

# PROFESSIONAL INDEMNITY PROPOSAL FORM

## NUTRIEN - FRANCHISEES, AGENTS AND PARTNERSHIPS

### INSTRUCTIONS TO THE PROPOSER

This proposal is to be completed by a director, partner, principal or an authorised officer of your company, as the answers to the following questions will determine the acceptance or declinature of coverage proposed.

There is a duty on you as the proposing Insured to answer all questions accurately and fully as all statements shall form the basis of, and be incorporated into any contract of insurance which may be issued by the Insurer.

Please answer all the questions fully. If there is insufficient spaces please provide further details on your letterhead. If a particular question is not applicable to you and/or your business please mark that question as not applicable "N/A", other where provided, Tick (✓) appropriate box to indicate answer.

### DETAILS OF APPLICANT

1. Full Legal Entity and Trading Name:			
Date business established:		Please advise your ITC (Input Tax Credit) status (percentage)?	%
2. Primary/main address:			
3. Additional address(es) of branches / other locations (if insufficient, please provide an addendum):			
4. Telephone Number:		Fax Number:	
Mobile Number:		Website:	
Email Address:			
5. Please indicate your business activities from the below:			
<input type="checkbox"/> Licensed Stock & Station Agents			
<input type="checkbox"/> Wool Classing on farm clip preparation advice and technical support.			
<input type="checkbox"/> Wool Marketing			
<input type="checkbox"/> Insurance Agents			
<input type="checkbox"/> Merchandising			
<input type="checkbox"/> Real Estate Agents - Including market appraisals / excluding valuations			
<input type="checkbox"/> Provision of Agronomic Advice by Qualified Agronomist Only			
<input type="checkbox"/> Other, please specify			

6. Please specify the basis of your relationship with Nutrien by:			
<input type="checkbox"/> Franchisee		<input type="checkbox"/> Agent with written Agency Agreement	
<input type="checkbox"/> Partner		<input type="checkbox"/> Agent without written Agency Agreement	
Other (Please specify non Nutrien relationship)			
7. (a) Are you connected, controlled, owned, affiliated or associated with any other firm, corporation or company?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) If YES are any of your services provided to the affiliated or associated entity?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c) During the past five years has the name been changed or has any other business been purchased or any merger or consolidation taken place?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
(d) If YES have you assumed any service obligations or other liabilities of the affiliated, purchased, merged or consolidated firm?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Are you involved in any Joint Ventures?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES to (a), (b), (c), (d) or (e) please provide details:			
8. Detail any memberships of any Professional Association and/or Professional Bodies:			
9. What internal controls, procedures and guidelines have you implemented to reduce/manage risk? (e.g. Agronomy reports checked by Principal before being sent.)			
10. Details of principal / partners / directors:			
NAME	AGE	QUALIFICATIONS	NUMBER OF YEARS EXPERIENCE
11. When recruiting employees to positions of trust involving handling of stock, money or financial or treasury functions does the Company undertake independent checks into their employment history?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Total No. of principals, partners and officers:			
Total No. of skilled & technical employees:			
Total No. of unskilled & clerical employees:			

13. Do you provide Agronomic advice? *Agronomy is defined as the provision of advice in relation to land management application of chemicals and/or cropping	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If NO, you do not provide Agronomic Advice, please skip to question 18.</b>		
If YES, Please provide the name(s) of the person(s) practicing agronomy, their qualifications and the number of years they have been practicing.		
14. (a) Please indicate the approximate percentage of your <b>AGRONOMIC ADVICE</b> derived from each of the following activities:		
Environmental surveying and conservation		%
Arborist and tree lopping services		%
Forestry or agricultural consulting services (including irrigation design, viticulture and wine-making)		%
Crop improvement, production & protection		%
Other (Please provide details below)		
		%
100%		
(b) Do you provide any services to Managed Investment Schemes or Agribusiness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Does the applicant provide any services in respect of non-plantation logging?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Do any of your activities not relate to flora and fauna?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES to (b), (c) or (d) please supply details below.		
15. Do you provide written reports to clients?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, please provide sample copies of typical reports together with details of any disclaimers and/or warranties used in connection with such reports.		
16. Please provide brief description and fees for the five (5) largest contracts undertaken over the past (3) years		
BRIEF DESCRIPTION	YEAR	FEE AUD \$
17. Do you engage consultants, sub-contractors or agents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES;		
(a) Do you insist they carry their own Professional Indemnity Insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

(b) Do you enter into any hold-harmless agreements or otherwise waive any legal rights or entitlements which you may have against such consultants, sub-contractors or agents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If YES to question (b), please supply details

18. Please provide amount of gross turnover/fees from your business activities.

BUSINESS ACTIVITIES	ACTUAL FOR LAST COMPLETE FINANCIAL YEAR	ESTIMATE FOR CURRENT FINANCIAL YEAR	ESTIMATE FOR NEXT FINANCIAL YEAR
Livestock Sales			
Wool Classing on farm clip preparation advice and technical support.			
Wool marketing			
Real Estate (excluding property valuations The Policy will not respond to claims arising from Real Estate Valuation Work)			
Merchandising			
Insurance			
Agronomy – Fee for advice \$ or Estimated % of advice in the total Merchandise sales			
Other (Please specify)			

19. Please provide the approximate percentage of your activities applicable to each State, Territory and Overseas:

NSW	VIC	QLD	SA	WA	TAS	NT	ACT	O/S**
%	%	%	%	%	%	%	%	%

\*\*If you have completed the "Overseas" section above, and do perform work outside of Australia, or you perform work for clients located Overseas, please provide further details, what overseas countries you work in:

20. Please advise the percentage of your gross fees/income received for the following insurance classes (if you have declared income from insurance activities in question 18 on previous page)

Farm Insurance		Commercial Motor & Truck Insurance	
Motor Vehicle Insurance		Home & Contents Insurance	
Stud & Livestock Insurance		Landlord's Insurance	
Broadacre Crop Insurance		Aviation Insurance	

Transit Insurance		Other (Please Specify)	
Business Insurance			
21. Do you hold any binding authority with any insurer (including cover notes)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you have answered YES, please complete the details below.			
INSURANCE CLASS	NAME OF INSURER		MAXIMUM LIMITS
22. Have you made a Professional Indemnity claim in the past five years?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, please provide details:			
23. Do you have any knowledge, information or are aware of any alleged errors omissions, offences, or circumstances which would result in a claim being made against the applicant, any proposed insured, or any person or entity listed above?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES please provide full details (if insufficient, please provide an addendum):			
24. Please provide details of your current Professional Indemnity Insurance:			
Limit of Indemnity:			
Deductible:			
25. Has any application for similar insurance made on behalf of the Company or any of its predecessors in business been declined or has any such insurance ever been rescinded, cancelled or has renewal been refused?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES please provide full details:			
26. Limit of indemnity required:			
<input type="checkbox"/> \$1 Million	<input type="checkbox"/> \$2 Million	<input type="checkbox"/> \$5 Million	<input type="checkbox"/> Other

## NSW SMALL BUSINESS STAMP DUTY EXEMPTION DECLARATION

Please complete and sign the below NSW Stamp Duty Exemption Declaration, if you are a Small Business (with turnover less than \$2 Million) deriving and or all income from clients based in NSW.

Refer to 259A and 259B of the Duties Act 1997 (NSW).

Insured Name:

ABN:

Name of Applicant:

Signature:

Date:

### DECLARATION

I/We acknowledge that I/we have read and understand the Important Information contained in this application.

I/We agree that this proposal, together with any other information or documents supplied, shall form the basis of any contract of insurance.

I/We acknowledge that if this application is accepted, the contract of insurance will be subject to the terms and conditions as set out in the policy wording as issued or as otherwise specifically varied in writing by the Insurer.

I/We declare after enquiry that the statements, particulars and information contained in this application and in any documents accompanying this application are true and correct in every detail and that no other material facts have been misstated, suppressed or omitted.

I/We undertake to inform Marsh of any material alteration to those facts before completion of the contract of insurance.

Full Name of Insured: (please print)

ABN:

Date:

Signed: (Partner, Principal or Director)

Note: This proposal form can only be actioned once ALL questions have been answered and the above declaration has been signed and dated. Acceptance is subject to underwriting guidelines.

# IMPORTANT INFORMATION

## Duty of Disclosure

Before you enter into an insurance contract, you have a duty of disclosure under the Insurance Contracts Act 1984 (Cth) to tell us anything that you know, or could reasonably be expected to know, may affect the insurer's decision to insure you and on what terms. You have this duty until the contract of insurance is entered into. You have the same duty before you renew, extend, vary or reinstate an insurance contract.

If we ask you questions that are relevant to the insurer's decision to insure you and on what terms, you must tell us anything that you know and that a reasonable person in the circumstances would include in answering the questions. Also, we may give you a copy of anything you have previously told us and ask you to tell us if it has changed. If we do this, you must tell us about any change or tell us that there is no change. If you do not tell us about a change to something you have previously told us, you will be taken to have told us that there is no change.

You do not need to tell us anything that: reduces the risk insured, or is common knowledge, or the insurer knows or should know as an insurer; or the insurer waives your duty to tell them about.

If you do not tell us something:

If you do not tell us anything you are required to, the insurer may cancel your contract or reduce the amount it will pay you if you make a claim, or both. If your failure to tell us is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

If you are in any doubt as to the extent of the duty of disclosure or whether a piece of information ought to be disclosed, just contact your Marsh Client Risk Adviser.

## Claims-Made and Claims-Made and Notified Coverages

This Proposal is for a policy issued by Chubb Insurance Australia Limited ('Chubb') on a claims made and notified basis. This means that the policy only covers claims first made against you during the insurance period and notified to Chubb in writing during the insurance period. The policy does not provide cover for any claims made against you during the insurance period if at any time prior to the commencement of the insurance period you were 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 the insured gives notice in writing to the insurer during the insurance period of facts that might give rise to a claim against the insured, the insurer cannot refuse to pay a claim which arises out of those facts, by reason only that the claim is made after the insurance period has expired.

## Marsh Collection Statement

In accordance with the Privacy Act 1988 (Cth) (and subsequent amendments) ('the Privacy Act'), we, Marsh Pty Ltd and our Associated Entities (as that term is defined in the Corporations Act 2001 (Cth)) ('Marsh') draw your attention to the following:

- We may collect personal information about you by means of the enclosed document.
- We are collecting the information principally for the purpose of approaching the (re)insurance market, placing insurance, assessing and advising you on your insurance needs, claims handling or risk management (depending on your requirements). Other purposes include providing you with information about other Marsh products or services and administering payments to you. If you are proposing for or renewing insurance, the information is required pursuant to your duty of disclosure under the Insurance Contracts Act 1984 (Cth), the Marine Insurance Act 1909 (Cth) or at common law.
- The information we collect may be disclosed to third parties including but not limited to (re)insurers, insurance intermediaries, service providers, finance providers, advisers, agents and Marsh's Associated Entities, which are all businesses of Marsh & McLennan group of companies ('MMC').
- Your personal information may be sent to our administrative processing centres in Mumbai (India) or Kuala Lumpur (Malaysia) and to other MMC companies, insurers, reinsurers and other third party service providers (e.g. data storage providers) in the United Kingdom, Singapore, Hong Kong, the United States of America and elsewhere.
- If you provide us with personal information about other individuals, you must ensure that those persons have been made aware of the above matters. Where the information collected relates to health, criminal record or other sensitive information as defined in the Privacy Act, you must obtain it with the individual's consent.
- We will use and disclose your personal information in accordance with our Privacy Policy. By completing this form you confirm that you have read the Marsh Privacy Policy available on our website ([www.marsh.com.au](http://www.marsh.com.au)) and you authorise and consent to Marsh collecting, holding, using and disclosing any personal information collected by means of the enclosed document in accordance with the terms of the Marsh Privacy Policy, including for the purposes explained in this collection statement above. If there are any inconsistencies between the terms of this collection statement and the terms of the Marsh Privacy Policy, the terms of the Marsh Privacy Policy prevail to the extent of that inconsistency. You may modify or withdraw your consent at any time. If you do not give us consent or subsequently modify or withdraw your consent, we may not be able to provide you with the products or services you want.
- You can contact our Privacy Officer by:  
Email – [privacy.australia@marsh.com](mailto:privacy.australia@marsh.com)  
Phone – (02) 8864 7688  
Post – PO Box H176, Australia Square NSW 1215

The advice in this form is general advice only. To help you decide if the cover suits you, please read the Product Disclosure Statement. We can provide you with further information. Please contact us to request. This insurance is arranged by Marsh Advantage Insurance Pty Ltd (ABN 31 081 358 303, AFSL 238 369) ('MAI'). MAI are not the insurer.