questions

Please provide a summary
of the circumstances/
background to this notification

LIABILITY

Please give the Insured's views
on the Insured's potential liability

Liable

Possible

Not Liable

Please state why you think this

If the Insured believes any
other party may be liable,
please provide details below
including an estimate of any
possible quantum

What risk management
actions, if any, has the Insured
taken or intend to take as a
result of this incident?

SHOULD ANY RESPONSES REQUIRE FURTHER ELABORATION, PLEASE CONTINUE ON A SEPARATE SHEET.

DECLARATION

I/we hereby declare that:

The above statements are true, and I/we have not suppressed or mis-stated any facts.

I/we consent to Procover, Miramar and the insurer using the personal information (including sensitive information) I/we have provided on this form for the purposes of administering my/our insurance including this claim. I/we consent to the disclosure of personal information (including sensitive information) to third parties and overseas where it is reasonably necessary for the purposes of administering my insurance including this claim. I/we understand that if this consent is not given Procover, Miramar and the insurer may not be able to administer my/our insurance including this claim.

Where I/ we have provided information about another individual I/ we declare that the individual has been or will be made aware of that fact.

To be signed by the Chairman/ President/ Managing Partner/ Managing Director/ Principal of the association/ Partnership/ Company/ Practice/ Business.

Declarant:

name

title

signature

date (dd/mm/yy)

The contract of insurance is arranged by Procover Underwriting Agency Pty Ltd (ABN 46 165 322 592, AR No. 453410) ('Procover') an Authorised Representative of Miramar Underwriting Agency Pty Ltd (ABN 97 111 534 797, AFSL 314176) ('Miramar') acting under a binder as agent for the Insurer, certain Underwriters at Lloyd's.