



# Application Form for PHA Professional Indemnity Insurance

## PHA PROFESSIONAL INDEMNITY APPLICATION FORM

**Important Note**

All questions in this application form must be answered completely.

If the space provided is insufficient, please include attachments on your company letterhead.

Agent/Broker \_\_\_\_\_

Code 

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1. DETAILS ABOUT THE APPLICANT	
a) Full name of all entities to be insured. (You must specify the names of all entities including service, administrative or nominee companies and subsidiaries that are to be covered by this Policy).	
b) Address of head office or principal office	
c) Website Address	
d) Date on which the business was established	
e) Address(es) of branch offices or other locations	
f) Please give a complete description of the business and professional activities including details of any advice given and/or services provided	
g) Has the name of the business ever been changed?	Yes/ No
If 'Yes', please provide details	
h) Has any other practice or business amalgamated or merged with you?	Yes/ No
If 'Yes', please provide details	
i) Have you purchased any other business or practice?	Yes/ No
If 'Yes', please provide details	
j) Does the business envisage any changes to the ownership or operations over the next 12 months?	Yes/ No
If 'Yes', please provide details	

2. PARTNERS/PRINCIPALS/DIRECTORS DETAILS					
a) Please state the total number of:					
Principal/partners/directors					
Non-technical administrative staff					
Professional qualified staff					
Clerical staff – typists, receptionists etc.					
Other technical staff					
Other staff (please specify)					
Trainee staff					
Total					
b) In respect of each principal, partner or director of the business, please provide the following details:					
Name	Age	Qualification	Date qualified	Years with this firm	Years with previous firms
c) Are any of the principals, partners or directors financially or otherwise associated with any other business?			Yes/ No		
If 'Yes', please provide details					
d) Please list the professional bodies or associations to which the Applicant belongs					
e) Please attach curriculum vitae or resumes for all partners / principals / directors detailing qualifications and a summary of career experience.					
3. THE BUSINESS					
a) Please advise date of your Financial Year End			_ / _ / _		
b) Please provide the following financial details of the business, including all subsidiaries requiring cover			PNG		Overseas
Estimate of fees/turnover for the current financial year			PGK		PGK
Fees/turnover received or rendered during the last financial year			PGK		PGK
Fees/turnover received or rendered during the previous financial year			PGK		PGK
Please provide the amount of the largest annual fee for any one client			PGK		PGK
Please indicate whether figures above represent Fees OR Gross Turnover			Fees / Gross Turnover		

c) What countries do the overseas component represent?			
d) Please categorise the business activities according to the type of work, and approximate percentage of the gross income/fees derived from each category			
<i>Type of work</i>		<i>Percentage</i>	
1.			
2.			
3.			
<i>Total</i>		<i>100%</i>	
e) Does the applicant undertake any work which involve them in manufacturing, construction, erection or installation?		Yes/ No	
If Yes, state what percentage of the fees declared relates to such contracts		%	
f) Does the applicant undertake any work which involve them in the supply of materials, plant, goods, or equipment?		Yes/ No	
If Yes, please give details of products and name and location of suppliers			
What proportion of the fees declared relates to such contracts?		%	
g) Please provide details of the business 5 largest contracts undertaken during the last 7 years			
<i>Particulars</i>	<i>Contract value</i>	<i>Year</i>	<i>Contract fees</i>
1.			
2.			
3.			
4.			
5.			
h) Does any one client account for more than 50% of the business annual income?		Yes/ No	
If Yes, please provide the following details about that business:			
Client's name			
Nature of services provided to the client			
Income received from the client		PGK	
i) Does the business provide written reports to clients?		Yes/ No	
If Yes, please attach copies including any disclaimers			
Are verbal reports always confirmed in writing?		Yes/ No	

If No, how do you substantiate such verbal reports?	
j) Do you engage consultants, sub-contractors or agents?	Yes/ No
If Yes:	
- do you insist they carry their own Professional Indemnity Insurance?	Yes/ No
- do you enter into any hold-harmless agreements or otherwise waive any legal rights or entitlements which	Yes/ No
- please advise which percentage of your fees/turnover is outsourced to sub-contractors	%
<b>4. DETAILS OF COVER</b>	
a) Does the business presently carry or has the business ever carried Professional Indemnity Insurance?	Yes/ No
If 'Yes', please give the following details:	
Insurer	
Expiry date	
Limit of Indemnity	PGK
Excess	PGK
<b>b) Application for Cover</b>	
Limit of Indemnity required	PGK
Excess required (each & every claim)	PGK
<b>5. CLAIM INFORMATION</b>	
a) Has the business or any principal, partner or director ever been refused Insurance of the type proposed, had a similar policy cancelled or had special terms imposed?	Yes/ No
b) Have any claim/s ever been made against the business or its predecessors or against any present or past principals, partners or directors?	Yes/ No
If Yes, please provide the following details:	
Date matter notified	
Name of insurer (if any)	
Name of claimant or potential claimant	
Brief description of matter	
Amount paid or estimate of potential liability	
Is the matter finalised or outstanding?	
Please add separate sheets if necessary	
c) Are any of the principals, partners or directors aware of any facts or circumstances which may	Yes/ No

give rise to a claim or claims of the type insured by this policy?	
If Yes, please provide the following details:	
Name of claimant or potential claimant	
Brief description of the matter	
Estimate of potential liability	
d) Are any of the principals, partners or directors aware of any accounts overdue for payment where there is reason to believe that the client is dissatisfied with the professional services rendered?	Yes/ No
If Yes, please provide details	

## DECLARATION

I/We hereby declare that the statements and particulars in this proposal are true and that I/we have not mis-stated or suppressed any material facts.

I/We agree that this application form with any other information supplied on behalf of the business shall form the basis of any Contract of Insurance effected thereon.

I/We undertake to inform the Insurer of any material alteration to these facts whether occurring before or after completion of the Contract of Insurance.

I/We authorise PHA to collect or disclose any personal information relating to this insurance to/from any other insurers or insurance reference service.

For and on behalf of

Signature of Partner, Principal or Director

Date