

Instructions for completing this Supplementary Proposal Form

1. Failure to disclose all material information that is likely to influence the acceptance of the risk or the terms applied could invalidate the insurance. If you are in any doubt as to whether any information is material, it should be disclosed.
2. Where the space provided is insufficient for your replies, please provide these separately and attach to this Supplementary Proposal Form.
3. Reference to Insured in this Supplementary Proposal Form means:
 - the entity or entities named in question 1
 - the past and/or present employees or principals of the entity or entities; and
 - the directors of the entity or entities and all subsidiary entities for whom cover is required.

1. Name of all entities to be insured

2. Date that the Proposal Form to which is this is a Supplementary Proposal Form was signed and dated

3. Please state the approximate percentage of the Insured's fee income derived from the following types of engineering consulting:

a) Civil Engineering	<input style="width: 100%; height: 25px;" type="text" value=""/> %
b) Mechanical Engineering	<input style="width: 100%; height: 25px;" type="text" value=""/> %
c) Electrical Engineering	<input style="width: 100%; height: 25px;" type="text" value=""/> %
d) Structural Engineering	<input style="width: 100%; height: 25px;" type="text" value=""/> %
e) Heating & Ventilation / Air Conditioning Engineering	<input style="width: 100%; height: 25px;" type="text" value=""/> %
f) Acoustic Engineering	<input style="width: 100%; height: 25px;" type="text" value=""/> %
g) Chemical Engineering	<input style="width: 100%; height: 25px;" type="text" value=""/> %
h) Geotechnical / Soil Engineering	<input style="width: 100%; height: 25px;" type="text" value=""/> %
i) Hydraulic/Fire Engineering	<input style="width: 100%; height: 25px;" type="text" value=""/> %
j) Plumbing Engineering	<input style="width: 100%; height: 25px;" type="text" value=""/> %
k) Environmental Engineering	<input style="width: 100%; height: 25px;" type="text" value=""/> %
l) Mining Engineering	<input style="width: 100%; height: 25px;" type="text" value=""/> %
m) Nuclear Engineering	<input style="width: 100%; height: 25px;" type="text" value=""/> %
n) Marine Engineering	<input style="width: 100%; height: 25px;" type="text" value=""/> %
o) Architecture	<input style="width: 100%; height: 25px;" type="text" value=""/> %
p) Drafting	<input style="width: 100%; height: 25px;" type="text" value=""/> %
q) Town Planning	<input style="width: 100%; height: 25px;" type="text" value=""/> %
r) Surveying	
i) Land	<input style="width: 100%; height: 25px;" type="text" value=""/> %
ii) Quantity	<input style="width: 100%; height: 25px;" type="text" value=""/> %
iii) Building	<input style="width: 100%; height: 25px;" type="text" value=""/> %
iii) Marine	<input style="width: 100%; height: 25px;" type="text" value=""/> %

s) Interior Design	<input type="text"/>	%
t) Project Management	<input type="text"/>	%
u) Construction Management	<input type="text"/>	%
v) Supervision of Construction	<input type="text"/>	%
w) Other (please specify)	<input type="text"/>	
TOTAL		100%

4. Please state the approximate percentage of the Insured's fee income derived from contracts involving the following:

Individual Dwellings	<input type="text"/>	%	Nuclear or Atomic Projects	<input type="text"/>	%
Low Rise Buildings (up to 3 floors)	<input type="text"/>	%	Oil & Gas Pipelines	<input type="text"/>	%
High Rise Buildings (above 3 floors)	<input type="text"/>	%	Petrochemical, Refineries, Fertilisers, Ammonia Urea Plants	<input type="text"/>	%
Schools, Hospitals, Municipal Buildings & Recreational Centres	<input type="text"/>	%	Petrochemical, Refineries, Fertilisers, Ammonia Urea Plants	<input type="text"/>	%
Modular Buildings (involving repetitive designs)	<input type="text"/>	%	Mechanical Plant and Bulk Handling equipment including silos	<input type="text"/>	%
Domestic Surveying – individual dwelling set outs & boundary surveys	<input type="text"/>	%	Environmental Audits	<input type="text"/>	%
Small Industrial & Commercial Surveying (projects up to \$1m in value)	<input type="text"/>	%	Environmental Appraisals / Impact Assessments	<input type="text"/>	%
Medium Industrial & Commercial Surveys (projects from \$1m to \$5m in value)	<input type="text"/>	%	Environmental Program Design (management processes & monitoring)	<input type="text"/>	%
Large Industrial & Commercial Surveys (projects in excess of \$5m in value)	<input type="text"/>	%	Risk and Hazard Assessments	<input type="text"/>	%
Roadwork Surveys	<input type="text"/>	%	Waste Disposal, Treatment or Management	<input type="text"/>	%
Engineering Surveys	<input type="text"/>	%	Hazardous Chemical Substances	<input type="text"/>	%
Hydrographic Surveys	<input type="text"/>	%	Design of Pollution Control Equipment	<input type="text"/>	%
Photogrammetric Surveys	<input type="text"/>	%	Contaminated Site Clean-up	<input type="text"/>	%
Bridges / Tunnels / Dams	<input type="text"/>	%	Social Impact Assessment	<input type="text"/>	%
Mines	<input type="text"/>	%	Bio Physical Studies	<input type="text"/>	%
Harbours & jetties (but excluding Hydrographic Surveys)	<input type="text"/>	%	Underground Storage Facilities	<input type="text"/>	%
Soil Testing & Foundation Investigation (including control of earthworks)	<input type="text"/>	%	Acoustic & Noise Prevention	<input type="text"/>	%
Foundations & Underpinning (excluding investigation for foundations)	<input type="text"/>	%	Town Planning (capital cities)	<input type="text"/>	%
Sewerage or Water Systems	<input type="text"/>	%	Town Planning (other)	<input type="text"/>	%
Other (please specify)	<input type="text"/>			<input type="text"/>	%
TOTAL			TOTAL		100%

5. Does the Insured perform any pre-purchase building inspection reports? Yes No

If Yes, please give details:

6. Does the Insured engage in manufacture, construction, erection or installation, or act as principal in connection with any contract involving manufacture, construction, erection or installation? Yes No

If Yes, what percentage of the Insured's fees relates to such contracts?

%

7. Has the Insured undertaken contracts in relation to which a Specific Project Professional Indemnity Insurance Policy has been arranged? Yes No

If Yes, please provide details below.

Name of Project	Date of practical or expected completion	Sum insured provided under that policy	Approximate contract value of the project works

8. Does any contract or client represent more than 50% of the Insured's annual work or fees for the current financial year? Yes No

If Yes, please provide details below.

Name of Client	Nature of Contract	Contract value	Fees

9. Please give brief description, contract value and fees of the four largest contracts undertaken during the last five years.

Brief Description	Location	Professional Role ie architect, project manager etc	Contract Value	Fees

Declaration

I/We the undersigned duly authorised person(s) declare that:

- i. I am/we are authorised by each of the Insured to sign this Supplementary Proposal Form; and
- ii. the above statements are correct, true and complete; and
- iii. no information material to this Supplementary Proposal Form has been withheld; and
- iv. I/we have read the **important facts** which you have put before me/us in the Professional Indemnity Proposal Form and I/we understand the advice given in relation to the **duty of disclosure**; and
- v. I/we have diligently made all necessary and detailed enquiries in order to comply with the **duty of disclosure**; and
- vi. I/we understand that no insurance is in force until such time as the insurer has confirmed acceptance of the proposed insurance; and
- vii. I/we undertake to inform the insurer of any material alteration to these facts occurring before completion of the contract of insurance; and
- viii. I/we acknowledge that the Insurer relies on the information and representations in this Supplementary Proposal Form and otherwise made by me/us in relation to this insurance; and
- ix. except where indicated to the contrary, I/we understand that any statement made in this Supplementary Proposal Form will be treated by the insurer as a statement made by all persons to be insured; and
- x. I/we have read Vero's Privacy Statement which you have put before me/us in the Professional Indemnity Proposal Form, and consent to the use, disclosure and obtaining of personal information about the Insured for the purposes shown in the Privacy Statement; and
- xi. I/we acknowledge that this Supplementary Proposal forms part of the Professional Indemnity Proposal Form signed and dated on the date disclosed in question 2.

Signed

Name of Partner(s) or Director(s)

On behalf of*

Date